

 <b>COUNTY OF SAN DIEGO</b> EMERGENCY MEDICAL SERVICES	SERVICE PROVIDER AGENCY	<b>S-882</b>
	<b>EMERGENCY MEDICAL DISPATCH PROGRAMS</b>	
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## I. PURPOSE

To set the standards and processes for implementing an evidence-based emergency medical dispatch (EMD) program for primary and secondary Public Safety Answering Points for the call-taking and dispatching of 9-1-1 emergency medical services (EMS) units.

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II. AUTHORITY: Health and Safety Code, Division 2.5 Sections 1797.220 & 1797.223, 1798 & 1798.8.

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## III. DEFINITION(S)

**Alternate Call Routing:** A system intended to redirect 9-1-1 callers to alternate medical care/medical access pathways. Established EMD criteria may identify non-acute medical conditions where alternate routes of care may be appropriate. These alternate routes may include telehealth, televisit, rapid referral to community-based clinics or urgent care and arranged non-ambulance transportation.

**Continuing Dispatch Education:** Development and implementation of educational experiences designed to enhance knowledge and skill in the application of dispatch.

**Dispatch Center Medical Director:** A physician licensed in California, board certified or eligible in emergency medicine, who possesses knowledge of EMS systems in California and the local jurisdiction and who is familiar with dispatching systems and methodologies; or a physician responsible for the dispatch medical direction of the nationally recognized EMD program.

**Emergency Dispatch Coordinator:** A designated dispatch center employee responsible for the daily EMD operations, data collection and reporting, quality assurance reviews, and other organizational responsibilities.

**Emergency Medical Dispatch (EMD):** A system of telecommunications established to enable the general public to request emergency assistance through a standardized triage procedure and provide medically approved pre-arrival instructions. This call taking process gauges patient acuity and may be applied to response levels in accordance with established provider guidelines.

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**Emergency Medical Dispatcher/Call-Taker:** An individual who is employed by an agency providing EMD services and is specially trained in triaging calls for service and providing pre-arrival instructions. Specialty training includes, but is not limited to:

1. completion of an EMD training curriculum deployed by
  - a. a nationally recognized EMD program  
OR
  - b. a provider agency specific program approved by the San Diego County EMS Medical Director
2. and who is currently certified as
  - a. an Emergency Medical Dispatcher  
OR
  - b. San Diego County-credentialed Emergency Medical Technician (EMT) or Paramedic

**EMS Call Taking/Dispatch:** Receiving requests for Emergency Medical Service and dispatching resources with no triage questions or medically approved pre-arrival instructions.

**Post-Dispatch Instructions/Pre-Arrival Instructions (PDI/PAI):** Telephonic or other telecommunication technology-rendered protocols reflecting current evidence-based medical practice and standards, including instructions intended to encourage callers to provide simple lifesaving maneuvers to those in need of aid during an EMS response to the scene.

**Quality Assurance/Quality Improvement (QA/QI) Program:** A program designed to evaluate, monitor, and improve EMD performance. QA/QI programs shall also monitor for policy and procedure compliance to ensure safe, efficient, and effective delivery of EMD.

**Tiered Dispatching:** A system of adjusting the response of resources based on the results of a standardized triage procedure. The goal of tiered dispatching is to provide an appropriate response based on the level of acuity of the patient.

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#### **IV. POLICY**

- A.** Those requesting emergency medical care should have direct, 24/7 access to qualified EMD dispatch personnel.
- B.** The Dispatch Center Medical Director will jointly review with the San Diego County EMS Medical Director to support regional quality standards:
  1. Prior to the implementation of an EMD system,
  2. When a major EMD system change or revision is implemented, or
  3. When a QA/QI trend is identified.

- C. Dispatch centers that implement EMD should use a nationally recognized EMD system.
  - D. EMS Provider Agencies who do not currently use nationally recognized EMD systems shall incorporate pre-arrival instructions in their EMS dispatch practices within 18 months of the effective date of this policy.
  - E. If a dispatch center develops its own EMD protocols, the Dispatch Center Medical Director shall approve the emergency medical dispatching protocols developed by the dispatch center. The dispatch center shall then submit the agency's program to the County of San Diego EMS Medical Director for approval.
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## **V. PROGRAM REQUIREMENTS**

- A. EMS dispatch centers shall define the level of EMS dispatch service provided. These levels include:
  - 1. Call Taking and Dispatch
  - 2. Pre-Arrival/ Post-Dispatch Instructions
  - 3. Tiered Dispatching
- B. Each dispatch center shall have a Dispatch Center Medical Director to oversee protocol development and QA/QI.
- C. Each dispatch center shall have an Emergency Dispatch Coordinator to oversee daily operations.
- D. If the Dispatch Center uses a nationally recognized EMD program, the following shall be submitted initially or upon changes to these programs, to the San Diego County EMS Office on form S-882A (or digital equivalent). Annual updates, including those elements required for the County's EMS Plan, shall contain items 1-3, and may include additional updates for items 4-8:
  - 1. Name and version of the EMD program
  - 2. Dispatch Center Medical Director name, contact information, and credentials
  - 3. Emergency Dispatch Coordinator name, contact information, and credentials
  - 4. Protocols used
  - 5. Clearly defined pre-arrival instructions
  - 6. QA/QI program
  - 7. Tiered Dispatch Response levels
  - 8. Continuing education plan

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- E.** If the Dispatch Center develops its own emergency medical dispatching protocols, the following shall be submitted prior to implementation for approval and upon proposed substantial program changes, to the San Diego County EMS Office on form S-882A (or digital equivalent). Annual updates, including those elements required for the County's EMS Plan, shall contain items 1-3, and may include additional updates for items 4-9:
1. Education standards and qualifications for call-takers and dispatchers.
  2. Dispatch Center Medical Director name, contact information, and credentials.
  3. Emergency Dispatch Coordinator name, contact information, and credentials.
  4. Guidelines and decision-making procedures.
  5. Call-taking interrogation questions.
  6. Clearly defined pre-arrival instructions.
  7. QA/QI Program.
  8. Tiered Dispatch Response Levels.
  9. Continuing education plan

