



## Table of Contents Communications

<b>POLICY #</b>	<b>OTHER THAN POLICIES NOTED</b>	<b>NAME</b>	<b>DATE OF ISSUANCE/ REVISION</b>	<b># OF PAGES</b>
<a href="#"><u>3001</u></a>	-	Emergency Medical Dispatch Provider Agency	07/01/2011	4
<a href="#"><u>3002</u></a>	-	Dispatch Responsibilities	07/01/2011	2
<a href="#"><u>3003</u></a>	-	Dispatch Channels	07/01/2011	1
<a href="#"><u>3004</u></a>	-	Availability of Ambulances	07/01/2011	1
<a href="#"><u>3005</u></a>	-	Prohibited Dispatch	07/01/2011	1
<a href="#"><u>3006</u></a>	-	Adjustment of Ambulance Dispatch	07/01/2011	1
<a href="#"><u>3007</u></a>	-	Base Hospital Disrupted Communications	07/01/2011	1



# Emergency Medical Dispatch Provider Agency

---

## 3001.1 DEFINITIONS

Emergency Medical Dispatcher (EMD) - Any person employed by an agency providing emergency medical dispatch service who has successfully completed an Emergency Medical Services (EMS) Agency approved EMD training program and is currently certified. This person has:

- A. Completed an EMS Agency approved EMD Dispatcher course.
- B. Current CPR certification.
- C. Successfully completed written and skills certification testing.
- D. Completed continuing education requirements and mandatory in-service as required by the EMS Agency.
- E. Other requirements as determined by the EMS Agency.

For additional specific requirements regarding EMD certification and recertification eligibility, an individual shall meet the requirements in Napa County EMS Agency (NCEMSA) Policy # 2014.

## 3001.2 PURPOSE

To identify the minimum requirements for an agency to be approved as an Emergency Medical Dispatch (EMD) provider pursuant to the California Health & Safety Code Section 1797.220 and the State of California Emergency Medical Services Dispatch Program Guidelines (March 2003, EMSA #132).

## 3001.3 POLICY

- A. Only those agencies operating with a written agreement with the Local Emergency Medical Services Agency (LEMSA) may operate as an emergency medical dispatch provider.
- B. No provider agency, public safety answering point (PSAP) or other agency answering requests for emergency medical response shall engage in emergency medical dispatching unless that agency has a written agreement with the LEMSA acknowledging the requirement to operate within the framework of the guidelines issued by the California State EMS Authority and the LEMSA.
- C. EMD service providers shall provide this service twenty-four (24) hours a day, seven (7) days a week except under certain circumstances such as infrequent dispatcher work overload or under disaster conditions as specified by the State of California Government Code, California Emergency Services Act, Chapter 7, Division 1, Title 2, Section 8558.
- D. EMD centers agree to abide by the policies, regulations and standards approved and mandated by State and Federal agencies, and the LEMSA.

## 3001.4 GENERAL REQUIREMENTS

- A. All EMD providers operating within Napa shall ensure that their dispatchers have successfully completed an approved EMD Training Program certified by California State Fire Marshal (CSFM), Peace Officers Standards and Training (POST), LEMSA or Emergency Medical Services Authority (EMSA).
- B. The EMD Agency shall be staffed with a minimum of two (2) certified personnel in the immediate dispatch area.
- C. EMD centers shall appoint a representative to participate in any related provider dispatch committee(s) and advice on future changes in EMD policy.
- D. Establish a record-keeping system, including report forms or a computer data management system to permit evaluation of patient care records to ensure emergency medical dispatcher compliance with the

Emergency Medical Dispatch Protocol Reference System (EMDPRS), and timeliness of interview questions and dispatch.

### **3001.5 EMERGENCY MEDICAL DISPATCH PROTOCOL REFERENCE SYSTEM (EMDPRS)**

- A. An EMD Program shall include an EMDPRS selected by the EMD Provider Agency and approved by the EMD Medical Director as its foundation.
- B. The EMDPRS is a medically approved protocol based system used by emergency medical dispatchers to interrogate callers, dispatch aid, and provide dispatch life support instructions during medical emergencies.

