Emergency Medical Dispatch

The Public Safety Answering Points (PSAP) is the most common point for initial public access to the emergency medical services (EMS) system. Call takers and dispatchers in the PSAP interact with the public and provide real-time, pre-arrival instructions to bystanders and family members while dispatchers ensure that the most appropriate resources are sent to the scene of injury or illness. Emergency Medical Dispatch (EMD) is the process used by call takers and dispatchers to (a) interact with the public in order to gather the necessary information in an efficient manner, (b) process the request for emergency medical assistance, (c) ensure that the most appropriate emergency resources are dispatched to the scene of the injury or illness, and (d) provide appropriate pre-arrival instructions to bystanders.

Physician involvement is important in establishing and maintaining the EMD system at the PSAP. Questions asked and pre-arrival instructions must be approved by the PSAP operational medical director (OMD) or medical advisor. Additionally, the OMD or medical advisor must periodically review the EMD program in order to ensure that the protocols are both appropriate, given current medical literature, and achieving their goals both for the caller and the PSAP staff. For example, coordinating the questions asked by the call taker to determine the primary complaint might be more effective if the questions were similar to public information campaigns that the caller might be familiar with (e.g., FAST or “Give Me Five” in the case of stroke). As indicated above, the pre-arrival instructions will require periodic updates and modifications, as standards and guidelines for emergency care are revised based upon new research and science. As a prime example, the 2010 American Heart Association CPR AED Guidelines now advise that bystanders primarily perform compression-only CPR. As these recommendations are adopted, pre-arrival instructions will need to be changed to reflect the new guidance.

The design of dispatch protocols will involve significant input by the OMD or medical advisor to match local resources to specific patient complaints, particularly in systems with tiered response systems, e.g., Basic Life Support (BLS) and Advance Life Support (ALS) transport units. In the case of a tiered system, it might be necessary to add an ALS transport unit to a call for an extremity injury if local protocols permit ALS units to provide pain management that a BLS unit is unable to do. In a single level system, in which an ALS transport unit responds to every call, the dispatch process would be significantly simpler since the dispatcher has fewer decisions to make. The OMD or medical advisor may also need to be involved in decisions regarding interactions with other EMS resources, such the use of air medical resources and the process for coordinating with receiving facilities when specialized care is required or time critical illnesses/injuries are involved. In some systems, these functions will be addressed by the OMD for the EMS agencies, especially if the EMS agencies within a single county or EMS region utilize the same OMD. Physician

involvement in the development of disaster and mass casualty plans as well as participation in the PSAP during a significant emergency or event can also be very beneficial.

Proper management of the response phase of pre-hospital care will provide safety benefits to our EMS providers and the public. One of the most dangerous activities for fire and rescue providers is responding to calls for service under emergency conditions -- “lights and sirens” or “hot” response, and then transporting the patient to a receiving facility with lights and siren, whether or not the patient’s condition really warrants an emergency response. It is well known that the vast majority of vehicle accidents involving emergency vehicles occur while the unit is responding to a call or transporting to the hospital in an emergency mode. These accidents place not only the providers and patient at significant risk of injury or death, but also the public. Additionally, aside from the property damage and loss of units, these accidents take an additional toll on the system because providers within the system may have been killed or seriously injured. In order to minimize the potential for these types of accidents, some EMS agencies and localities have adopted policies and procedures to manage emergency and non-emergency transports. EMS agencies, PSAPs and their OMDs/medical advisors should collaborate in order to develop a tiered response mode so that fire and EMS units can limit emergency responses to what are believed to be true emergencies based upon the information provided by the caller.

The Good Samaritan Act provides generous protections to dispatchers and medical advisors to E-911 systems. Essentially, as long as PSAP personnel and the medical advisor act in good faith, there should not be liability from an error or omission to act resulting from the provision of emergency services. The Good Samaritan protections will not apply, however, to circumstances where the Court finds that the harm to the patient or others was the result of gross negligence or willful misconduct on the part of PSAP personnel and/or the medical advisor. Thus, as long as everyone is properly doing their job, an inadvertent mistake or bad outcome from a call should not place additional liability on the PSAP or its medical advisor. It is only where personnel are grossly negligent or deliberately act improperly where liability would arise.

Accreditation of dispatch centers also requires the approval of a currently endorsed EMS Physician (as defined in Virginia EMS Regulations; 12 VAC 5-31-1800 & 1810). A letter signed by same EMS Physician must accompany the initial application for accreditation and all subsequent documentation submitted for recurring approvals.

Finally, involvement with the PSAP can also provide the OMD with insight into the operation of an EMS system that would be difficult to gain in any other way.

