

# COMMUNICATIONS – EMERGENCY MEDICAL DISPATCH

WILLIAMSTOWN POLICE DEPARTMENT POLICY & PROCEDURE NO.  <b>4.03</b>	EFFECTIVE DATE: 02/20/2022
MASSACHUSETTS POLICE ACCREDITATION STANDARDS  REFERENCED:	REVISION DATE: 07/19/2022
	REVIEW DATE: 07/19/2023

## I. GENERAL CONSIDERATIONS AND GUIDELINES

The Williamstown Police Department provides Emergency Medical Dispatch. This dispatch protocol provides for a more accurate description of illnesses and injuries, to better serve the victim through a multifaceted response with pre-arrival instructions to life threatening emergencies.

## II. POLICY

Call receiving and dispatch for medical assistance shall be provided in a standardized manner following approved protocols for 911 caller interrogation, determination of appropriate response configuration modes, and provision of post-dispatch and pre-arrival instructions.

## III. DEFINITIONS

**Compliance to Policy and Procedures:** shall mean the adherence to the written text or scripts and other processes within the approved emergency medical dispatch protocol reference system, deviation from the script may occur on occasions but call taker must stay within the parameters of the script.

**Emergency Medical Dispatch (EMD):** shall mean the reception, evaluation, processing, and provision of dispatch life support; management of request for emergency medical assistance; and participating in ongoing evaluation and improvement of the emergency medical dispatch process.

**Emergency Medical Dispatch Protocol Reference System**

**(EMDPRS):** shall mean a medical director approved emergency medical dispatch system that includes Powerphone's Software used to dispatch aid to medical emergencies that includes 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 dispatch provider agency.

**Primary Questions:** shall mean case specific questions to help the emergency medical dispatcher better understand the caller medical emergency and dispatch appropriate help.

**Secondary Questions:** means questions asked after appropriate units have been dispatched to the location of the emergency and are more specific to the call.

**Pre-Arrival Instructions:** shall mean medically approved scripted instructions given in time-critical situations where correct evaluation, verification, and advice is given by trained emergency medical dispatcher to callers that provide necessary assistance and control of the situation prior to arrival of emergency medical services personnel.

**Continuous Quality Improvement (CQI) Program:** shall mean a program administered by the emergency medical dispatch provider agency for the purpose of ensuring safe, efficient, and effective performance of the 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 following: the random performance, providing feedback of emergency medical dispatch protocol reference system compliance levels to emergency medical dispatchers, and submitting compliance data.

## IV. PROCEDURES

1. Powerphone Cache Lite dispatch software shall be utilized for each medical call taken in the dispatch center. This will provide

standardized key questions, post-dispatch instructions, pre-arrival instructions, and response-based codes. The protocols have been approved by the Command Staff and the EMD medical director. The protocols shall be followed on all incoming EMS related emergency calls until on scene assistance arrives.

## V. INTERROGATION

The dispatcher will answer the 911 call in the following manner:

1. 911 this call is recorded, what/where is your emergency?
2. The dispatcher will determine if the call is a Police, Fire, or EMS call.
3. Remember that scene safety is important on all types of calls.
4. If the call is an EMS call the dispatcher will advise the caller to remain on the line for further instructions.
5. The dispatcher will then dispatch the appropriate personnel to the location if it is safe to do so.
6. If the dispatcher answers the 911 call and determines that the call is a medical call, the dispatcher will utilize the EMD system by activating the EMD protocols. EMD protocols do not have to be followed for medical calls to nursing homes or to any location where a registered nurse or physician is on duty at the time of the call.
7. If the dispatcher is receiving several 911 calls at the same time the dispatcher should/shall follow the "Emergency Rule" in Section IX.
  - a. The EMD shall always ask the following questions of the caller:
    1. What is the location?
    2. What is the problem? /What happened?
    3. How old is she/he?
    4. Is she/he conscious?
    5. Is she/he 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.
    1. If the initial pre-instruction 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 on which they appear.
3. EMDs may alter the tense of questions to the “first person” in the event the caller is the patient (first party calls).
4. Status of consciousness, including “alertness” and “ability to talk” may be inferred as obvious when the caller is the patient.

## **VI. RELAY OF INFORMATION TO RESPONDING UNITS**

- a. The following items shall be regarded as the minimum information to be passed to all responding personnel.
  1. The location of the incident.
  2. The chief complaint.
  3. The age of the patient.
  4. The MPDS determinant code.
  5. The status of consciousness.
  6. The status of breathing.
- b. Dispatchers shall utilize plain English when dispatching calls.
  1. Example: “respond to 123 Main St. for a 74-year-old male with chest pain.  
“Patient is conscious and breathing”.
- c. In addition, under normal working conditions, the dispatcher should also relay to all responders the answers obtained to key questions. This should include positive, negative, and unknown responses. This information should be withheld only if radio traffic or excessive workload does not allow its transmission. Subsequently, it is expected that this information will be provided to responders.
- d. Should additional information become available to dispatchers after responders have been mobilized, but prior to their arrival on scene, this information will also be passed on to responding units.
- e. Enter the call into IMC.

