

**TITLE: NON-EMERGENCY MEDICAL SERVICE DISPATCH CENTER STANDARDS**

**APPROVED:** SIGNATURE ON FILE IN EMS OFFICE  
**Executive Director**

SIGNATURE ON FILE IN EMS OFFICE  
**Medical Director**

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**NON-EMERGENCY MEDICAL SERVICE DISPATCH PROVIDER AGENCY STANDARDS**

I. AUTHORITY

California Health and Safety Code, Division 2.5, Section 1797.220.

II. DEFINITIONS

- A. “Agency” means the Mountain-Valley EMS Agency.
- B. “Continuing Dispatch Education (CDE)” means educational experiences in accordance with this policy.
- C. “Continuous Quality Improvement (CQI) Program” means a program administered by the EMD Provider Agency for the purpose of ensuring safe, efficient, and effective performance of emergency medical dispatch.
- D. “EMD Training Program Manager” means a person who is qualified by education and experience in methods, materials, and evaluation of instruction, as well as adult education theory and practice. Qualifications shall be documented by one of the following:
  - 1. California State Fire Marshal "Fire Instructor 1A and 1B"
  - 2. National Fire Academy "Fire Service Instructional Methodology" course
  - 3. A training program that meets the U.S. Department of Transportation/National Highway Traffic Safety Administration 2002 Guidelines for Educating EMS Educators.
- E. “Dispatch CQI Program Coordinator” means a Physician, Registered Nurse, Paramedic, EMT or Emergency Medical Dispatcher with at least two years of practical experience within the last five years, who has received training and certification by the National Academy of Emergency Dispatch (NAED) and has been designated by the EMD Provider Agency to fulfill that role.
- F. “Emergency Medical Dispatcher (EMD)” means an individual trained and certified by the National Academy of Emergency Dispatch (NAED) to provide emergency medical dispatch services in accordance with this policy, and is employed by an approved medical dispatch provider agency.
- G. “EMSA” means the State of California Emergency Medical Services Authority.

- H. “EMD Medical Director” means the Agency’s Medical Director or a person who is licensed as a physician in California, board certified or qualified in emergency medicine; who possesses knowledge of emergency medical systems in California and of the local jurisdiction; and who provides emergency medical dispatch medical direction to the EMD Provider Agency.
- I. “EMD Provider Agency” means a dispatch center that provides Emergency Medical Dispatch, utilizing the EMD protocol system approved by the EMS Agency.
- J. “Emergency Medical Dispatch Protocol Reference System (EMDPRS)” means the Agency-approved dispatch system that includes:
  - 1. The protocol used by an emergency medical dispatcher in an EMD Provider Agency to dispatch aid to medical emergencies.
  - 2. Systematic caller interrogation questions.
  - 3. Systematic dispatch life support instructions.
  - 4. Systematic coding protocols that match the dispatcher’s evaluation of the injury or illness severity with the vehicle response mode and vehicle response configuration.
  - 5. CQI program that measures compliance to protocol through ongoing random case review for each emergency medical dispatcher.
  - 6. Training curriculum and testing process consistent with the specific emergency medical dispatch protocol reference system used by EMD Provider Agency.
- K. “Level II Dispatch” is 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.

III. PURPOSE

To establish minimum standards for Non-Emergency Dispatch Service Provider Agencies in the geographic area of the Mountain-Valley Emergency Medical Services system.

IV. POLICY

Non-Emergency Dispatch Provider Agencies shall be approved by the Agency.

- A. All emergency medical requests must be dispatched by the approved EMS Emergency Dispatch Provider Agency.
- B. Approved EMS Emergency Dispatch Provider Agencies compliant with Agency policy #311.00 are approved to provide Non-Emergency Medical Dispatch Services without an additional written agreement.
- C. Non-emergency medical requests may be dispatched by an approved Non-emergency Medical Dispatch Provider Agency.

- D. Non-Emergency Medical Dispatch Provider Agencies shall have a written agreement with the Agency, which at a minimum will address all of the requirements listed in this policy.
- E. Federal or state agencies, which substantially meet all of the requirements of this policy, may be approved as a Non-Emergency Dispatch Provider Agency by the Agency without a written agreement.
- F. Implementation of an EMD program shall be coordinated with the Agency Medical Director and shall include an EMDPRS approved by the Agency.
- G. EMD Provider Agencies shall assure that all dispatch employees receive basic EMD training and are certified by the National Academy of Emergency Dispatch (NAED).
- H. EMD Provider Agencies shall implement a continuing education program that meets the NAED standards, designed to provide additional training to dispatchers who are already skilled and knowledgeable in dispatch and telecommunication procedures in order to provide medical assistance to callers.
- I. The EMD Provider Agency shall establish a CQI program.

V. PROCEDURE

A. GENERAL DISPATCH REQUIREMENTS:

Non-Emergency Medical Dispatch Provider Agencies shall submit a written request to the Agency to become an approved Provider Agency and, after meeting all of the following requirements, a written agreement will be established.

