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DRAFT EAST AFRICAN STANDARD

Guidelines for emergency medical dispatch

EAST AFRICAN COMMUNITY

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Foreword

Development of the East African Standards has been necessitated by the need for harmonizing requirements governing quality of products and services in the East African Community. It is envisaged that through harmonized standardization, trade barriers that are encountered when goods and services are exchanged within the Community will be removed.

The Community has established an East African Standards Committee (EASC) mandated to develop and issue East African Standards (EAS). The Committee is composed of representatives of the National Standards Bodies in Partner States, together with the representatives from the public and private sector organizations in the community.

East African Standards are developed through Technical Committees that are representative of key stakeholders including government, academia, consumer groups, private sector and other interested parties. Draft East African Standards are circulated to stakeholders through the National Standards Bodies in the Partner States. The comments received are discussed and incorporated before finalization of standards, in accordance with the Principles and procedures for development of East African Standards.

East African Standards are subject to review, to keep pace with technological advances. Users of the East African Standards are therefore expected to ensure that they always have the latest versions of the standards they are implementing.

The committee responsible for this document is Technical Committee EASC/TC 076, *Services.*

Attention is drawn to the possibility that some of the elements of this document may be subject of patent rights. EAC shall not be held responsible for identifying any or all such patent right

Guidelines for emergency medical dispatch

1 Scope

This Draft East African Standard gives the definition of responsibilities, knowledge, practices, and organizational support required to effectively implement, perform, and manage the emergency medical dispatch services.

2 Normative references

There are no normative references in this document.

3 Terms and definitions

For the purposes of this document, the following terms and definitions apply.

ISO and IEC maintain terminological databases for use in standardization at the following addresses:

— IEC Electropedia: available at http://www.electropedia.org/

— ISO Online browsing platform: available at http://www.iso.org/obp

3.1
emergency medical dispatcher (EMD)
trained public safety telecommunicator with additional training and specific emergency medical knowledge essential for efficient management of emergency medical communications, assessment of medical emergencies, limited remote treatment and apportionment of medical priorities

3.2
emergency medical dispatching
the reception and management of requests for emergency medical assistance

3.3
emergency medical dispatch priority reference system (EMDPRS)
medically approved system used by a dispatch agency to provide aid to medical emergencies that includes: systematized caller interrogation questions, systematized pre arrival instructions, and protocols matching the dispatcher's evaluation of injury or illness severity with vehicle response mode and configuration

3.4
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 pre arrival 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

3.5
public safety telecommunicator

an individual trained to communicate remotely with persons seeking emergency assistance and with agencies and individuals providing such assistance

3.6
telephone aid
consists of “ad-libbed” telephone instructions provided by either trained or untrained dispatchers and differs from DLS-based pre-arrival 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 pre-arrival instruction protocol. They cannot be medically preapproved since they do not exist in written form

3.7
telephone treatment sequence protocols
specific treatment strategies designed in a conversational script format that direct the EMD step by step in giving critical pre-arrival instructions such as CPR, Heimlich maneuver, mouth-to-mouth breathing, and childbirth instruction

3.8
vehicle response configuration
the specific vehicle(s)of varied types, capabilities, and numbers responding to render assistance

3.9
vehicle response mode
the use of emergency driving techniques, such as warning lights and siren, versus a routine driving response

4.0 Medical dispatch practice

4.1 The EMD functions under the medical authority of an off-line medical director is to receive and manage calls for emergency medical assistance through the systematic interrogation of callers, using procedures established. Medical director remains responsible for the medical quality assurance of the EMD program.

4.1.1 The emergency medical dispatcher should be able to :

a) read, write and effectively communicate in a language that is easily understood in a given area of jurisdiction;
b) speak clearly and distinctly on radio and telephone;
c) remain calm, use reasoned judgment, and communicate effectively in stressful or crisis situations;
d) use established interrogation and response assignment protocols;
e) provide pre-arrival instructions appropriate for the emergency situation to both the caller and responders;
f) and to retain a professional attitude with the caller specifically regarding courtesy and empathy for the situation encountered.

4.1.2 EMD should not:

a) display hostility toward or arguing with the caller;
b) judge a situation based on past experience with the caller;
c) judge a situation severity based on previous personal experiences;

d) unreasonably refuse to dispatch available units in accordance with the approved dispatch protocol;

e) prematurely terminate a call for assistance; and

f) fail to act or to dispatch in accordance with protocol.

4.1.3 There shall be continuity in the delivery of EMD care. The EMD shall maintain direct access to the calling party and shall use a medically approved Emergency Medical Dispatch Priority Reference system (EMPDR).

NOTE: The person giving the medical instruction to the caller shall be the same person that asks the systematic interrogation questions.

