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**EMERGENCY MEDICAL SERVICES  
DISPATCH PROGRAM  
GUIDELINES**



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**EMERGENCY MEDICAL SERVICES  
DISPATCH PROGRAM  
GUIDELINES**

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## Introduction and Background

The following Emergency Medical Dispatch (EMD) Guidelines were developed to provide a consistent, statewide standard for emergency medical dispatch agencies and dispatchers that choose to implement an EMD program. The Guidelines include provisions for EMD training, continuing education, medical direction, continuous quality improvement, and for pre-approved medical protocols (instructions) used to give medical advice to 9-1-1 callers at the scene of an emergency. The National Highway Traffic Safety Administration's (NHTSA) Emergency Medical Dispatch National Standard Curriculum (1994-1995), and the American Society of Testing and Standards (ASTM) EMD practices (ASTM F-1258 Emergency Medical Dispatchers, ASTM F-1552 EMD Training Instructor Qualifications and Certification, and ASTM F-1560 EMD Management) documents were consulted in the development of the EMD Guidelines in addition to current industry standards.

The Emergency Medical Dispatch (EMD) Guidelines document is the product of numerous meetings held by the EMS Vision Access Committee conducted over a three-year period and has been developed for usage within the 9-1-1 system environment. The EMD Guidelines were drafted by a multi-disciplinary committee representing all dispatcher stakeholder interests (law enforcement, fire departments, ambulance companies, hospitals, medical directors, and EMS and dispatch administrators, etc). The intent of the document is to provide voluntary, statewide EMD Guidelines to encourage both primary and secondary public safety answering points to use medical pre-arrival instructions and EMD protocols. The Access Committee uses the word "shall" to emphasize the Committee's intent that if an agency implements EMD they should follow the Guidelines.

In the development of the EMD Guidelines document, the Vision Access Committee made a fundamental decision to create a document that would be "enabling" rather than "limiting". The Vision Access Committee specifically left statutory references out of the document because the Guidelines do not take away authority given in statute or regulation. The EMD Guidelines contain all of the core components of an EMD program.

The Commission on Emergency Medical Services (EMS) and the EMS Authority joined in a cooperative effort to improve EMS statewide in June 1997 by participation in the EMS Vision for the Future Project. Eight committees were established and each was assigned to review a different EMS category (Finance, Governance and Medical Control, Education and Personnel, System Evaluation and Improvement, Access, and Prevention and Public Education). Each of the committees was chaired by a commissioner. The original eight committees were reduced to the six committees mention above during the first Vision conference, December 3-4, 1998.

The Vision Access Committee, one of the six multi-disciplinary, volunteer committees, reviewed eight EMS communication objectives submitted during the first EMS Vision Conference. These eight objectives were consolidated into four by the Committee. Development of Emergency Medical Dispatch Guidelines was one of the Committee's four objectives.

The EMS Vision Access Committee reviewed and approved the draft EMD Guidelines document on August 23, 2002 with two abstaining votes—one from the EMS Administrators

Association of California and one from the California Emergency Nurses Association. The EMD document was then forwarded to the Vision Leadership Team (VLT) for review and approval. At the September 10, 2002 meeting, the VLT unanimously approved the EMD Guidelines with the caveat that there should be more discussion on medical oversight and system organization. The EMD Guidelines were submitted to the EMS Authority, and with the approval of the Commission on EMS, EMSA distributed the Guidelines for public comment on December 18, 2002. The public comment period ended February 6, 2003 and comments were compiled by EMS Authority staff. Based on these comments, the EMS Authority revised the EMD Guidelines and sent them for approval to the Commission on EMS at its March 19, 2003 meeting where they were approved as amended.

