

persistence. Repetitive persistence is performed by the EMD repeating over and over again, in the exact same wording, a request to calm down or to perform any other act desired. It has been demonstrated that this approach works nearly universally after a limited number of repetitions. Altering the wording of a request, it is believed, appears to the caller's subconscious as indecision or lack of control on the EMD's part and is less effective.

X1.3 *Bring-the-Victim-to-the-Phone Problem*—The EMD must determine the location of the patient relative to the caller at the outset of the call. This will help avoid a possible later interruption of the telephone treatment sequence that may occur when the caller directs others by yelling, "Bring him in here to the phone." The EMD should always ask where the patient is at the beginning of the telephone treatment sequence.

X1.4 *"Nothing's Working" Phenomenon*—The exception to the control obtained once the hysteria threshold is reached occurs when the caller is reminded of the distressed state of

the victim at three different stages. First, when the victim is brought to the phone, they are also brought back into the sight of the caller, who is unfortunately reminded of how bad the victim looks. Second, when the EMD asks for verification of absent vital signs (breathing or pulse), the caller is likewise reminded. Third, when the caller is finally dutifully performing CPR or the Heimlich, and the victim is not revived from their initial actions, the caller may state, "nothing's working" and in frustration and despair will sometimes stop trying.

X1.5 Some callers have the misconception that because they are performing the EMD's instructions, the victim should respond or be revived. Callers will sometimes become frustrated and may lose composure when the victim fails to respond to first-aid measures. This results in an event that can interrupt the treatment sequence. The EMD can overcome this problem with appropriate encouragement, repetitive persistence, and by mentioning that, "You are keeping the victim going until the paramedics get there."

X2. MEDICOLEGAL ISSUES OF EMERGENCY MEDICAL DISPATCH

X2.1 The agency and the EMD should understand the importance of EMD performance evaluation.

X2.1.1 Inappropriate performance or procedures, or both, can cause injury or death, or both, to field personnel or civilians.

X2.1.2 Poor work habits can lead to lawsuits against the EMD and the parent department or agency.

X2.1.3 It is important that the EMD remain informed on the correct procedures and protocols and follow them explicitly.

X2.1.4 If procedures appear faulty, the EMD should inform a supervisor for appropriate review.

X2.2 Civil liability for the EMD or his organization can result from the following:

X2.2.1 Caused action or omission by the EMD,

X2.2.2 Failure to supervise on the part of EMD supervisor,

X2.2.3 Failure to observe recognized agency standards by the EMD or the parent organization, and

X2.2.4 Failure to observe recognized community or national practice standards.

X3. TELECOMMUNICATION ISSUES OF EMERGENCY MEDICAL DISPATCH

X3.1 The telecommunicator should be thoroughly familiar with the applications of the following telecommunications equipment, procedures, and Federal Communications Commission (FCC) rules:

X3.1.1 Radio communications control console,

X3.1.2 Telephone equipment and recorders,

X3.1.3 Alert paging equipment and encoders,

X3.1.4 Telephone patch equipment,

X3.1.5 Biotelemetry equipment and MED radio systems,

X3.1.6 Computer equipment, CAD equipment, and record keeping,

X3.1.7 Logging recorder equipment and tape management, and

X3.1.8 Other specialized equipment, generators, tower lighting, and so forth.

X3.2 *Relevant FCC Rules:*

X3.2.1 Only trained and authorized personnel are permitted to operate radio equipment.

X3.2.2 Provisions for access to remote radio sites and base radio equipment shall be maintained.

X3.2.3 The station call sign shall be broadcast in accordance with FCC rules.

X3.2.4 The FCC personnel are authorized to inspect communication records and transmitter equipment at reasonable times with proper identification and notice.

X3.2.5 Transmission of false or deceptive information is prohibited.

X3.2.6 Disclosure of radio messages monitored or intercepted to any uninvolved third party is prohibited.

X3.2.7 Transmission of profane language is prohibited.

X3.2.8 The radio station license shall be displayed at the control points and transmitter location.

X3.2.9 Radio equipment shall be maintained to required technical standards.

X3.2.10 Users shall take reasonable precautions to avoid causing harmful interference, including monitoring prior to transmission where practical.

