

DEPARTMENT OF HEALTH SERVICES
COUNTY OF LOS ANGELES

SUBJECT: **PRIVATE AMBULANCE PROVIDER
NON 9-1-1 MEDICAL DISPATCH**

(EMT-I/PARAMEDIC)
REFERENCE NO. 226

PURPOSE: To establish minimum standards for private ambulance medical dispatch.

AUTHORITY: Health and Safety Code, Division 2.5, Sections 1797.220 and 1798 (a), California Code of Regulations, Sections 100172, 100173 and 100175, Ambulance Ordinance 07.16.010 E, G, H,

DEFINITIONS:

ALS Ambulance: Ambulance transport of a patient who requires, or may require, skills or treatment modalities that do not exceed the paramedic scope of practice. An ALS transport may be required for either a non-emergency or emergency transport.

BLS Ambulance: Ambulance transport of a patient who requires skills or treatment modalities that do not exceed the EMT-I scope of practice or expanded scope of practice. A BLS transport may be sufficient to meet the needs of the patient requiring either a non-emergency or emergency transport.

Continuing Dispatch Education: Development and implementation of educational experiences designed to enhance knowledge and skill in the application of medical dispatch.

Emergency call: A request for an ambulance where an individual has a need for immediate medical attention, or where the potential for such need is perceived by the emergency medical personnel or a public safety agency.

Dispatch Medical Director: A physician licensed in California, board certified or qualified in emergency medicine, who possesses knowledge of emergency medical systems in California and the local jurisdiction, and who provides medical dispatch medical direction and oversees medical dispatch.

Non 9-1-1 Medical Dispatcher/Call taker: A person employed by an agency providing medical dispatch services, who has completed an EMS Agency approved medical dispatch program.

Level II Dispatch: A level of service in which a dispatcher is responsible for determining, through key medical questions, whether the call is a life-threatening or non-life-threatening emergency or non-emergency.

Non-emergency call: A request for the transport of a stretcher patient to or from a medical facility in a licensed ambulance and which is neither an emergency call nor a critical care transport.

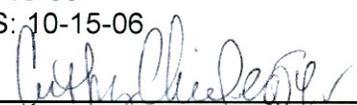
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SUPERSEDES: 10-15-06

APPROVED: _____


Director, EMS Agency


Medical Director, EMS Agency

Nurse-Staffed Critical Transport (CCT): Ambulance interfacility transport of a patient who requires, or may require, skills or treatment modalities that exceed the paramedic scope of practice. A critical care transport may be required for either a non-emergency or emergency interfacility transport.

PRINCIPLE:

All callers requesting emergent or non-emergent prehospital care shall have direct access to qualified private provider medical dispatch personnel for the provision of dispatch services.

POLICY:

- I. Non 9-1-1 Medical Dispatching
 - A. The dispatcher is responsible for determining, through key medical questions, whether the call is emergent or non-emergent and the level of service required. The dispatcher takes action on the request using pre-established guidelines, determining the level and type of response. In all cases, a medical response is dispatched.

- II. Private Provider Medical Dispatch Standards
 - A. All private ambulance providers shall have written policies approved by the EMS Agency which, at minimum, address all the following requirements:
 1. Basic Medical Dispatcher Training
 2. Quality Improvement (QI) Program
 3. Policies and Procedures
 4. Staffing
 5. Medical Direction and Oversight

- III. Basic Medical Dispatcher Program Training
 - A. Medical Dispatcher duties include:
 1. Receiving and processing calls for non 9-1-1 and/or emergency medical assistance
 2. Determining the nature and urgency of a medical incident
 3. Prioritizing the dispatch response
 4. Dispatching appropriate level of resources and mode of response
 5. Giving corresponding information to responding personnel
 6. Coordinating with public safety and EMS providers

- B. Minimum qualifications for medical dispatcher:
 - 1. Current First Responder BLS Cardiopulmonary Resuscitation (CPR) certification according to the standards of the American Heart Association or equivalent
 - 2. Current certification of Emergency Medical Dispatcher (EMD) or Emergency Telecommunicator (ETC) meeting the standards of the National Academies of Emergency Medical Dispatch
 - 3. Completion of provider specific in-service program on response and documentation of emergency calls

- IV. Quality Improvement Program:
 - A. Be established according to the California EMS Authority's Emergency Medical Services Dispatch Program Guidelines and Los Angeles County's EMS Quality Improvement Program.
 - B. Include indicators specific to Emergency Medical Dispatch to foster continuous improvement in performance and quality patient care.

- V. Policies and Procedures shall:
 - A. Ensure the medical dispatch call is completed and call back number is obtained.
 - B. Provide systematized caller interview questions.
 - C. Establish protocols that determine vehicle response mode and configuration based on the medical dispatcher's evaluation of injury or illness severity.
 - D. Establish a call classification coding system, for quality assurance and statistical analysis.
 - E. Establish a written description of the communications system configuration for the service area including telephone and radio service resources.
 - F. Establish a record-keeping system, including report forms or a computer data management system to permit evaluation of patient care records.

- VI. Staffing
 - A. The dispatch center shall be staffed with sufficient personnel to accomplish all dispatch operations and management which include:
 - 1. A readily accessible dispatch supervisor or designee
 - 2. Medical dispatchers who have met minimum requirements
 - 3. Medical dispatch staffing on a continuous 24 hour basis

VII. Medical Direction and Oversight

- A. Dispatch centers shall appoint a medical director who will provide medical oversight of the dispatch center by review and approval of:
 - 1. Policies and procedures related to program approval
 - 2. Continuing education processes
 - 3. Dispatch guidelines
- B. Oversee quality improvement, risk management programs and compliance standards.

VIII. Records Management

- A. The provider shall retain records of each medical dispatcher training and course completion records in individual emergency medical dispatcher's training file:
 - 1. Copy of current CPR certification
 - 2. Proof of current EMD or ETC certification
 - 3. Continuing Dispatch Education (CDE) including course title, course dates, locations, and number of CDE hours completed

IX. Continuous Evaluation of Medical Dispatch Centers

- A. Upon request of the EMS Agency, the following data shall be submitted for continuous evaluation of Medical Dispatch Centers:
 - 1. Data Collection
 - Such information will include, at minimum, the date and time (hours, minutes, and seconds) for the:
 - a. Initial call
 - b. Dispatch of ambulance
 - c. Ambulance enroute to call
 - d. Ambulance on scene of incident
 - e. Ambulance enroute to facility
 - f. Ambulance arrival at hospital
 - g. Ambulance available
 - h. Canceled, if applicable

- i. Documentation of all calls that have been referred to 9-1-1
2. Site surveys

The EMS Agency will conduct annual site surveys to audit compliance with medical dispatch standards, agreement obligations, policy and procedure, and any other regulations applicable to the operations of medical dispatch.

CROSS REFERENCES:

Prehospital Care Policy Manual:

Reference No. 517, **Private Provider Agency Transport/Response Guidelines**

Reference No. 620, **EMS Quality Improvement Program (EQIP)**

Reference No. 620.1, **EMS Quality Improvement Program (EQIP) Plan**

California Emergency Medical Services Authority Emergency Medical Service Dispatch Program Guidelines #132