1. DISPATCH shall ensure that all radio equipment is licensed in accordance with the standards of the Federal Communications Commission.
2. Meet the minimum requirements to function as a Level II EMS Dispatch Center, as approved by the EMS Agency and per the State of California EMS Authority Guidelines, EMSA # 101, section III C, standards 3.09 - 3.10.
3. Abide by the policies, regulations and standards of the EMS Agency, as well as obligations stipulated in agreements, memorandums of understanding with the Agency, local policy and procedure, State and Federal regulations, and any other procedures or regulations applicable to the operations of the Non-Emergency Medical Dispatch Provider Agency.
4. Provide staff to attend meetings pertaining to dispatch issues at the

request of the Agency.

5. Ensure the development of written internal policies and procedures pertaining to all aspects of this policy.
6. Have at least one Emergency Medical Dispatcher working 24 hours a day, unless otherwise stipulated in a written agreement with the Agency.
7. Transfer all life-threatening emergency requests to the appropriate approved EMS dispatch provider agency within 60 seconds of the initial emergency call. All emergency requests not transferred within 60 seconds shall be reviewed by the EMD Provider Agency CQI program.
8. Submit a written Unusual Occurrence Report per policy #620.20 to the Agency when an EMD Provider Agency experiences operational or information system failure; e.g., computer failure, telephony failure, etc. These reports shall include the time of the incident, the duration, the cause(s) or suspected cause(s), and any action(s) taken, if necessary, to prevent a reoccurrence of the event.
9. Submit a written Unusual Occurrence Report to the Agency in the event that a non-emergency ambulance is dispatched to transport a patient who requires care beyond their scope of practice.
10. Have a current copy of the EMS Agency Policy and Procedure Manual available to the EMDs at all times.
11. Provide Medical Dispatch CAD data to the Agency, according to Agency policy # 620.30, including time and dates in an electronic format approved by the Agency.
12. Allow announced and unannounced audits and on-site inspections by Agency staff. The cost for an Agency employee to conduct on-site inspections will be borne by the Medical Dispatch Provider Agency and will occur once during each contract period.
13. Provide the Agency with EMD recordings and data upon request.
14. Have an internal written policy and contingency plan to maintain uninterrupted dispatch services for any event that would incapacitate the Non-Emergency Medical Dispatch Center.

**B. EMD PERSONNEL**

1. EMD Provider Agencies shall designate appropriate personnel to ensure adequate operation and management of the EMD Provider Agency. The following is a minimum level of on-line personnel standards:

- a. Dispatch Supervisor, Manager or Lead Dispatcher - A dispatcher assigned specific duties to assist in the management of the Non-Emergency EMS Dispatch Center.
- b. Dispatchers - The Dispatcher shall meet all requirements as an EMD and perform duties including but not limited to the following:
  1. Receive and process calls for non-emergency medical assistance.
  2. Determine the nature and severity of requests for service.
  3. Prioritize the urgency of the response.
  4. Ensure the dispatch of appropriate medical services resources.
  5. Relay pertinent information to response personnel.
  6. Coordinate with the approved Emergency Medical Dispatch Provider Agency as needed.
  7. Other activities as approved by the EMD Medical Director.
- c. Dispatch CQI Program Coordinator that will ensure CQI per this policy.
- d. EMD Training Program Manager that will be responsible for the administration of the training program and assure that all aspects of the EMD training program are in compliance with this policy.

C. SUPPLIES, EQUIPMENT AND COMMUNICATIONS

1. Non-Emergency Medical Dispatch Provider Agencies shall have supplies and equipment necessary to function as a Non-Emergency Medical Dispatch Agency, and shall ensure that communications equipment is maintained and updated to reflect current industry standards as follows:
  - a. Computer hardware and software capable of meeting Level II dispatch center requirements.
  - b. Telephone systems.
    1. One speed dial or dedicated ring-down circuit to the approved EMS Dispatch Service Provider.
  - c. Radio communications systems shall have:

1. Necessary medical frequencies to conduct daily business.
2. Necessary common frequencies for interagency activities, MCIs, and disasters.
- d. Recording Equipment:
  1. Capable of continuously recording all elements of dispatching (phone calls, radio traffic, etc.).
  2. Retention of recordings shall be for 100 days unless an Unusual Occurrence report has been filed with the Agency. In this case, the recording should be held for an extended period designated by the Agency.
- e. Back-up power supply generator and fuel shall be available on site, and adequate to continue operations for 24 hours.

D. EDUCATION

1. Basic EMD Training, EMD Instructor, course curriculum, and CDE Standards shall comply with EMSA Emergency Medical Services Dispatch Programs Guidelines – EMSA #132, and the National Academies of Emergency Dispatch shall provide the approved EMD Course.
2. The EMD Provider Agency shall maintain in the individual EMD’s training file:
  - a. The basic EMD training program course completion record.
  - b. “In-house” EMD CDE topics, methodologies, date, time, location, and the number of CDE hours completed for each session of CDE.
  - c. Copy of EMD CDE program course completion records from an approved EMD training program provider.
3. The EMD Provider Agency shall retain the following training records:
  - a. Records on each course including, but not limited to: course title, course objectives, course outlines, qualifications of instructors, dates of instruction, location, participant sign-in rosters, sample course tests or other methods of evaluation, and records of course completions issued.
  - b. Summaries of test results, course evaluations, or other methods of evaluation. The type of evaluation used may vary according to the instructor, content of the program, number of participants, and method of presentation.