X3.3 *Public Safety Telecommunicator-Caller Communication*—The public safety telecommunicator is the contact an emergency caller has with the emergency response system. Prompt and efficient information gathering by the telecommunicator aids in the dispatch of appropriate resources, allows preparation time for responding units, and alerts the telecommunicator to significant events requiring



Standard Practice for Emergency Medical Dispatch¹

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1. Scope

1.1 This practice covers the definition of responsibilities, knowledge, practices, and organizational support required to effectively implement, perform, and manage the emergency medical dispatch function.

1.2 This practice is useful for planning and evaluating the training, implementation, and organizational support to satisfy the functional needs of emergency medical dispatching.

1.3 *This standard does not purport to address all of the safety concerns, if any, associated with its use. It is the responsibility of the user of this standard to establish appropriate safety and health practices and determine the applicability of regulatory limitations prior to use.*

2. Referenced Documents

2.1 ASTM Standards:

- F 1031 Practice for Training the Emergency Medical Technician (Basic)²
- F 1381 Guide for Planning and Developing 9-1-1 Enhanced Telephone Systems²
- F 1552 Guide for Training, Instructor Qualification, and Certification Eligibility of Emergency Medical Dispatchers²
- F 1560 Practice for Emergency Medical Dispatch Management²

3. Terminology

3.1 Descriptions of Terms Specific to This Standard:

3.1.1 *emergency medical dispatcher (EMD)*—a trained public safety telecommunicator with additional training and specific emergency medical knowledge essential for the efficient management of emergency medical communications.

3.1.2 *emergency medical dispatching*—the reception and management of requests for emergency medical assistance.

3.1.3 *emergency medical dispatch priority reference system (EMDPRS)*—a medically approved system used by a dispatch agency to provide aid to medical emergencies, that includes: systematized caller interrogation questions, systematized pre-arrival instructions, and protocols matching the dispatcher's evaluation of injury or illness severity with vehicle response mode and configuration.

3.1.4 *medical direction*—the management and account-

ability for the medical care aspects of an emergency medical dispatch (EMD) program including: the medical monitoring oversight of the training of the EMD personnel; approval and medical control of the operational emergency medical dispatch priority reference system (EMDPRS); evaluation of the medical care and pre-arrival instructions rendered by the EMD personnel; direct participation in the EMD system evaluation, quality, assurance, and quality improvement process and mechanisms; and, responsibility for the medical decisions and care rendered by the emergency medical dispatcher and emergency medical dispatch program.

3.1.5 *public safety telecommunicator*—an individual trained to remotely communicate with persons seeking emergency assistance and with agencies and individuals providing such assistance.

3.1.6 *telephone aid*—consists of “ad libbed” telephone instructions provided by either trained or untrained dispatchers and differs from DLS-based pre-arrival instructions in that the instructions provided to the caller are based on the dispatcher's knowledge or previous training in a procedure or treatment without following a scripted pre-arrival instruction protocol. They cannot be medically pre-approved since they do not exist in written form.

3.1.7 *telephone treatment sequence protocols*—specific treatment strategies designed in a conversational script format that direct the EMD step-by-step in giving critical pre-arrival instructions such as CPR, Heimlich maneuver, mouth-to-mouth breathing, and childbirth instruction.

3.1.8 *vehicle response configuration*—the specific vehicle(s) of varied types, capabilities, and numbers responding to render assistance.

3.1.9 *vehicle response mode*—the use of emergency driving techniques, such as warning lights and siren, versus a routine driving response.

4. Summary of Practice

4.1 An emergency medical dispatcher is a trained public safety telecommunicator with additional training and specific emergency medical knowledge essential for assessment of medical emergencies and limited remote treatment and apportionment of medical priorities. The EMD functions under the medical authority of an off-line medical director to receive and manage calls for emergency medical assistance through the systematic interrogation of callers, using procedures established by the off-line medical director who remains responsible for the medical quality assurance of the EMD program.

4.1.1 The EMD's role includes the ability to:

4.1.1.1 Remotely evaluate the patient or incident,

4.1.1.2 Interpret the requirement and need for emergency medical resources,

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² Annual Book of ASTM Standards, Vol 13.01.