### **3001.6 DISPATCH PERSONNEL – DISPATCHERS/LEAD DISPATCHERS**

- A. The EMD Provider Agency shall establish policies and procedures through its continuous quality improvement program, consistent with the EMD scope of practice that includes, but is not limited to:
  - 1. Receiving and processing calls for emergency medical assistance.
  - 2. Ensuring the EMD call answering point maintains direct access to the calling party.
  - 3. Providing systematized caller interview questions.
  - 4. Providing systematized post-dispatch and pre-arrival instructions.
  - 5. Determining the nature and severity of medical incidents.
  - 6. Prioritizing the urgency of the response.
  - 7. Dispatching appropriate EMS resources.
  - 8. Coordinating with public safety and EMS providers as needed.
- B. Reference the Napa County EMS Agency Policy 2014 and 2014 (Form 1-2) for specific requirements relating to the initial certification and recertification of EMD's.

### **3001.7 EMD CENTER QUALITY IMPROVEMENT (QI) COORDINATOR**

- A. A Physician, Registered Nurse, Paramedic, EMD Instructor or Communications Manager Supervisor shall be appointed as the QI Coordinator by the EMD Center and approved by the EMS Agency.
- B. All EMD providers operating within Napa County shall employ an EMD QI Coordinator, who shall be a person qualified by education **AND** experience in the EMD and CQI process. Nothing in this section prohibits the same individual from being responsible for more than one function if so qualified.
- C. Duties of the QI Coordinator shall include but not be limited to:
  - 1. Administering the dispatch program;
  - 2. Coordinating all clinical and field activities related to the program;
  - 3. Ensuring that all EMD's employed by the provider meet all continuing education and update requirements as needed to maintain continuous certification by the provider agency;
  - 4. Assuring that all aspects of the training program are in compliance with state and county laws and policies;
  - 5. Be the authorized point of contact for all matters relating to the EMD program;
  - 6. Review the EMD program at least annually, retaining records to that effect for a period of seven (7) years.

### **3001.8 MEDICAL DIRECTION AND OVERSIGHT**

- A. The EMD Provider Agency shall employ, contract, or designate the services of a physician Medical Director (which may include a Local EMS Agency Medical Director), who shall:

1. Be licensed as a physician in California; board certified or qualified in Emergency Medicine.
  2. Possess knowledge of EMS systems in California and of the local jurisdiction; and be familiar with dispatching systems and methodologies.
  3. The EMD Medical Director shall be responsible for ensuring that the Agency's EMD Program is established in accordance with state and local guidelines and policies.
  4. Approval of the EMD training program and participating in ongoing evaluation and review of those programs.
  5. Evaluation of the medical care, post-dispatch and pre-arrival instructions rendered by EMD personnel.
  6. Review of all continuous quality improvement, training and risk management functions in the Agency's Continuous Quality Improvement (CQI) plan, including the establishment and monitoring of programs designed to correct identified medical quality issues.
- B. The EMD Medical Director shall provide medical oversight for all medical aspects of the EMD program including but not limited to:
1. The EMDPRS.
  2. The EMD Training Program.
  3. Continuing Dispatch Education program.
  4. Compliance Standards.
  5. Policies and procedures.
  6. CQI program.
  7. Risk management functions.
  8. Records management.

### **3001.9 DISPATCH PROCEDURES**

- A. Designated Dispatch Centers shall have the responsibility to insure that the EMD is appropriately handling calls.
- B. All calls handled by an EMD will be recorded and maintained on tape for a minimum of 180 days, as required by California State Government Code, Section 34090.6.
- C. Dispatch times will be recorded on all calls and maintained in the EMS–CAD database or dispatch log. Times will be reviewed as needed.

### **3001.10 COMMUNICATION EQUIPMENT**

- A. Telephone Systems shall have either 9-1-1 secondary PSAP capability and/or one speed dial or dedicated ring down line to primary PSAPs and Designated Fire Dispatch Centers.
- B. Radio communications systems shall have:
  1. Necessary medical frequencies to conduct daily business.
  2. Necessary common frequencies for interagency activities, MCI's or Disasters.