# EMERGENCY MEDICAL DISPATCH PROGRAM GUIDELINES

## I. DEFINITIONS

- A. Advanced Life Support (ALS) Provider** shall mean special services designed to provide definitive prehospital emergency medical care, including, but not limited to, cardiopulmonary resuscitation, cardiac monitoring, cardiac defibrillation, advanced airway management, intravenous therapy, administration of specified drugs and other medicinal preparations, and other specified techniques and procedures administered by authorized personnel under the direct supervision of a base hospital as part of a local EMS system at the scene of an emergency, during transport to an acute care hospital, during interfacility transfer, and while in the emergency department of an acute care hospital until responsibility is assumed by the emergency or other medical staff of that hospital.
- B. Compliance to Protocol** shall mean the adherence to the written text or scripts and other processes within the approved emergency medical dispatch protocol reference system except that, deviation from the text or script may only occur for the express purpose of clarifying the meaning or intent of a question or facilitating the clear understanding of a required action, instruction, or response from the caller.
- C. Continuing Dispatch Education (CDE)** shall mean educational experiences in accordance with these guidelines.
- D. Continuous Quality Improvement (CQI) Program** shall mean a program administered by the emergency medical dispatch provider agency for the purpose of insuring safe, efficient, and effective performance of emergency medical dispatchers in regard to their use of the emergency medical dispatch protocol reference system, and patient care provided. This program includes at its core the follow: the random case review process, evaluating emergency medical dispatcher performance, providing feedback of emergency medical dispatch protocol reference system compliance levels to emergency medical dispatchers, and submitting compliance data to the emergency medical dispatch medical director.
- E. Course Curriculum Certification Agency** shall mean the Commission on Peace Officer Standards and Training (POST), the State Fire Marshal's Office (SFM), local EMS agencies, and/or the Emergency Medical Services Authority (EMSA).
- F. Dispatch Life Support (DLS)** shall mean the knowledge, procedures, and skills used by trained emergency medical dispatchers in providing care and advice through post dispatch instructions and pre-arrival instructions to callers requesting emergency medical assistance.
- G. Emergency Medical Dispatcher** shall mean a person trained to provide emergency medical dispatch services in accordance with these guidelines, and that is employed by an emergency medical dispatch provider agency.
- H. Emergency Medical Dispatch (EMD)** shall mean the reception, evaluation, processing, and provision of dispatch life support; management of requests for

emergency medical assistance; and participation in ongoing evaluation and improvement of the emergency medical dispatch process.

- I. **Emergency Medical Dispatch Medical Direction (EMD Medical Direction)** shall mean the management and accountability for the medical care aspects of an emergency medical dispatch provider agency including: responsibility for the medical decision and care rendered by the emergency medical dispatcher and emergency medical dispatch provider agency; approval and medical control of the emergency medical dispatcher priority reference system; evaluation of the medical care and pre-arrival instructions rendered by the emergency medical dispatch personnel; direct participation in the emergency medical dispatch system evaluation and continuous quality improvement process; and the medical oversight of the training of the emergency medical dispatch personnel.
- J. **Emergency Medical Dispatch Medical Director (EMD Medical Director)** shall mean a person who is licensed as a physician in California, board certified or qualified in emergency medicine; who possesses knowledge of emergency medical systems in California and of the local jurisdiction; and who provides emergency medical dispatch medical direction to the emergency medical dispatch provider agency.
- K. **Emergency Medical Dispatch Protocol Reference System (EMDPRS)** shall mean a medical director approved emergency medical dispatch system that includes: the protocol used by an emergency medical dispatcher in an emergency medical dispatch provider agency to dispatch aid to medical emergencies that includes: systematized caller interrogation questions; systematized dispatch life support instructions; systematized coding protocols that match the dispatcher's evaluation of the injury or illness severity with the vehicle response mode and vehicle response configuration; continuous quality improvement program that measures compliance to protocol through ongoing random case review for each emergency medical dispatcher; and a training curriculum and testing process consistent with the specific emergency medical dispatch protocol reference system used by the emergency medical dispatch provider agency.
- L. **Emergency Medical Dispatch Training Program Manager (EMD Training Program Manager)** shall mean a person who is qualified by education and experience in methods, materials, and evaluation of instruction as well as adult education theory and practice. The EMD Training Program Manager shall be responsible for the administration of the training program and assure that all aspects of the EMD training program are in compliance with these guidelines.
- M. **Emergency Medical Dispatch Provider Agency (EMD Provider Agency)** shall mean any company, organization, or government agency that accepts the responsibility to provide emergency medical dispatch services for emergency medical assistance in accordance with these guidelines.
- N. **Emergency Medical Dispatch Services** shall mean the process for taking requests for emergency medical assistance from the public, identifying the nature of the request, prioritizing the severity of the request based on the emergency medical dispatch provider agency's local policies and procedures, dispatching the necessary resources, providing

medical aid and safety instructions to the callers, and coordinating the responding resources as needed.

