

Germantown Police Department

Policies and Procedures

Number: 14-3
Effective Date: October 9, 2006
Subject: Emergency Medical Dispatch Procedures
Previous Revisions:

I. PURPOSE:

To provide all Emergency Medical Dispatchers (EMDs) 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.

II. POLICY:

Call receiving and dispatching for medical assistance shall be provided in a standardized manner following approved Medical Priority Dispatch System (MPDS) protocols for 911 caller interrogation, determination of appropriate response configurations and modes and provision of post-dispatch and pre-arrival instructions.

III. PROCEDURE:

- A. A flip chart card system, containing protocols for Emergency Medical Dispatching, shall be provided for each call-taking and dispatch position.
- B. This protocol system will provide standardized key questions, post-dispatch instructions, pre-arrival instructions and response-based codes.
- C. The protocol file shall be kept on the radio counter at all times.
- D. The Advanced Medical Priority Dispatch Protocols have been approved by the senior management and medical director of the Germantown Fire Department.
- E. The Advanced Medical Priority Dispatch protocols shall be followed on all incoming EMS-related emergency calls.

VI. INTERROGATION

- A. In addition to the information outlined for call processing, the EMD shall always ask the following questions of the caller:
1. Where is the emergency?
 2. What's the problem?/What happened (the chief complaint)
 3. How old is he/she? (approximate if necessary)
 4. Is he/she conscious?
 5. Is he/she breathing?
- B. All attempts to obtain information from the caller will be made by utilizing good communication techniques and reading the questions exactly as written in the protocol.
1. If the initial pre-structured question is not understood or an appropriate answer is not initially provided by the caller, the EMD may rephrase the question in an appropriately clarified form.
 2. 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 of consciousness, breathing problems, chest pain and severe bleeding **MUST** be asked on every occasion as they appear.
 3. EMDs may alter the tense of questions to the first person in the event that the caller is the patient (that is, for "first party" calls).
 4. Status of consciousness, including "alertness" and "ability to talk" may be inferred as obvious **when the caller is the patient.**

V. RELAY OF INFORMATION TO RESPONDING UNITS

- A. The following shall be regarded as the minimum information to be passed to all responding personnel:
1. Where is the emergency?
 2. What's the problem/What happened (the chief complaint)?
 3. How old is he/she? (approximate if necessary)

4. Is he/she conscious?
5. Is he/she breathing?

VI. POST-DISPATCH INSTRUCTIONS

- A. The EMD will refer to the Post-Dispatch Instruction (PDI) list for the selected chief complaint after the dispatch of responding units has been initiated. The EMD giving PDIs will follow the protocol, giving instructions appropriate to each individual call.
- B. PDIs shall be provided to the caller whenever possible and appropriate to do so.
- C. Whenever possible, the EMD receiving the call should provide the PDIs themselves.
- D. Should the workload of the dispatch center require it (e.g., as a result of unanswered incoming emergency calls) the EMD must apply the “emergency rule” 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 dispatch center for all individuals requiring its services. Should unanswered emergency calls or other vital operations require it, EMDs should place callers receiving PDIs on hold, giving a reason for the necessity of doing so and advising the caller that they will return to them as soon as possible.

VII. PRE-ARRIVAL INSTRUCTIONS

- A. Pre-Arrival Instructions (PAIs) shall be provided to the caller whenever possible and appropriate to do so.
- B. Whenever possible, the EMD receiving the call should provide the PAIs themselves.
- C. Should the workload of the dispatch center require it (e.g., as a result of unanswered incoming emergency calls) the EMD must 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 all individuals requiring its services. Should unanswered emergency calls or other vital operations require it, EMDs should place callers receiving PAIs on hold, giving a reason for the necessity of doing so and advising the caller that they will return to them as soon as possible.

VII. INITIAL RECEIPT OF EMERGENCY CALL

- A. If the call is received via 911, EMDs will answer, “Germantown 911, where is your emergency?”
- B. If the call is received via fire or police emergency line, you will follow set fire or police communication procedures.

