

	SOUTHERN FOX VALLEY EMERGENCY MEDICAL SERVICES SYSTEM POLICY & PROCEDURES	
TITLE:     EMERGENCY MEDICAL DISPATCH COMMUNICATION		
SECTION: COMMUNICATIONS		POLICY NUMBER: B-4.0
APPROVED BY: DR. ARTHUR PROUST EMS MEDICAL DIRECTOR		
EFFECTIVE DATE:   2/15/1998		PAGE NUMBER: 1 OF 3

## PURPOSE:

To provide all Telecommunicators with the necessary tools and skills relating to the safe and effective provision of emergency medical dispatch services, which include interrogation of the caller, sending an appropriate response, providing telephone assistance, and communicating necessary information to rescue personnel and other responders. *A person, organization, or government agency shall not represent itself as an emergency medical dispatch agency unless the person, organization, or government agency is certified by the Department as an emergency medical dispatch agency.* (Section 3.70(b)(12) of the Act)

## POLICY:

Call-taking and dispatch for medical assistance shall be provided in a standardized manner following approved protocols for 9-1-1 caller interrogation, determination of appropriate response configurations and provisions of post-dispatch instructions (PDIs) and pre-arrival instructions (PAIs).

- I. Dispatch Protocol System
  - a. A flip-file card system, containing protocols for emergency medical dispatching, shall be provided for call-taking and dispatch positions.
  - b. This protocol system will provide standardized key questions, post-dispatch instructions, pre-arrival instructions and response determinant information.
  - c. The protocol files shall be kept at the dispatch consoles at all times.
  - d. The protocols have been approved by the EMS Medical Director of SFVEMSS,
  - e. The EMD protocols shall be followed on all incoming EMS-related emergency calls.
- II. Interrogation
  - a. In addition to the information needed for call processing (i.e. location, call-back number, etc.) the telecommunicator shall ask the following questions of the caller as applicable:
    - i. What is the problem? What happened (Chief Complaint)
    - ii. Age of the person seeking assistance? (approximate if necessary)
    - iii. Is the person conscious?
    - iv. Is the person breathing?
  - b. All attempts to obtain case entry and key questions information from the caller will be made by utilizing good communication techniques and reading the questions exactly as written in the protocol.
    - i. If the initial pre-structured question is not understood, or an appropriately clarified form.
    - ii. Questions may only be omitted if the answer is obvious or has already been clearly provided. However, questions which relate to the priority symptoms of altered level consciousness, breathing problems, chest pain, and severe bleeding must be asked on every occasion on which they appear.
    - iii. Telecommunicators may alter the tense of questions to the first person in the event the caller is the patient ("first part" calls).
    - iv. Status of consciousness, including "alertness" and "ability to talk" may be inferred as obvious when the caller is the patient.

- v. For languages other than English, the call-taker should translate the appropriate protocol (if they have the necessary language skills) or obtain the services of an interpreter via the service as utilized by such center.
- c. Response Configurations
  - i. The protocols shall be used to determine the appropriate response of EMS and fire units. The units to be dispatched (i.e. ALS ambulance-only vs. ALS ambulance with fire assist) will be determined by the caller's answers to the key questions.
- d. Relay of Information to Responding Units
  - i. The following shall be regarded as the minimum information to be communicated to all responding EMS personnel;
    - 1. The location of the incident
    - 2. The chief complaint.
    - 3. The age of the patient.
    - 4. The status of consciousness.
    - 5. The status of breathing.
  - ii. In addition, under normal working conditions, the dispatcher should also relay to all responders the answers obtained to and "unknown" responses. This information should be withheld only if radio traffic or an excessive workload does not allow its transmission. Subsequently, it is expected that it will be provided to responders for the majority of calls.
  - iii. Should additional information become available to dispatchers after responders have been mobilized, but prior to their arrival on-scene, this should also be passed on to responding units. Additional information may be realized as a result in the change in the patient's condition during administration of PDIs and PAIs, or after a second call on a case has been received.
- e. Post-Dispatch Instructions
  - i. The telecommunicator will refer to the post-dispatch instruction (PDI) list for the selected chief complaint after the dispatch of responding units has been initiated. The telecommunicator giving PDIs will follow the protocol, giving instructions appropriate to each individual call, and avoiding "free-lance" information unless it enhances and does not replace the written protocol.
  - ii. PDIs shall be provided to the caller whenever possible and appropriate to do so.
  - iii. Whenever possible, the telecommunicator receiving the call should provide the PDIs him/herself.
  - iv. Should the workload of the dispatch center require (e.g. as a result of unanswered incoming 9-1-1 calls), and temporarily suspend the provision of PDIs to callers at this time. This is vital in order to ensure the safe and effective operation of the communications center for all persons in need of its services. Should unanswered 911 calls or other vital operations require, telecommunicators should place callers receiving PDIs on hold, giving a reason for doing so, and advising the callers that they will return to them as soon as possible.
- f. Pre-Arrival Instructions
  - i. Pre-arrival instructions (PAIs) shall be provided to the caller whenever possible and appropriate to do so. The EMD shall *provide pre-arrival instructions in compliance with protocols selected and approved by the System's EMS MD and approved by the Department.* (Section 3.70(b) of the Act)
  - ii. PAIs shall be provided directly from the scripted text on each PAI panel logic protocol script, avoiding free-lance information, unless it enhances and does not replace the written protocol scripts.
  - iii. Whenever possible, the telecommunicator receiving the call should provide the PAIs him/herself or at a level appropriate to provide said PAIs.
  - iv. Should the workload of the communications center require (e.g. as a result of unanswered incoming 911 calls), the telecommunicator shall apply the "emergency

rule” and temporarily suspend the provision of PAIs to callers at this time. This is vital in order to ensure the safe and effective operation of the dispatch center for persons in need of its services. Should unanswered 911 calls or other vital operations require, telecommunicators should place callers receiving PAIs on hold, giving a reason for doing so and advising the callers that they will return to them as soon as possible.

- III. Informing caller requesting an emergency vehicle of an E.T.A.
  - a. At the time of dispatch, the personnel of the responding unit will estimate the time of arrival of emergency vehicles.
  - b. If the estimated time of arrival of the emergency vehicles is judged greater than six minutes the responding units will request the dispatcher to notify the caller.