E. CONTINUOUS QUALITY IMPROVEMENT

1. The EMD Provider Agency shall ensure, through a CQI process, that their calls are being appropriately handled. The EMD Provider Agency CQI Coordinator will facilitate call reviews (including recordings and CQI reports). A CQI program shall address structural, resource, and/or protocol deficiencies, as well as measure compliance to minimum protocol compliance standards as established by the EMD Director through ongoing random case review for each EMD. The program includes at its core the following:
  - a. Random case review process.
  - b. Evaluating emergency medical dispatcher performance.
  - c. Providing feedback of emergency medical dispatch protocol reference system compliance levels to emergency medical dispatchers.
  - d. Submitting compliance data to the EMD Medical Director.
  
2. The CQI process shall:
  - a. Monitor the quality of medical instruction when provided to callers, including ongoing random case review for each EMD, and observing telephone care rendered by EMDs for compliance with defined standards.
  - b. Conduct random or incident-specific case reviews to identify calls/practices that demonstrate excellence in call processing performance, and/or identify practices that do not conform to defined policy or procedures so that appropriate training can be initiated.
  - c. Recommend training, policies, and procedures for quality improvement.
  - d. Identify CDE needs.
  - e. Each CQI program shall have a case reviewer(s) who meets the qualifications as in II.E.
  - f. The case reviewer shall measure individual EMD performance in an objective, consistent manner, adhering to a standardized scoring procedure.
  - g. The regular and timely review of a pre-determined number of EMD calls shall be utilized to ensure that the EMD is following protocols when providing medical instructions.
  - h. Routine and timely feedback shall be provided to the EMD to allow for improvement in their performance.

- i. The case reviewer shall provide a compliance-to-protocol report monthly to the EMD Medical Director to ensure that the EMD Provider Agency is complying with the approved EMDPRS minimum protocol compliance standards, and Agency policies and procedures.
3. The following information will be used by the EMS Agency in the evaluation process of the EMS Dispatch Center and the associated EMS response system.

- a. Data Collection

The EMD Provider Agency shall submit CAD data to the Agency in an electronic format approved by the Agency on a daily basis, or as otherwise approved by the Agency. CAD data shall include records for all emergency and non-emergency ambulance requests received at the EMD Provider agency. Each record shall contain the following fields, as a minimum, date and time in the following formats, (mm/dd/yyyy) and (hh/mm/ss):

1. Call Date
2. Incident Number
3. Scene Location
4. EMS Map Grid/Zone
4. Call Type (e.g. scene, inter-facility transfer)
5. Emergency Medical Dispatch (EMD) Determinate Code
6. Ambulance Provider
7. Vehicle ID Number
8. Time Call Received (telephony)
9. Time Call Created in CAD / First Key Stroke
10. Time Call in Dispatcher Queue
11. Time Dispatched
12. Time En Route
13. Time Arrived Scene
14. Time Patient Contact, if applicable
15. Time Departed Scene.
16. Time Arrived Destination.
17. Time canceled (if applicable.)
18. Code of Response
19. Updated Code of Response, if applicable
20. Code of Transport
21. Updated Code of Transport, if applicable
22. Call Disposition, final result of the call for this vehicle or transport status

- b. Site Surveys

1. Periodic site surveys and/or self surveys will be utilized as a method of determination of compliance by Non-Emergency Medical Service Dispatch Provider Agency. Compliance will be



based on Dispatch Standards, obligations stipulated in agreements, memorandums of understanding with the EMS Agency, local policy and procedure, State and Federal regulations, and any other procedure or regulations applicable to the operations of Dispatch.

2. The Non-Emergency Medical Service Dispatch Provider Agency shall be provided with criteria for site surveys and passing requirements prior to survey(s).
3. If the Non-Emergency Medical Service Dispatch Provider Agency fails to pass a site survey, the Agency shall notify the Non-Emergency Dispatch Provider Agency in writing of deficiencies and shall resurvey the Dispatch Provider Agency in no less than 90 days from the date of notification. The 90 days may be shortened if the EMS Medical Director determines that the protection of the public health and safety requires immediate correction of the deficiency. The Agency shall notify the Dispatch Provider Agency of this determination and the time within which the Agency will resurvey the Dispatch Provider Agency.

F. FAILURE TO CORRECT DEFICIENCIES

Dispatch Service Provider Agencies which have been found in violation of this policy will be notified in writing. Dispatch Service Provider Agencies will be given a period of time to correct the violation(s). If after that time the Dispatch Service Provider Agency is still in violation, measures specified in the agreement between the Dispatch Service Provider Agency and the Agency will be taken.