- O. Post-Dispatch Instructions (PDI)** shall mean case-specific advice, warning, and treatments given by trained emergency medical dispatchers whenever possible and appropriate through callers after dispatching field responders.
- P. Pre-Arrival Instructions (PAI)** shall mean the medically approved scripted instructions given in time-critical situations where correct evaluation, verification, and advice is given by trained emergency medical dispatchers to callers that provide necessary assistance and control of the situation prior to arrival of emergency medical services personnel.
- Q. Vehicle Response Configuration** shall mean the specific vehicle(s) of varied types, capabilities, and numbers responding to render assistance.
- R. Vehicle Response Mode** shall mean the use of emergency driving techniques, such as warning lights-and-sirens versus routine driving response.

## **II. GENERAL PROVISIONS**

### **A. Implementation of an Emergency Medical Dispatch Program**

- 1. The decision to implement an Emergency Medical Dispatch (EMD) program shall reside at the lowest level of local government responsible for public safety dispatch services.
- 2. Implementation of an EMD program shall be coordinated with the local EMS Agency Medical Director.

### **B. EMD Program Components** shall include the following:

- 1. Emergency medical dispatch protocol reference system (EMDPRS)
- 2. Basic EMD Training Program and Curriculum Standards
- 3. Continuing Dispatch Education (CDE) Standards
- 4. Continuous Quality Improvement (CQI) Standards
- 5. Policies and Procedures
- 6. Medical Direction and Oversight
- 7. Records Management

### **C. Scope of Practice of the Emergency Medical Dispatcher**

- 1. The emergency medical dispatcher scope of practice includes any or all of the following duties and responsibilities:
  - a. Receiving and processing calls for emergency medical assistance,
  - b. Determining the nature and severity of medical incidents,
  - c. Prioritizing the urgency of the response,
  - d. Dispatching appropriate emergency medical services (EMS) resources,
  - e. Giving post-dispatch and pre-arrival instructions to callers at the scene of an emergency,
  - f. Relaying pertinent information to responding personnel,

- g. Coordinating with public safety and EMS providers as needed, and
- h. Other medical activities as approved by the EMD Medical Director.

### **III. EMD PROGRAM COMPONENTS**

#### **A. Emergency Medical Dispatch Protocol Reference System (EMDPRS)**

1. An EMD Program shall include an EMDPRS selected by the EMD Provider Agency and approved by the EMD Medical Director as its foundation.
2. The EMDPRS is a medically approved protocol based system used by emergency medical dispatchers to interrogate callers, dispatch aid, and provide dispatch life support instructions during medical emergencies.
3. An approved EMDPRS shall include:
  - a. Systematized caller interrogation questions,
  - b. Systematized dispatch life support instructions,
  - c. Systematized coding protocols that allow the agency to match the dispatcher's evaluation of the injury or illness severity with the vehicle response mode (emergency and/or non-emergency) and level of care (ALS/BLS).

#### **B. Basic EMD Training and Curriculum Guidelines**

1. Basic EMD training is designed to provide additional training to dispatchers who are already skilled and knowledgeable in dispatch and telecommunication procedures in order to provide medical assistance to callers.
2. Required Basic EMD Training Course Hours
  - a. Basic EMD Training shall consist of not less than twenty- four (24) hours (one classroom hour of instruction shall be defined as fifty minutes).
  - b. In addition, emergency medical dispatchers shall satisfactorily obtain and maintain a record of course completion in adult, child, and infant CPR.
3. Required Basic EMD Training Course Content.
  - a. The Basic EMD Training course content shall include instruction to result in competence in the following:
    - 1) Introduction
      - a) Emergency Medical Dispatcher role and responsibilities
      - b) Legal and liability issues in EMD
      - c) Emergency Medical Dispatch concepts
    - 2) Information gathering and dispatch
      - a) Obtaining information from callers
      - b) Resource identification and allocation
      - c) Providing emergency care instructions , including Automated External Defibrillation
    - 3) EMD protocol reference system and chief complaints
      - a) Introduction to the emergency medical dispatch protocol reference system
      - b) Introduction to chief complaint types