### **3001.11 RECORDING EQUIPMENT**

- A. Equipment shall be capable of continuously recording all elements of dispatching. (Phone calls, radio traffic, etc.)
- B. Retention of tapes shall be for 180 days unless an unusual occurrence has occurred. In this case, the tape should be held for a period designated by the Communication Manager.

### **3001.12 DATA REQUIREMENTS**

- A. At a minimum, the following data should be collected on every call, as appropriate, by the dispatching agency responsible for tracking the units dispatched.
  - 1. Time of call receipt at EMD Center.
  - 2. Time of dispatch of Units.
  - 3. Time of Units en-route to call.
  - 4. Time of Units on scene of incident (within 200' of incident location).
  - 5. Time of ambulance en-route to hospital.
  - 6. Time of ambulance arrived at hospital Emergency Department area.
  - 7. Time of ambulance clearing hospital.
  - 8. Time of cancellation, if applicable.

### **3001.13 PROVIDER APPROVAL**

- A. EMD providers requesting approval of their Emergency Medical Dispatcher Program in Napa County must submit an application to the LEMSA in accordance with state guidelines and shall include:
  - 1. A complete set of protocols to be utilized by the provider emergency medical dispatchers;
  - 2. The name of the QI Coordinator;
  - 3. The name of the Communications Manager;
  - 4. The name of the Medical Director.
- B. Program approval or disapproval will be made by the LEMSA in writing within ninety (90) days of receipt of all required program documentation. Program approval will be for a period of two (2) years initially, and four (4) years thereafter.
- C. Noted program deficiencies must be corrected within sixty (60) days of notification. EMD centers shall submit written documentation within forty-eight (48) hours to the LEMSA when the Center experiences operational down time, defined as the inability to meet their obligation as a dispatch center being able to receive calls or dispatch resources.
- D. EMD centers shall allow announced audit and on-site inspections, depending on call load, by the EMS Medical Director or his/her designee. All program material is subject to periodic review, as deemed necessary by the LEMSA.
- E. The QI Coordinator must notify the LEMSA, in writing thirty (30) days in advance of any program operational changes including, but not limited to:
  - 1. Any changes in the EMDPRS;
  - 2. Any changes in the wording of questions/statements utilized by emergency medical dispatchers;
  - 3. A list of substantial program changes not previously submitted since the last approval;
  - 4. Any substantial administrative changes not previously submitted during the last approval period.
- F. All approved EMD Providers must reapply for program approval a minimum of ninety (90) days prior to the end of the program's two (2) year start date.



# Dispatch Responsibilities

---

## 3002.1 PURPOSE

Medical and general dispatch policies affecting ambulance services are subject to review and approval by the Emergency Medical Services Agency.

## 3002.2 EMS DISPATCH RESPONSIBILITY

EMS Dispatch shall be responsible for overall coordination of ambulance dispatch.

## 3002.3 AMBULANCE SERVICE DISPATCH REQUIREMENTS

- A. Each ambulance service shall maintain an operational and staffed office which shall include an EMD certified dispatcher whose sole or primary function is to receive calls and dispatch ambulances. All call taking shall be done by using a recognized Emergency Medical Dispatch Protocol Reference System (EMDPRS). Each program shall be approved by the EMS Medical Director. This office shall be open twenty-four (24) hours per day, seven (7) days a week.
  1. Each private dispatch center shall at all times have the capability of direct line communications with the EMS dispatch center and shall maintain twenty-four (24) hour telephone availability to the public.
  2. Each ambulance provider shall provide an estimate of arrival time to all persons or agencies requesting service. If that commitment cannot be met, they will so advise as soon as possible.
  3. Emergency response should occur within the time requirements established by policy within each response zone and for each response type. If unable to begin response within three (3) minutes of emergency dispatch, the ambulance service shall notify EMS dispatch immediately.
  4. Private ambulance units placed under the control of the EMS dispatch center shall use the unit designator assigned by that dispatch center.
  5. When requested to do so by EMS dispatch, all permitted ambulances shall promptly provide availability, location or status of emergency vehicles.
  6. All private dispatchers shall immediately report all requests for emergency care transport to the EMS dispatch center for dispatch. Private dispatchers may handle requests for non-emergency calls.
  7. All permitted ambulance services may provide emergency service to any areas within Napa County when requested to do so by the EMS dispatch and/or EMS Agency.