IX. CONFIRMATION OF LOCATION

- A. DO NOT READ THE ADDRESS ON THE ENHANCED 911 SYSTEM TO THE CALLER.
- B. If the Enhanced 911 system provides the address, actively compare this with what the caller tells you.
- C. In the absence of an address from an Enhanced 911 system, the call taker should report the address back to the caller and confirm the address.
- D. As the caller repeats the address, actively compare this with your written or CAD record. If they do not match, say to the caller, “That is not the address you originally gave me. Could you repeat it once more, please?”

X. CONFIRMATION OF CALL-BACK NUMBER

- A. Ask the caller, “What telephone number can I call you back on if necessary?” DO NOT READ THE NUMBER GIVEN TO YOU BY THE ENHANCED 911 SYSTEM BACK TO THE CALLER.
- B. As the caller tells you the number, actively compare this with the number given by the Enhanced 911 system. IT IS YOUR RESPONSIBILITY TO MAKE SURE THEY MATCH! If the numbers match, you may accept this as confirmation of the call-back number.
- C. If the number given by the caller does not match that given by the Enhanced 911 system, say to the caller, “That is not the same number our phone system is showing. Could you repeat it once more, please?”

XI. OBTAINING THE NATURE OF THE EMERGENCY

- A. Ask the caller, “What’s the problem?” (“What happened?”)

- B. If the caller starts to give you a long medical history, rephrase and repeat the question as, “What’s the problem now?” (“What’s happening now?”)
- C. If the caller’s response does not enable you to select a chief complaint card, seek clarification of the chief complaint they gave you if possible.
- D. Ask the remaining questions on the Case Entry card, in the correct order.
- E. Politely but firmly focus the caller on answering all questions as you ask them. Do not allow callers to offer additional information until they have answered all scripted questions. If callers lose their focus and do not concentrate on answering questions as you ask them, say “Sir/Madam, I need you to answer this question so that I can get help to you as quickly as possible.” Repeat this as often as necessary using exactly the same phrasing.

XII. CHIEF COMPLAINT CARDS

- A. Go to the appropriate Chief Complaint card when you have gathered all Case Entry information.
- B. Say to the caller, “Responders are on the way to help you now. Please stay on the line. I need to ask you a few more questions so that I can tell you what to do to help the patient.”
- C. Ask all of the Key Questions in the order they appear on the card and following the script.
- D. Politely but firmly focus the caller on answering all questions as you ask them. Do not allow callers to offer additional information until they have answered all scripted questions. If callers lose their focus and do not concentrate on answering questions as you ask them, say “Sir/Madam, I need you to answer this question so that I can get help to you as quickly as possible.” Repeat this as often as necessary using exactly the same phrasing.

XIII. DIFFICULT CALLERS

- A. It is recognized that callers who are hysterical, confused, sick, injured, abused, aggressive, angry, etc., represent a great challenge to the EMD. The following techniques will help to calm them but require a very professional approach from the EMD. **YOU MUST NOT LET THE CALLER’S ATTITUDE AFFECT THE WAY YOU RESPOND.**

- B. REMAIN CALM AND COURTEOUS AT ALL TIMES. This is regardless of how the caller behaves or what he/she says or does.
- C. KEEP YOUR VOICE LEVEL AND EVEN AT ALL TIMES. Do not shout at the caller or even raise your voice.
- D. NEVER DISPLAY IRRITATION WITH THE CALLER.
- E. NEVER THREATEN THE CALLER.
- F. GIVE AN EXPLANATION WITH A MOTIVE FOR EVERYTHING YOU DO OR ASK THE CALLER TO DO. For instance, explain why you are asking key questions (so that you can tell them how to help the patient) or why you need to put the caller on hold (so that you can get the ambulance on the way to them).
- G. TELL THEM THAT HELP IS ON THE WAY. *Repeat this as often as necessary.*
- H. USE THE FIRST NAME OF CHILDREN. This may also be a helpful technique for hysterical adults.
- I. USE “REPETITIVE PERSISTENCE.” This works for many abusive and aggressive callers, as well as those who are hysterical. *Give the caller an action, followed by a reason for complying with this action.* Repeat this, using the exact same phrasing and in a calm level voice as often as is necessary until the caller listens and cooperates. Be prepared to use this technique more than once.
- J. USE “POSITIVE AMBIGUITY.” Do not “lie” to the caller, even if motivated by kindness. Do not make promises that are not within your ability to keep. Examples follow:
 - 1. The caller asks, “How long will the ambulance be?” You should reply, “Help is on the way. It will be with you as soon as possible.” DO NOT GIVE AN EXACT TIME OF ARRIVAL. Emergency vehicles may break down or get stuck in traffic.
 - 2. The caller asks, “The patient is going to be all right, isn’t he/she?” You should reply, “Everyone will do the best they can to help.”
 - 3. The caller asks, “Will this save him/her?” You should reply, “This will help give him/her the best possible chance.”