**F. Dispatch Center Staff and Program Elements**

1. Dispatch Center Medical Director
  - a. Provides medical direction and oversight of the EMD program by review and approval of:
    - 1) Policies and procedures related to EMD and patient care
    - 2) Standards for qualifying education and continuing education
    - 3) Dispatch guidelines, including pre-arrival instructions
    - 4) Oversees QA/QI and compliance standards
    - 5) Provides ongoing periodic dispatch records review to identify potential patient care issues
    - 6) Provides oversight and participates in dispatch QA/QI, risk management, and compliance activities
    - 7) Participates in quarterly San Diego County EMD Reporting and Evaluation Committee activities
2. Emergency Dispatch Coordinator
  - a. Oversees daily operations of the center and ensures qualified Emergency Medical Dispatcher/Call-Taker staffing on a continuous 24-hour basis that meets the EMS provider agency's need.
  - b. Ensures a dispatch supervisor or designee is readily accessible on a continuous 24-hour basis.
  - c. Ensures for availability of a 24-hour contact phone number to be used to coordinate or disseminate information in the event of a critical incident or disease outbreak.
  - d. Coordinates QA/QI activities with the Dispatch Center Medical Director.
  - e. Provides ongoing periodic dispatch record review and identifies potential patient care issues.

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- f. Participates in dispatch quality improvement, risk management, and compliance activities.
  - g. Implements and oversees continuing education of Emergency Medical Dispatchers/Call-Takers.
  - h. Participates in quarterly San Diego County EMD Reporting and Evaluation committee activities.
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## **VI. QA/QI COMPONENTS**

- A.** The QA/QI process shall monitor the quality of call-taking and medical instruction given to callers. Monitoring shall include:
    - 1. Ongoing random case review for emergency medical dispatchers.
    - 2. Observing telephone care rendered by emergency medical dispatchers for compliance with EMD-defined standards.
    - 3. Conducting random or incident specific case reviews to identify calls/practices that demonstrate excellence in dispatch performance and/or identify practices which do not conform to defined policy or procedures.
  - B.** Each QA/QI Program shall have a written plan which includes the following components:
    - 1. Reports to include best practice elements and other reporting criteria to be established by the quarterly EMD Reporting and Evaluation Committee.
    - 2. Key performance measures or indicators related to delivery of Emergency Medical Dispatching.
    - 3. Methods or activities designed to address deficiencies and measure compliance to protocol standards as established by the EMD Medical Director through ongoing random case review for each emergency medical dispatcher.
    - 4. Activities designed to acknowledge excellence in the delivery of EMD performance.
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## **VII. TIERED DISPATCH PROGRAM REQUIREMENTS**

- A.** EMS Dispatch Centers implementing Tiered Dispatching procedures shall develop plans for appropriate resource assignments in a patient-centered approach.
- B.** Dispatch Centers implementing Tiered Dispatch may tailor these response models and criteria to local jurisdiction and population needs. Elements to be included for San Diego County EMS Office review includes:

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1. First Responder Responses
  2. EMT ambulance responses
  3. Paramedic ambulance responses
  4. Resource overload procedures
  5. Alternate Call Routing programs, if any
  6. Other response procedures
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**VIII. EMERGENCY MEDICAL DISPATCH PLAN TEMPLATE**

- A.** S-882A contains the approved template for submission of an EMD Plan
- B.** EMD Plan Template includes the following
  1. Define Operating area boundaries.
    - a. County, City, Special District or County Service Area.
    - b. Include map with service area boundaries.
  2. Identify Levels of EMS Dispatch.
    - a. Centers providing Call Taking and Dispatch services shall include an implementation plan to provide PAI/PDI within 18 months of the effective date of this policy.
  3. List agencies providing service
    - a. Ambulance Agency, Paramedic Agency, Fire Department, etc.
    - b. State whether emergency services do/do not utilize ALS First Responder Units.
  4. Define and Describe Emergency Medical Dispatch Program.
  5. List Program Requirements, including:
    - a. Dispatch Center Medical Director
    - b. Emergency Dispatch Coordinator
  6. List Post Dispatch/Pre-Arrival Instructions.
  7. Define Quality Assurance Program.
  8. Include EMD Continuing Education Program.
  9. Define response levels for plans including Tiered Dispatch Response Levels:
    - a. Resource type assigned to each level. This may include the number/type(s) of emergency vehicles
    - b. Response status assigned to each level (lights and sirens, etc.)
    - c. Staff assigned to each response level (Minimum number of paramedics, AEMTs, or EMTs)
    - d. Include EMD Code Table with planned response level
    - e. Include response interval measurement standard
  10. Provide and define response intervals for routine response areas. Examples of these intervals are:

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- a. Urban response interval for ALS Transporting Unit when a First Responder Unit is unavailable.
  - b. Urban response interval for ALS Transporting Unit when a First Responder Unit is available.
  - c. Rural response interval, if any.
  - d. Outlying response interval, if any.
11. Describe anticipated alternate call screening programs intended to redirect 9-1-1 callers to medical care/medical access pathways, if any. These programs will be reviewed as additions to existing EMD plans. Program details may vary from center to center. Alternate call screening plans require monthly reporting for patient outcome information, including patient destination, need for follow-up care and similar.
12. Describe reclassification process for response levels upon receipt of additional information prior to responder arrival.
- a. Include detail on adjustments, if any, to response times for reclassified calls.