## 3002.4 REQUIRED COMMUNICATION EQUIPMENT

Each ambulance certified under this chapter shall be equipped with appropriate and properly maintained communications equipment approved by the EMS Agency to maintain continuous communication with EMS dispatch. Each ambulance crew shall be equipped with a personal paging receiver to facilitate communication with EMS dispatch. Each ambulance certified under this chapter shall be equipped with appropriate and properly maintained communications equipment to communicate with acute care hospitals. The owner or franchisee shall maintain all communication equipment.

## 3002.5 CITY AND FIRE DISTRICT DISPATCH

Ambulances owned and operated by cities or fire districts within the Napa County EMS System may utilize their own dispatch systems in coordination with EMS Dispatch. All city and fire ambulance dispatch centers shall be subject to the provisions pursuant to Section 3001 and 3002. All emergency calls not received in a public safety answering point (PSAP) will be dispatched by EMS dispatch or the appropriate fire dispatch center, unless written permission granted through the Director of Health and Human Services allows for an

alternate arrangement. If EMS dispatch is aware of ambulance resources which are closer to a call than those dispatched by a city or fire district, EMS Dispatch may cancel the responding unit and send the closest unit in accordance with an adopted mutual or automatic aid agreement. Cities or fire districts which do not operate their own ambulance services and which receive EMS calls through their PSAP (as expeditiously as possible) will request ambulances through EMS dispatch.



---

### 3003.1 NAPA COUNTY EMS DESIGNATIONS

As the Federal Communication Commission (FCC) license holder, the individual counties within the Napa County Emergency Medical Services system may designate or grant permission to ambulance providers to operate on the radio system.

### 3003.2 EQUIPMENT

All ambulances operating within the Napa County EMS system shall have the appropriate equipment capable of communicating with the designated EMS dispatch center in their assigned county of operation.

### 3003.3 CELLULAR

Alternate communications technologies such as cellular telephone and EMS approved "trunked radio" may be used as an adjunct to the communication system outlined within this policy.

### 3003.4 UHF CAPABILITY

Each Advanced Life Support ambulance shall have Ultra High Frequency capability Med channels 1-10.

TX_FREQ	RX_FREQ	ENC	DEC	SERVICE
155.835	155.100	131.8	131.8	DISP/AMB MED ATLAS
155.835	155.100	127.3	131.8	DISP/AMB MED ST HEL
155.100	155.100	131.8	131.8	DISP MED NET C/C
155.355	155.355	131.8	131.8	NAPA AMB/HOSP





## Availability of Ambulances

ADMINISTRATIVE POLICY 3004

---

### 3004.1 RESPONSIBILITY

Ambulance services shall keep Emergency Medical Service dispatch advised at all times of any circumstances which may change the level of service or capability of the ambulance service to provide emergency service within its designated response zone.

### 3004.2 AVAILABILITY OF AMBULANCES

- A. A designated ambulance available for emergency service is one which has a crew of at least two (2) certified persons with the ambulance and which is ready at that time to be dispatched. An ambulance may also be considered available for emergency service when its crew is capable of reaching the ambulance and can depart to the scene within three (3) minutes of receiving call from EMS dispatch.
- B. An ambulance which is occupied by a patient is not considered available for emergency service and will not be dispatched under this policy except in dire emergency, when no other ambulance is available to be dispatched or the estimated time of arrival to the scene by another ambulance is excessive and the transported patient's well being will not be adversely affected.
- C. When on routine movements (i.e., meals), designated ambulances shall keep EMS dispatch informed of their location and/or destination.



### **3005.1 PROHIBITED DISPATCH**

- A. A provider shall not dispatch an ambulance as a result of information obtained by monitoring a radio frequency assigned to a public safety agency unless directed to do so by Emergency Medical Service dispatch.
- B. Field units shall not initiate a lights and siren (LAS) response to a call as a result of information obtained by monitoring a radio frequency assigned to a public safety agency unless directed to do so by EMS dispatch.

