Emergency Medical Dispatch Provider Criteria for Endorsement

Wayne County Medical Control Authority Protocol for Emergency Medical Dispatch Programs As Mandated Under PA 375 of 2000, Section 20919. (1) (b)

Program Personnel

Physician Director
- Must be an emergency department physician on staff at a HEMS hospital.
- Must be approved by, or a member of, the HEMS Advisory Board.

Training Coordinator
- Must be a licensed EMT, Specialist, or Paramedic.
- Must be a licensed EMS Instructor/Coordinator.
- Must be a certified instructor by a recognized national EMD training program.

Course Instructor

Initial Training
- Must be licensed EMT, Specialist, Paramedic, RN, or physician.
- Must be trained in instructional techniques, i.e., EMT instructor (IC not required), Fire Fighter Training Council FOII or instructor, MLEOTC instructor.
- Must be trained/experienced in both EMS and emergency service dispatch or coordinate efforts with dispatch supervisor or their designee.
- Must be approved by the physician director and training coordinator.

Recertification
- Must be trained in instructional techniques, i.e., EMT instructor (IC not required), Fire Fighter Council FOII or instructor, MLEOTC instructor.
- Must be approved by the physician director and training coordinator.

Emergency Medical Dispatcher (EMD)
- Must be current in CPR (BLS/BCLS/Professional Rescuer) by either the American Red Cross or the American Heart Association.
- Must have participated in either initial training or CPR refresher within 6 months prior to initial EMD training.
- Must remain current in CPR.
- Must have successfully completed an approved EMD training program.
- Must participate in EMD recertification as required by the physician director.
**Service Requirements**

- Dispatch center must serve a transporting or non-transporting life support or first response agency licensed by the Department and/or be a Public Safety Answering Point (PSAP) providing 911 responses.
- Must provide staffing as follows:
  - Dispatch center must be continually staffed by at least one dispatcher who is trained as an emergency medical dispatcher (EMD).
- Must maintain accurate records of personnel licensure, CPR training, EMD training, and recertification. These records must be made available to HEMS, the Department, or any other appropriate agency on request.
- Must provide HEMS with an annual report of program status including:
  - Case summary (using the standard HEMS format or including) number of medical calls.
  - Number of calls in which pre-arrival instructions were given.
  - EMS response time information.
  - Protocol compliance data.
  - EMD personnel list (including, for each active EMD):
    - Name of EMD
    - Department license number, level, and expiration date, if applicable.
    - Date of last CPR recertification.
    - Date and instructor of initial EMD training.
    - Date and instructor of last EMD recertification.
  - Signatures of an authorized representative of the provider agency, the physician director, and the training coordinator certifying the information presented.
- Must provide HEMS with an annual letter of compliance.
- Services providing non-transporting Advanced Life Support (“Echo Unit”) response must also have an approved EMD system in place.
- Submit any changes in the physician director, training coordinator, or operational procedures to HEMS for review and approval.

**Application Requirements**

- Must submit completed application, on approved forms, to HEMS for review.
- Application must be accompanied by appropriate support documentation:
  - Names of physician director and training coordinator.
• Outline of initial training program, as developed by the training coordinator and approved by the physician director, including names of instructors and dates/times of scheduled initial training. **Training must be based on nationally recognized EMD program** (including, but not limited to: Associated Public Safety Communications Officers (APCO), National Academy of EMD/Medical Priority, Emergency Training Inc. /Eisenberg, etc.).

• A general schedule for recertification.

• A statement signed by the agency chief/director, physician director, and training coordinator adopting ALL HEMS approved policies and procedures

OR

• Departmental policies and procedures as developed and approved by the physician director for the program.

• A statement signed by the agency chief/director, physician director, and training coordinator adopting ASTM Standard F 1258 – 90 as a basis for EMD operations.

• Each application will be evaluated by HEMS. Application must be approved by HEMS before implementation of the EMD program.

**Procedure for Handling EMD Incidents**

Any incidents will be handled according to the currently approved “Procedure for Handling EMS Incidents”.

**Program Faculty**

Physician director – The EMD program’s physician director is medically responsible for all aspects of the EMD program.

Training coordinator – The training coordinator is responsible for development and implementation of the EMD training program as approved by the physician director and chief/director of service.

Course instructor – The course instructor provides the actual initial and recertification training (may be more than one individual and may include the physician director and/or training coordinator).
**Student Qualifications**

Students must be licensed MFR’s, EMT’s, EMT Specialists or Paramedics, or be individuals actively involved in providing emergency communications services for a public safety or life support agency.

Students must have successfully completed an AHA or ARC professional CPR course and are current within 30 days prior to initial EMD training. It is recommended that such training take place concurrently with the EMD curriculum.

Students must have met any additional criteria established by the EMD provider or training coordinator and approved by the physician director.