4.1.4 The approved EMDPRS shall be used to accomplish the above safely and effectively, the system includes the following:

a) Systematized caller interrogation questions;

b) Systematized pre-arrival instructions, and

c) 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 pre-arrival 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 shall 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 shall be certified through relevant authority in respective member state.

5.0 Significance and use

5.1 This practice is intended to promote the use of trained telecommunicator 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 telecommunicator fully as functioning members of the emergency medical team, it is deemed necessary to upgrade the telecommunicator 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 pre-arrival 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 capability in converting the caller into an effective first responder. This practice recognizes the EMD's role as including:

a) Interrogation techniques;

b) Triage decisions;

c) Information transmission;

d) Telephone medical intervention, and

e) Logistics and resource coordination during the event.

5.6 For the EMD, this practice supersedes any other EMS Standards under which an individual may be qualified. It is not the role of the EMD to generate a specific diagnosis but rather to elicit accurately a finite body of information, assign the appropriate response, and to communicate clearly among persons and units involved in the response. The protocols for inquiry, response, and resource coordination are essential and shall not be modified based on an individual's possible experiences as a responder.

5.7 As an initial contact with the EMS system, the EMD is subject to questioning of actions as they relate to medical practice. This practice may be used by agencies as a recognized baseline for EMD training, practice, and organization and is intended to supplant de facto standards that exist in some areas. This practice will assist in developing sound EMD programs that will reduce the need and potential for legal action and provide a common set of expectations for performance.

5.8 It will bring more accurate information into the dispatch office by way of appropriate understanding of the medical condition and therefore better interrogation, caller intervention, and decision-making. It allows for preplanned responses, safer responses (fewer units responding with lights and siren), fuel and energy savings (smaller units and fewer units used when possible), and may save advanced life support resources for true advanced life-support emergencies when a tiered-level response is available.

6.0 System components

6.1 Emergency Medical Dispatch Priority Reference System (EMDPRS)

6.1.1 This system is a written, reproducible document in a uniform format based on medical and administrative protocols. The emergency medical dispatch priority reference system directs the EMD to complete a full, programmed interrogation.

6.1.2 The information from the caller is paired with preset problem groups to determine the appropriate response level. It shall include the following:

6.1.2.1 A set of systematized caller interrogation (key) questions. The key questions shall obtain the minimum amount of information necessary to:

a) Adequately establish the correct level of response,

b) Establish the need for pre-arrival instructions, and

c) Provide responders with adequate patient and incident information.

6.1.2.2 A set of systematized coding and response protocols. This includes:

a) Protocols that predetermine vehicle response mode and configuration based on the EMD's evaluation of injury and illness severity as determined through key question interrogation.

b) Protocols that reflect a EMS systems that have ability to respond, ranging from single-unit squads through multiple-level (tiered) response

c) An established, medically approved, quantitative coding system for quality assurance/improvement and statistical analysis.

6.1.2.3 A set of systematic pre-arrival instructions. This will include:

a) Chief complaint specific caller and EMD advise, and

b) Scripted pre-arrival instructions.

6.1.3 Other components, should include:

a) A mass casualty plan for notification and operation in a disaster situation;

b) A directory of emergency response resources and information resources;

c) A written description of the communications system configuration for the service area; and

d) A record-keeping system, including report forms or a computer data management system to permit.

e) evaluation of EMD compliance with the EMDPRS, evaluation of protocol effectiveness, and timeliness of interrogation and dispatch.

7.0 Functions of emergency medical dispatch

7.1 Receive and process calls for assistance

The EMD shall receive and record calls for emergency medical assistance from various sources. This function includes the establishment of effective communication with the person requesting assistance, using the EMDPRS to evaluate the patient or situation, provide appropriate pre-arrival instructions, and select the most appropriate EMS system action in response to each call.

7.2 Dispatch and coordinate appropriate, available response resources

The EMD shall select and dispatch then necessary EMS vehicles and personnel to the scene of an emergency in an appropriate time frame. The EMD functions in coordinating the movements of EMS vehicles enroute to the scene, enroute to the medical facility, and back to the base of operations. This requires that the EMD have current knowledge of the status of all EMS resources in the dispatch area and the geographic constraints that will affect the EMS response. This also requires that the EMD have dispatch-specific medical training and understands the use of systematized interrogation and response assignment protocols.

7.3 Provide information and pre-arrival instructions

7.3.1 To the caller, the EMD is the contact with the emergency response agency and shall be prepared to provide emergency care instructions to callers waiting for an EMS response. These instructions should enable the caller to prevent or reduce further injury to the victim and to do as much as possible under the circumstances to intervene in any life-threatening situation that exists. These instructions should also include appropriate warnings and safety messages regarding potential dangers that can be reasonably foreseen through correct use of the EMDPRS.