- 4) Local EMS system overview
  - 5) Scenario based skills/practical exercises
  - 6) Final examination
- b. Course content shall be reviewed and approved by the EMD Medical Director who provides oversight of the program.
4. Training Program Provider Criteria
- a. Each training program provider shall have:
    - 1) An EMD Training Program Manager that can correct any elements of the program found to be in conflict with these guidelines.
    - 2) A management structure that monitors all of its EMD training programs.
5. EMD Instructor Criteria
- a. Each training program shall have a principal instructor(s), approved by the EMD Training Program Manager, who:
    - 1) Is a currently licensed or certified physician, registered nurse, physician assistant, EMT-P, or EMT- II, who has at least two years of practical experience within the last five years in pre-hospital emergency medical services, and with training in emergency medical dispatch; or
    - 2) Is an emergency medical dispatcher with at least two years of practical experience within the last five years.
6. Course Curriculum Certification
- a. EMD course curriculum shall be submitted to the training program provider's course curriculum certification agency (POST, CSFM, LEMSA, or EMSA).
  - b. It is the training program provider's responsibility to submit the curriculum as required by their course curriculum certification agency, and to comply with the requisite policies and procedures of that agency.
  - c. The training program provider shall issue a course completion record to each person who has successfully completed an EMD course.

### **C. Continuing Dispatcher Education Standards**

1. An emergency medical dispatcher shall receive a minimum of twenty-four (24) hours of continuing dispatch education (CDE) every two years.
2. CDE shall be coordinated and organized through the EMD Provider Agency, and approved by the EMD Medical Director.
3. CDE shall include issues identified by the EMD continuous quality improvement process, and one or more of the following:
  - a. Medical conditions, incident types, and criteria necessary when performing caller assessment and prioritization of medical calls,
  - b. Use of the EMD protocol reference system,
  - c. Call taking interrogation skills,
  - d. Skills in providing telephone pre-arrival instructions,
  - e. Technical aspects of the system (phone patching, emergency procedures, etc.),

- f. Skill practice and critique of skill performance, and/or
  - g. Attendance at EMD workshops/conferences.
4. Methodologies for presenting CDE includes:
    - a. Formalized classroom lecture
    - b. Video, CD, Internet
    - c. Articles
    - d. Tape Reviews
    - e. Participation on medical dispatch committee and/or
    - f. Field observations (e.g. ride-alongs with EMS personnel or Emergency Department observation of communications activities).
  5. Formalized classroom CDE may be submitted to the training program provider's course curriculum certification agency (POST, CSFM, LEMSA or EMSA) to count towards continuing dispatch education credits.
    - a. If the training program provider chooses to submit CDE curriculum to their course curriculum certification agency:
      1. It is the training program provider's responsibility to submit the CDE curriculum as required by their course curriculum certification agency, and to comply with the requisite policies and procedures of that agency.
      2. The training program provider shall issue a course completion record to each person who has successfully completed a CDE course.

#### **D. Continuous Quality Improvement Standards**

1. The EMD Provider Agency shall establish a continuous quality improvement (CQI) program.
2. A continuous quality improvement program shall address structural, resource, and/or protocol deficiencies as well as measure compliance to minimum protocol compliance standards as established by the EMD Medical Director through ongoing random case review for each emergency medical dispatcher.
3. The CQI process shall:
  - a. Monitor the quality of medical instruction given to callers including ongoing random case review for each emergency medical dispatcher and observing telephone care rendered by emergency medical dispatchers for compliance with defined standards.
  - b. Conduct random or incident specific case reviews to identify calls/practices that demonstrate excellence in dispatch performance and/or identify practices that do not conform to defined policy or procedures so that appropriate training can be initiated.
  - c. Review EMD reports, and /or other records of patient care to compare performance against medical standards of practice.
  - d. Recommend training, policies and procedures for quality improvement.
  - e. Perform strategic planning and the development of broader policy and position statements.
  - f. Identify CDE needs.