**Initial Training Course Content**

<table>
<thead>
<tr>
<th>Lesson #</th>
<th>Subject*</th>
<th>Minimum Time**</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>Introduction</td>
<td>1 hr.</td>
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<tr>
<td></td>
<td>Purpose of EMD</td>
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<td></td>
<td>Importance of Proper Caller Interrogation</td>
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<tr>
<td>2</td>
<td>Basic Patient Care Information/Common Emergencies</td>
<td>1 hr.</td>
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<tr>
<td>3</td>
<td>Caller Interrogation</td>
<td>1.5 hrs. Situational Simulations</td>
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<tr>
<td>4</td>
<td>Response Categorization</td>
<td>5 hrs.</td>
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<tr>
<td>5</td>
<td>Pre-Arrival Instructions</td>
<td>3 hrs. Use of Pre-Arrival Instruction Devices (i.e., flipcharts, Computer software, etc.)</td>
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<tr>
<td>6</td>
<td>Testing – Must Include: 1 hr. Written BLS Knowledge Caller Control Techniques Use of Pre-Arrival Instruction Device</td>
<td></td>
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</tbody>
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**Recertification**

In order to continue to practice as an EMD, each individual must undergo recertification conducted by a course instructor, under the direction of the physician director and training coordinator. Recertification will be conducted at intervals consistent with the
certification requirements of the national EMD program selected by the agency, or more frequently as determined by the physician director and training coordinator. Recertification must consist of:

1. Case QA review
2. Testing – Must include:
   - Written
     - BLS Knowledge
     - Caller Control Techniques
     - Protocol and Procedures for EMD
   - Practical
     - Caller Simulations/Role Play
     - Use of Pre-Arrival Instruction Device
3. BLS/BCLS Certification Must be Renewed Annually.

*Course* topics are general. Course curriculum must be designed to meet the objectives stated in national EMD program selected by the provider agency and approved by physician director, training coordinator, and chief/director of service, and be consistent with any updates issued by MDPH.

**Training** hours are minimums. The physician director, training coordinator, or course instructor may determine that additional hours are needed to accomplish course objectives.

**Emergency Medical Dispatch Quality Assurance Procedure**

All EMD calls should be taped for later review consistent with the agency’s internal QA policy. A written report (on forms developed by the EMD service) is also required for each EMD call.

An internal Quality Assurance committee must be instituted by each EMD service. Committee membership must include EMDs and supervisory personnel. The physician director and training coordinator are encouraged to actively participate in the committees.

The internal Quality Assurance committee will review all instances of pre-arrival instruction and randomly review other EMD calls for compliance with program objectives and applicable protocols. The committee will conduct such reviews at least monthly, and more frequently as deemed necessary by the service of its physician director.

At the end of each month, a summary of EMD calls, compliance statistics and any available outcome data will be submitted by the training coordinator to the services’
Physician Director for review. The physician director and training coordinator will use this data to prepare the case review component of the personnel recertification.

The data will be provided to HEMS and the Department as requested.

**Responsibilities of the Physician Director in EMD**

The physician director is responsible for close medical supervision of all aspects of the EMD program. Participants will function under the authority of the physician director’s medical license.

The physician director is to participate in the selection, training, and certification process and provide written permission for the emergency medical dispatcher to participate in the program.

The physician director must prepare and approve written standing orders/protocols.

As needed, the physician director will review monthly reports and tapes of EMD calls for quality assurance and protocol compliance.

The physician director will supervise and assure that education and proficiency requirements are met.

In conjunction with the EMD provider agency, the physician director will provide data to HEMS and the Department.

The physician director is responsible for removal and reinstatement of permission for personnel or agencies to participate in program, according to the currently approved policy.

**Policy and Procedure for Removal and Reinstatement to Participate in EMD Program**

**Personnel**

**Removal**

All EMS personnel will be expected to follow the procedures and protocols as stated in the policy. If the physician director determines that the EMD is in violation of the procedure, as defined herein, the EMD will not be permitted to continue to practice as an Emergency Medical Dispatcher (EMD).
The following conditions are stated whereby the EMD will forfeit his right to practice as an EMD:

- Failure to follow protocols as prepared.
- Failure to meet all educational requirements as defined in the policy, including recertification.
- Failure to demonstrate necessary (minimum) skills or performance levels.

**Reinstatement**

If the EMD can satisfactorily prove that the violations for which he/she was removed no longer exist, the physician director may reinstate or restore the EMD to his previous level.

Proof may require repeating the EMD course. At the very minimum, it will require satisfactory demonstration of skills.

**EMD Provider Approval**

**Suspension**

All EMD providers will be expected to follow the procedures and protocols as stated in the policy. If the physician director or HEMS determines that the provider is in violation of the procedure, as defined herein, the provider’s EMD program approval may be suspended or revoked.

- Failure to handle all calls for EMS assistance consistently, in accordance with EMD procedures.
- Failure to provide for educational requirements as defined in the policy.
- Failure to maintain adequate records of required personnel training and certifications.
- Failure to meet HEMS minimum staffing requirements (includes both EMD operational staffing and EMD program staffing).

**Reinstatement**

If the EMD provider can satisfactorily prove within 30 days that the violations for which approval was suspended no longer exist, the physician director or HEMS may reinstate or restore the provider’s approval.

If the EMD provider is unable to correct the deficiencies, but submits an acceptable action plan for such correction within 30 days, the suspension may be extended for the time period specified within the action plan. The provider’s program approval may be reinstated upon proof of completion of the goals stated in an approved action plan.
Revocation
A provider’s EMD program approval may be revoked for the following reasons:
• Failure to meet reinstatement or suspension extension requirements as stated above.
• Two suspensions within a consecutive twelve month period.

An EMD provider whose program approval has been revoked will be required to reapply for program approval. Such application will be required to include an explanation of steps which have been taken to correct the circumstances which led to the original revocation.

Operation during Suspension or Revocation
An EMD provider whose approval has been suspended or revoked must discontinue that portion of EMD operations determined by the suspending body (physician director or HEMS) to be non-compliant until such time as the program approval has been reinstated or a new approval has been obtained. Emergency medical dispatching is an important part of the EMS system, and as such is regulated by the Department and the Medical Control Authorities under Public Act 179 of 1990.

Note: Application for Endorsement 12.7