Based on information from more prevalent EMD programs such as APCO, Powerphone, and NAED, the average cost to implement EMD in the PSAP is $314 per workstation/console using manual card-set protocol and $341 per call taker/dispatcher for training. There will be continuing training and maintenance fees

Grant funding is available to assist with implementation, training, Equipment, software, hardware, and emergency medical dispatch protocols through the OEMS Financial Assistance for Emergency Medical Services (FAEMS), known as the Rescue Squad Assistance Fund (RSAF) grants program. Emergency medical dispatch is considered an RSAF special priority for public safety answering points and emergency dispatch centers to implement and maintain EMD programs. Detailed information concerning this is located at the OEMS website, www.vdh.virginia.gov/oems/grants.

Grant funding is also available for EMD, Police Dispatch, and Fire Dispatch software or protocols from the PSAP Grant Program. Detailed information concerning the PSAP Grant Program is available via the following link: http://www.vita.virginia.gov/isp/default.aspx?id=8578.

The following endorsements have been received from organizations in support of the Governor's EMS Advisory Board Communication Committee's initiative to encourage the implementation of EMD in PSAPs across the commonwealth:

Virginia Chapter of APCO is in total support of the adoption and application of Emergency Medial Dispatch/EMD - Pre Arrival Instruction/PAI in every 9-1-1 Public Safety Answering Point (PSAP) in Virginia.

On a personal professional note; of all the high quality services provided by my 9-1-1 Call Takers and Dispatchers to the 1.2 million residents of Fairfax County, the Police Department, Fire-Rescue Department and Sheriff's Department....NONE has a more instantaneous and profound positive impact on the life and safety to those citizens then the application of EMD/PAI.

In the Emergency Medical Service (EMS) we often hear of the "Golden Hour" and how important that is to the survivability of a person experiencing a life threatening medical emergency. However, the most important part of that golden hour is the time between when a person reports the medial emergency and when EMS units arrive at the scene of the medical emergency. This time can range, depending on where in the Virginia the medical emergency occurs, from a few minutes to many minutes. This time is often referred to as the most golden seven (7) minutes of the golden hour.

For a 9-1-1 Call Taker/Dispatchers (the "First of the First Responders") not to be trained, licensed and authorized to provide EMD-PAI life saving instruction during the golden 7 minutes….. is unacceptable.

I have, for far too long, had 9-1-1 Call Takers and Dispatcher from across the Commonwealth lament to me and others that their agency does not support or utilize EMD/PAI; but that they (the Call Taker and Dispatcher) want to. When asked why their agency doesn't support EMD/PAI they often say "they think it takes too long" or "they don't want to accept a liability." To those I would simply say….."how can it take too long to save a life?", and "there is far more liability in not providing EMD then in doing so".

Thomas Jefferson is often referred to in Virginia by saying "Mr. Jefferson would be proud" indicating his approval of a government action taken to benefit citizens. In this instance Mr. Jefferson would not be proud that EMD-PAI is not, at this time, available to every citizen of the Commonwealth. Let's make Mr. Jefferson proud…..and the citizens of Virginia safer and better served.

VA APCO applauds and supports this initiative.

Steve Souder,
Immediate Past President - Virginia Chapter of APCO

Virginia Chapter of NENA supports the adoption and application of Emergency Medial Dispatch in every Public Safety Answering Point in the Commonwealth of Virginia. Citizens expect the best possible care by our first responders and that care begins with the call to 9-1-1. From the time a PSAP call taker or dispatcher takes the 9-1-1 call, to when the EMS unit arrives on-scene, to the emergency room doctors and nurses, every minute is important to the life of the patient and their relatives.

For the PSAPs in the Commonwealth who have implemented EMD, the startup costs have been paid for many times over through the quality of life of the individuals effected by the EMD program. With the support of the OEMS and PSAP Grant Program, a large part of the PSAP startup and reoccurring costs can be covered. Your citizens will understand the additional costs incurred by the agency for an EMD program if the public is properly educated on the benefits of the EMD program. As for liability, the Virginia "Good Samaritan" Law covers the EMD certified employee and PSAP operational medical director (OMD) or medical advisor, except in the case of gross negligence or willful misconduct. With a good training program and following EMD protocols, liability should not stop an agency from employing EMD in their PSAP.

In an age of "instant access" to just about anything imaginable, EMD is truly one program that has the biggest impact on everyone in the Commonwealth. It is unacceptable not to have every call taker / dispatcher trained and certified in an accredited EMD program.

Virginia Chapter of NENA