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Standard Practice for Emergency Medical Dispatch[1]

This standard is issued under the fixed designation F1258; the number immediately following the designation indicates the year of original adoption or, in the case of revision, the year of last revision. A number in parentheses indicates the year of last reapproval. A superscript epsilon (ε) indicates an editorial change since the last revision or reapproval.

1. Scope

1.1 This practice covers the definition of responsibilities, knowledge, practices, and organizational support required to implement, perform, and effectively 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, health, and environmental practices and determine the applicability of regulatory limitations prior to use.*

1.4 *This international standard was developed in accordance with internationally recognized principles on standardization established in the Decision on Principles for the Development of International Standards, Guides and Recommendations issued by the World Trade Organization Technical Barriers to Trade (TBT) Committee.*

2. Referenced Documents

2.1 *ASTM Standards:*[2]

F1031 Practice for Training the Emergency Medical Technician (Basic)

F1381 Guide for Planning and Developing 9-1-1 Enhanced Telephone Systems (Withdrawn 2008)[3]

F1552 Practice for Training Instructor Qualification and Certification Eligibility of Emergency Medical Dispatchers

F1560 Practice for Emergency Medical Dispatch Management

3. Terminology

3.1 *Definitions 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 prearrival 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 accountability 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 prearrival 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 communicate remotely 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 prearrival 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 prearrival instruction protocol. They cannot be medically preapproved 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 prearrival

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[2] For referenced ASTM standards, visit the ASTM website, www.astm.org, or contact ASTM Customer Service at service@astm.org. For *Annual Book of ASTM Standards* volume information, refer to the standard's Document Summary page on the ASTM website.

[3] The last approved version of this historical standard is referenced on www.astm.org.

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,

4.1.1.3 Allocate the appropriate resources,

4.1.1.4 Identify conditions requiring prearrival instructions and provide them to the caller when necessary, possible, and appropriate,

4.1.1.5 Coordinate the response of emergency medical and other public safety resources,

4.1.1.6 Provide information to the responding units regarding the emergency scene and patient, and

4.1.1.7 Record and retrieve emergency medical response records.

4.1.2 There must be continuity in the delivery of EMD care. To provide correct medical care safely and effectively, the EMD that is medically directing, evaluating, and coding must maintain direct access to the calling party and must use a medically approved emergency medical dispatch priority reference system. The person giving the medical instruction to the caller must be the same person that asks the systematic interrogation questions.

4.1.3 To accomplish the above safely and effectively, the EMD must use a medically approved EMDPRS that includes:

4.1.3.1 Systematized caller interrogation questions,

4.1.3.2 Systematized prearrival instructions, and

4.1.3.3 Protocols that determine vehicle response mode and configuration based on the EMD's evaluation of injury or illness severity.

4.2 This practice is intended to be used by agencies as a baseline for establishing a certifying emergency medical dispatch training program that includes the implementation of the emergency medical dispatch priority reference system, under medical direction, and provides a means of evaluating the EMD program.

4.3 This practice will provide a common set of expectations for training, performance, and preplanned response based on understanding of the medical condition, thorough interrogation, caller intervention, safe responses, and prearrival instructions.

4.4 This practice establishes the EMD's role and responsibilities in receiving, managing, and dispatching calls for medical assistance and related agency coordination.

4.5 An organizational structure as defined in Practice F1560 must be in place before implementing the EMD program; therefore, this practice establishes some general recommendations concerning the development of a supportive structure and program content.

4.6 Use of this practice is not intended to protect the EMD or dispatch organization from liability for negligent actions or failure to perform in accordance with established and approved medical practices and protocols.

4.7 The EMD must be certified through either state government processes or by professional medical dispatch standard-setting organizations.

4.7.1 When certification is achieved by recognition of a professional medical dispatch standard-setting organization, it shall clearly demonstrate compliance with all criteria enumerated in this practice and within Practice F1560 and Practice F1552.

5. Significance and Use

5.1 This practice is intended to promote the use of trained telecommunicators in the role of emergency medical dispatcher. It defines the basic skills and medical knowledge to permit understanding and resolution of the problems that constitute their daily routine. To use trained telecommunicators fully as functioning members of the emergency medical team, it is deemed necessary to upgrade the telecommunicators' training by the addition of the concept of emergency medical dispatch priorities.

5.2 All agencies or individuals who routinely accept calls for emergency medical assistance from the public and dispatch emergency medical personnel shall have in effect an emergency medical dispatcher program in accordance with this practice. The program shall include medical direction and oversight and an emergency medical dispatch priority reference system.

5.3 The successful use of the EMD concept depends on the medical community's awareness of the "prearrival" state of EMS affairs and their willingness to provide medical direction in dispatch.

5.4 This practice may assist in overcoming some of the misconceptions regarding emergency medical dispatching. These include the uncontrollable nature of the caller's hysteria, lack of time of the dispatcher, potential danger and liability to the EMD, lack of recognition of the benefits of dispatch prearrival instructions, and misconceptions that red lights, siren, and maximal response are always necessary.

5.5 The EMD is the member of the EMS response team with the broadest view of the entire emergency system's current status and capabilities. The EMD has immediate lifesaving