7.3.2 All dispatch life-support-based instructions and information should be given directly from the EMDPRS rather than ad lib. ad-lib instructions as "telephone aid ensure that the dispatcher has attempted to

provide some sort of care to the patient through the caller but does not ensure that such care is correct, standard, and medically effective or even necessary in the first place.

7.3.3 To the responding unit(s), the EMD shall provide accurate information regarding the patient, conditions at the scene of response, other public safety unit responses, and other information regarding the situation. This information always includes the chief complaint, patient's age, status of consciousness, and status of breathing.

7.4 Coordinate with other agencies and emergency services

The EMD shall ensure the existence and maintenance of an effective communication link between and among all public safety services (that is, fire, police, rescue, aero medical, hazardous materials, utility, and so forth) involved in the EMS response to facilitate mutual aid and to coordinate services including such items as traffic control, fire suppression, and extrication.

8.0 Roles and responsibilities of EMD

8.1 The role of the EMD is to obtain specific medical information to prioritize accurately each medical response as listed in the emergency medical dispatch priority reference system (EMDPRS). Using this system, the EMD asks key questions about patient condition and incident types, determines the necessity for and gives pre-arrival instructions, and selects predetermined response levels based on the medical significance of the information obtained. To accomplish this, the EMD shall:

8.1.1 Understand the basic philosophy of medical interrogation. Medical dispatch experts have shown that through the use of proper techniques and interrogation protocols significantly more vital information can be obtained. While it may seem the emotional, and at times, hysterical caller's behavior is random and unpredictable, there are some very predictable, generic components present in most cases. Some of these are noted in Annex A.1.

8.1.2 Understand the difference between key questions asked in medical as opposed to trauma cases:

a) Medical case questions are generally based on symptoms such as chest pain, breathing, level of consciousness, and so forth. The caller usually is with the victim or is personally familiar with the patient or their problem.

b) Trauma case questions are generally based on the type of incident rather than specific symptoms, since the caller usually is a third-party observer not directly associated with the patient. The question "How far did the patient fall?" as opposed to, "What are the patient's injuries?" is more appropriate to successful, useful information gathering.

8.1.3 Understand the third-party caller limitation in regards to the difficulty of obtaining useful information when the caller is not with the patient and does not know the patient.

8.1.4 The EMD shall be able to apply the following points:

a) The concept of the hysteria threshold and the method of attaining it, for example, repetitive persistence.

b) Until the hysteria threshold is broken, the EMD cannot be in control of a call.

c) The EMD shall realize that this threshold exists and can be reached in most all cases so that they do not give up prematurely before obtaining control of the caller.

d) Increases in firmness or continued repetition in questioning or requests may not be successful initially until the threshold (that is different for each caller) is attained. At this point the EMD obtains control.

e) Handling an unpleasant, uncooperative, or hysterical caller by only obtaining the location of the incident and sending the response unit(s) is not acceptable.

9.0 Roles of the EMD in emergency dispatch centers

Roles of the EMD in emergency dispatch centers may differ such as assigned sub roles:

9.1 Interrogator's role

a) Obtain from the calling party the address or location of the emergency (first and most important),

b) Obtain from the calling party, or verify (in the case of E9-1-1 systems) the call-back telephone number at the calling location,

c) Obtain from the calling party the chief complaint,

d) Determine if the caller is with the patient,

e) Obtain the approximate age of the patient,

f) Determine if the patient is conscious (yes, no, or unknown),

g) Determine if the patient is breathing (yes, no, or unknown),

h) Use the EMD priority reference system to:

i. Ask the systematized caller interrogation questions,

ii. Convey to the "dispatcher" the appropriate response assignment, and

iii. Give the calling party the listed telephone pre-arrival treatment instructions.

9.2 Dispatcher's role

9.2.1 Alert the appropriate response unit(s) as determined by the interrogator's use of the EMD priority reference system,

9.2.2 Relay to responding unit(s) the following information:

a) Location of incident,

b) Age and sex of patient,

c) Chief complaint,

d) Status of conscious,

e) Status of breathing,

f) Other pertinent information, and

g) Number of victims (if applicable).