- K. GIVE THE CALLER FIRM BUT GENTLE ENCOURAGEMENT. If the caller says, “Nothing’s working!” say “Don’t give up. You’ve got to keep doing it. This will keep him/her going until help arrives.”
- L. ASK IF THERE IS SOMEONE ELSE YOU CAN SPEAK TO. This should only be used as a last resort, as you will no longer be in a position to calm the caller.

XIV. PRE-ARRIVAL INSTRUCTIONS (PAIs)

- A. DO NOT ASK PERMISSION TO GIVE PRE-ARRIVAL INSTRUCTIONS. Do not say, “Would you like me to tell you how to do CPR?”
- B. If the caller refuses to follow the PAIs, say, ‘Help is on the way, but this is important to ask these questions to give the patient the best possible chance and until it arrives.’ Repeat as necessary.
- C. If the caller still refuses to administer aid, ask if there is someone else you can speak to.

XV. THIRD PARTY CALLS

- A. Do not assume that third party callers know nothing, even if they say they know nothing.
- B. Always ask all Case Entry and Key Questions.
- C. Always ask the caller if they will go back to the patient to render aid. If they agree, give PDIs and PAIs as possible, appropriate and necessary.

XVI. OBVIOUS DEATH DEFINITION

- A. For dispatch purposes, “Obvious Death” is defined as meaning that a patient’s condition can be identified, as the sole result of information being provided by a caller and without doubt or fear of error, as being incompatible with life. This information would, in turn, indicate that it would be inappropriate for an EMD to offer Pre-Arrival CPR instructions.
- B. The Medical Director has agreed that the following conditions may be considered by the dispatcher to constitute “Obvious Death” in the event that the patient is confirmed as being pulseless and non-breathing:
 - 1. Rigor mortis/lividity
 - 2. Decomposition

3. Non-recent traumatic death (confirmed as being greater than six hours)
 4. Non-recent expected death
 5. Severe injuries obviously incompatible with life (decapitation, etc.)
 6. Incineration
 7. Submersion (confirmed as being greater than twenty-four hours)
- C. The dispatcher must be sure that the presence of at least one of the above conditions is unquestionable.
- D. EMDs should not routinely question callers about the presence or absence of the above listed questions. The EMD should only attempt to identify the existence of these conditions in the event that the caller suggests that the patient is not salvageable.
- E. Action in the Event of Unquestionable Obvious Death:
1. Code the call as 9-B-1 and inform all responders of your reason for doing so.
 2. Do not provide PAIs.
 3. If possible, keep the caller on the line and provide emotional support.
 4. If none of the conditions listed above are present, the EMD **MUST** provide CPR Pre-Arrival Instructions as per protocol.

XVII. ALL EMS CALLS for SERVICE

Dispatchers shall attempt to obtain the following information from all calls for medical response:

- A. Address of the problem to include apartment name, number, business name, and location in the business if applicable.
- B. Medical problem or type of injury
- C. Level of consciousness
- D. Adequacy of breathing
- E. Age, sex and medical history or medications

- F. Signs and symptoms
- G. Number of patients
- H. Location of the caller & location of the patient
- I. Caller's association (resident/witness/patient)
- J. Phone number of the caller
- K. Phone number into the patient if different
- L. What is happening, has happened
- M. Additional questions as stated in specific EMD procedures
- N. Call takers will remain on line with any call where conditions may change.

XVIII. REVIEW PROCESS

An annual review of this policy shall be conducted to determine if it should be revised, canceled or continued in its present form.

This order shall remain in effect until revoked or superseded by competent authority.