### **3005.2 ROLLING RESPONSE**

- A. When anticipating a high likelihood of being dispatched to a pending medical incident, the appropriate unit shall initiate a code two response to the incident location.
- B. NOTE: If more than one unit is available which anticipates potential dispatch, those units may contact each other on an appropriate radio channel and decide which unit is more likely to arrive at the medical incident first. The unit that ends up responding to the medical call shall inform EMS dispatch accordingly.

### **3005.3 EXCEPTION**

Under no circumstances should a unit that is posted to provide move-up coverage for another provider initiate a response into that provider's area without direction and approval from EMS dispatch.

### **3005.4 EMS DISPATCH ADVISORY**

The advisory message to EMS dispatch by the responding unit should contain the basic elements of the call: incident type and location.

### **3005.5 EMS DISPATCH PROCEDURE**

- A. When EMS dispatch is contacted and advised by a posted and/or available unit that it is responding to a medical incident that has not yet been dispatched, the dispatcher will acknowledge the responding unit's advisory message. This acknowledgment will constitute authorization to respond. The dispatcher should then verify the medical incident with the requesting jurisdictional agency and/or Public Safety Answering Point as necessary.
- B. If there are no other medical incidents pending that the dispatcher wishes to send the advisory unit to, the dispatcher will then issue an authorization number and the ambulance will then respond code three if appropriate.



# Adjustment of Ambulance Dispatch

## **3006.1 ADJUSTMENT OF DISPATCH**

If any ambulance service or first responder agency believes that the dispatch areas used by Emergency Medical Service dispatch do not reflect the closest ambulance, a request for adjustment may be submitted to EMS Agency.

## **3006.2 REQUESTS FOR ADJUSTMENT**

Upon request for adjustment a meeting shall be held, including representatives of the ambulance services involved, the EMS Agency and the EMS dispatch and any interested first responder agencies.

## **3006.3 APPEAL**

If the result of the meeting is unsatisfactory to any involved party it can be appealed to the EMCC, which shall make a recommendation to the EMS medical director. The decision of the EMS medical director shall be final.

## **3006.4 CONSIDERATIONS**

Items to be considered in a request for adjustment may include changes in ambulance station location, changes in road conditions (i.e., new or improved roads), and actual response times as verified by EMS dispatch and when actual times are not available, simulated response times.



# Base Hospital Disrupted Communications

ADMINISTRATIVE POLICY 3007

---

## 3007.1 PROCEDURE

- A. Field personnel shall attempt to establish communications in the usual fashion in all instances.
- B. If it is determined by field personnel that voice contact cannot be established or maintained with the base hospital physician then field personnel may not provide any treatment or procedure outside approved treatment guidelines.

## 3007.2 ANTICIPATED DISRUPTION

An ambulance response shall **NOT** be instituted when ambulance communications equipment failure already exists or equipment function is marginal, unless no other ambulance is available to cover that zone.

## 3007.3 PRE-HOSPITAL DOCUMENTATION OF DISRUPTED COMMUNICATIONS

- A. In each instance where advanced procedures are initiated in accordance with this section, immediately upon ability to make voice contact the paramedic who has initiated such procedures shall make a verbal report to the base hospital emergency physician or authorized registered nurse (RN).
- B. A written report shall be submitted to the base hospital immediately upon delivery of the patient to a hospital, but in no case shall the filing of such report be delayed more than twenty-four (24) hours. Such report shall contain the reason(s) or suspected reason(s) the communication failed and the emergency medical procedures initiated and maintained, including but not limited to, evaluation of the patient, treatment decisions and patient responses to treatment.
- C. The base hospital Paramedic Liaison Nurse (PLN) shall evaluate this report and forward the report and evaluation to the Local EMS Agency (LEMSA) within seventy-two (72) hours.

## 3007.4 BASE HOSPITAL DOCUMENTATION OF DISRUPTED COMMUNICATIONS

- A. The base hospital shall log all incidents of communications failure.
- B. Communication failures shall be analyzed the LEMSAs to determine if equipment and/or personnel issues need to be addressed.