## **VII. POST DISPATCH INSTRUCTIONS**

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, and avoid free-lance information unless it enhances and does not replace the written protocol. PDIs shall be provided to the caller whenever possible and appropriate to do so. Whenever possible, the EMD receiving the call should provide the PDIs themselves.

Should the workload of the dispatch center require it (e.g., other 911 calls, radio traffic) the EMD must apply the “emergency rule” and temporarily suspend the provision of PDIs to the caller at this time. This is vital to ensure the safe and effective operation of the dispatch center for all individuals requiring its services. Should unanswered 911 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.

## **VIII. PRE-ARRIVAL INSTRUCTIONS (PAI)**

PAIs shall be provided directly from the scripted text listed on each PAI Panel Logic Protocol Script. The EMD giving PAIs will follow the script, avoid free-lance information, unless it enhances and does not replace the written protocol scripts. PAIs shall be provided to the caller whenever possible and appropriate to do so. Whenever possible, the EMD receiving the call should provide the PAIs themselves.

Should the workload of the dispatch center require it, (e.g., unanswered 911 call, radio traffic) the EMD must apply the “emergency rule” and temporarily suspend the provisions of PAIs to the caller at this time. This is vital in order to ensure the safe and effective operation of the dispatch center for all individuals requiring service. Should unanswered 911 calls or other vital operations require it, EMD’s 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.

## **IX. EMERGENCY RULE**

In situations of extreme workload in the dispatch center (e.g., unanswered calls, radio traffic) the EMD may suspend pre-arrival instructions (PAI) and suspend or discontinue post-dispatch instructions (PDI) once case entry, key questions, and final coding are completed. This will ensure that the minimum PDS requirements for a safe and effective response are completed.

When faced with an emergency rule situation the call taker will release the caller with the following statement; **“I need to hang up now to take another call. Help is on the way. Call back immediately if his/her condition gets worse”**.

## **X. EMERGENCY MEDICAL DISPATCH CERTIFICATION AND TRAINING**

All Officers and Dispatchers are required to obtain and maintain Emergency Medical Dispatch certification. This includes CPR certification and certification through Powerphone Dispatch in EMD. The Town of Williamstown will provide the necessary training and re-training opportunities to facilitate obtaining and maintaining certification and recertification.

Maintaining current emergency dispatch certification requires completion of a minimum of twenty-four (24) hours of continuing dispatch education per two-year period, achieving a passing score in an online emergency dispatch examination at two-year intervals, and maintain current CPR certification and EMD certification.

In order to maintain certification as an enhanced 911 telecommunicator, personnel must successfully complete a minimum of 16 hours of State 911 Department approved continuing education annually. Should a call taker's certification become void due to suspension or revocation, the employee will be removed from call taking until such time the certification is renewed.

## **XI. CONTINUOUS QUALITY IMPROVEMENT STANDARDS**

The Williamstown Police Department will maintain a Continuous Quality Improvement Program (CQIP) consisting of monitoring the quality of medical instructions given to callers including random case review for emergency medical dispatch calls and observing telephone care rendered by emergency medical dispatchers for compliance with defined standards as well as conducting random 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. The number of random cases to be reviewed annually must be no less than 10% of the total medical call volume from the previous year.

The CQIP will influence training, policies, and procedures for quality improvement as well as strategic planning with a representative of the Northern Berkshire Emergency Medical Services to compare the process to medical standards of practice.

The CQIP will provide a means of regular feedback of performance results to emergency medical dispatchers. As part of CQIP the Department may use the services of a private vendor to provide assistance. Such private vendor assistance will be for training purposes only and not for disciplinary reasons.

## **XII. REVIEW PROCESS**

Reviews of EMD calls will be conducted by the Chief of Police. This task may be delegated to a Dispatcher of suitable experience. Reviews will be conducted at a minimum on a monthly basis. The reviewer will select a predetermined number of calls to review at random. The reviewer will examine the daily log call entry and the 911 recording of the telephone call and radio transmissions.

The reviewer review will meet with the call taker and discuss the results of the call. The printed daily log entry and the QA will be filed after the review.

## **XIII. REPORTING & RECORD KEEPING**

The Williamstown Police Department shall annually certify to the State 911 Department that the Williamstown Police Department meets the requirements required to provide EMD and has a Quality Assurance Program in place.

The Williamstown Police Department shall annually submit to the State 911 Department documentation that each enhanced 911 telecommunicator meets the certification requirements set by the State 911 Department;

The Williamstown Police Department shall maintain and make available to the State 911 Department Quality Assurance Review Forms and certificates and training records for 911 telecommunicators.