4. EMD case review is the basis for all aspects of continuous quality improvement in order to maintain a high level of service and to provide a means for continuously checking the system. Consistency and accuracy are essential elements of EMD case review.
  - a. Critical components of the EMD case review process:
    - 1) Each CQI program shall have a case reviewer(s) who is:
      - a) A currently licensed or certified physician, registered nurse, physician assistant, EMT-P, EMT-II, or EMT-I, who has at least two years of practical experience within the last five years in pre-hospital emergency medical services with a basic knowledge of emergency medical dispatch, and who has received specialized training in the case review process, or
      - b) An emergency medical dispatcher with at least two years of practical experience within the last five years, and who has received specialized training in the case review process.
    - 2) The case reviewer shall measure individual emergency medical dispatcher performance in an objective, consistent manner, adhering to a standardized scoring procedure.
    - 3) The regular and timely review of a pre-determined number of EMD calls shall be utilized to ensure that the emergency medical dispatcher is following protocols when providing medical instructions.
    - 4) Routine and timely feedback shall be provided to the EMD to allow for improvement in their performance.
    - 5) The case reviewer shall provide a compliance-to-protocol report at least annually to the EMD Medical Director to ensure that the EMD Provider Agency is complying with their chosen EMDPRS minimum protocol compliance standards, and Agency policies and procedures.

## **E. Policies and Procedures**

1. The EMD Provider Agency shall establish policies and procedures through its continuous quality improvement program, consistent with the emergency medical dispatcher scope of practice that includes, but is not limited to:
  - a. Ensuring the EMD call answering point maintains direct access to the calling party,
  - b. Providing systematized caller interview questions,
  - c. Providing systematized post-dispatch and pre-arrival instructions,
  - d. Establishing protocols that determine vehicle response mode and configuration based on the emergency medical dispatcher's evaluation of injury or illness severity,
  - e. Establishing a call classification coding system, for quality assurance and statistical analysis,
  - f. Establishing a written description of the communications system configuration for the service area including telephone and radio service resources, and
  - g. Establishing a record-keeping system, including report forms or a computer data management system to permit evaluation of patient care records to ensure emergency medical dispatcher compliance with the EMDPRS, and timeliness of interview questions and dispatch.

## **F. Medical Direction and Oversight**

1. The EMD Provider Agency shall employ, contract, or designate the services of a physician Medical Director (which may include a Local EMS Agency (LEMSA) Medical Director), who shall provide medical oversight for all medical aspects of the EMD program including: the emergency medical dispatch protocol reference system, EMD training program, continuing dispatch education program, compliance standards, policies and procedures, continuous quality improvement program and risk management functions, and records management.
2. The EMD Medical Director shall:
  - a. Be licensed as a physician in California, board certified or qualified in Emergency Medicine, and
  - b. Possess knowledge of EMS systems in California and of the local jurisdiction.
  - c. Be familiar with dispatching systems and methodologies.
3. The EMD Medical Director shall be responsible for ensuring that the Agency's EMD Program is established in accordance with these guidelines.
4. The EMD Medical Director shall be responsible for the:
  - a. Approval of the EMD training program and participating in ongoing evaluation and review of those programs,
  - b. Approval and oversight of the continuing dispatch education program,
  - c. Design of medical aspects of the emergency medical dispatcher orientation and performance evaluations,
  - d. Evaluation of the medical care, post-dispatch and pre-arrival instructions rendered by EMD personnel,
  - e. Approval of the emergency medical dispatch protocol reference system to be utilized, and
  - f. Review of all continuous quality improvement, training and risk management functions in the Agency's CQI plan, including the establishment and monitoring of programs designed to correct identified medical quality issues, and
  - g. Participation in the local EMS system CQI process.

## **G. Records Management**

1. Course Completion Records:
  - a. The EMD Provider Agency shall maintain a copy of the basic EMD training program course completion record in the individual emergency medical dispatcher's training file.
  - b. The EMD Provider Agency shall maintain a record of "in- house" EMD CDE topics, methodologies, date, time, location, and the number of CDE hours completed for each session of CDE in the individual emergency medical dispatcher's training file.
  - c. The EMD Provider shall maintain a copy of EMD CDE program course completion records from an approved EMD training program provider in the individual emergency medical dispatcher's training file.

2. Training Program Provider Records:
  - a. Each training program provider shall retain the following training records as provided by local ordinance:
    - 1) Records on each course including, but not limited to: course title, course objectives, course outlines, qualification of instructors, dates of instruction, location, participant sign-in rosters, sample course tests or other methods of evaluation, and records of course completions issued.
    - 2) Summaries of test results, course evaluations or other methods of evaluation. The type of evaluation used may vary according to the instructor, content of program, number of participants and method of presentation.
3. CQI Case Review Records:
  - a. Each EMD Provider Agency shall retain compliance-to-protocol reports as required by law.