9.3 The EMD's role includes to:

a) Remotely evaluate the patient or incident;

b) Interpret the requirement and need for emergency medical resources;

c) Allocate the appropriate resources;

d) Identify conditions requiring pre-arrival instructions and provide them to the caller when necessary, possible and appropriate;

e) Coordinate the response of emergency medical and other public safety resources;

f) Provide information to the responding units regarding the emergency scene and patient; and

g) Record and retrieve emergency medical response records.
h) assist the emergency response unit(s) in finding the address or patient location, or both.
i) relay information between various units and responding agencies
j) monitor and relay information between units, especially those that do not have compatible radio frequencies
k) understand the immediate transport concept based on the nearness of the scene to advanced life support or the hospital with regard to the criticality of the patient and
l) understand how to assist in coordinating a rendezvous,

9.4 It is the responsibility of the EMD to give pre-arrival instructions. The objectives of giving pre-arrival instructions are:
a) To assist the caller in keeping the patient from further injury,
b) To enable the caller to do as much as possible to save a patient in a life-threatening situation,
c) To transform a hysterical caller into a calmer rescuer who no longer feels helpless.

9.5 The following general instructions pertain to most callers:
a) Calm down.
b) Don't move the patient (except in situations that endanger the patient, such as fire, carbon monoxide, and so forth).
c) Observe the area for hazardous situations.
d) Observe what the patient is doing.
e) Identify the incident location by blinking the porch lights, opening garage door, describing house,
f) identifying landmarks, and so forth.
g) Remove obstacles to the responders by locking up pets, sending children to neighbors, unlocking doors, obtaining elevators, opening gates, and so forth.
h) Preserve material or articles relating to the injury, and
i) Gather medications for responders.

9.6 General medical instructions commonly given to callers are as follows:
a) Airway management (head tilt/chin lift).
b) Heimlich maneuver.
c) Mouth-to-mouth ventilation.
d) Remove pillows from behind head.
e) Cardiopulmonary resuscitation (CPR).
f) Direct-pressure hemorrhage control, and
g) Cool small burns in cold water.

9.7 The requisites of providing these instructions are as follows:

a) The EMD shall be trained in basic life-support techniques before the provision of pre-arrival instructions;

b) Master the use of telephone treatment sequence cards, and understand the role of the trained versus untrained citizen at the scene of the emergency.

10.0 Organizational support

10.1 The organizational support for the EMD function shall consist minimally of the following:

10.1.1 Provision of EMS physician medical director regardless of whether the EMD function is carried on in a freestanding EMS communications center or a consolidated public safety answering point or communications center.

10.1.2 Provision of prospective, concurrent, and retrospective supervision of the EMD function. Such supervision shall consist of:

a) Reoccurring continuing education,

b) A real-time supervisor having medical dispatch experience and expertise,

c) A quality assurance program with random case audit including logging tape reviews on a regular scheduled basis, and

d) A risk management program including problem review.

10.1.3 Provision of written procedures and protocols including:

a) A clear formal chain of command for establishment of policies, procedures, and resolution of grievances related to emergency medical dispatch,

b) Administrative procedures for real-time resource allocation in alternative response assignments,

c) An emergency medical dispatch priority reference system, and

d) Other local resource materials covering specific situations affecting the EMD, such as, disaster plans, hospital resources, specialty facilities, and so forth.

10.1.4 Provision of complete written and recorded documentation of EMD activity and retention of these records.

10.1.5 Provision of initial EMD training and certification

10.1.6 Probationary on-the-job training.

10.1.7 Provision of continuing professional education and recertification such as:

a) Ongoing medical education,

b) Basic life-support education and recertification,

c) Skills practicum,

d) Crisis management,

e) Field experience and accompaniment during actual EMS field calls on a “ride-a-long” basis.

f) Provision for maintaining and upgrading equipment to meet EMSS needs. See Clause A.2.

Annex A
(normative)
Medical interrogation techniques

A.1 Hysteria threshold

Many distraught callers have been shown to have a “threshold of hysteria” that can be overcome and controlled by the practice of “repetitive persistence.”

This practice will assist with uncooperative caller interrogation and facilitates giving pre-arrival instructions. The hysteria control threshold frequently may be easily attained, and once established, the caller is completely in control and repeats instructions word perfect.

A.2 Repetitive persistence

The most successful method of attaining the hysteria control threshold is repetitive persistence.

Repetitive persistence is performed by the EMD repeating over and over again, in the exact same wording, a request to calm down or to perform any other act desired. It has been demonstrated that this approach works nearly universally after a limited number of repetitions. Altering the wording of a request, it is believed, appears to the caller’s subconscious as indecision or lack of control on the EMD’s part and is less effective.

A.3 Bring-the-Victim-to-the-Phone Problem

The EMD shall determine the location of the patient relative to the caller at the outset of the call. This will help avoid a possible later interruption of the telephone treatment sequence that may occur when the caller directs others by yelling, “Bring him in here to the phone.” The EMD should always ask where the patient is at the beginning of the telephone treatment sequence.

A.4 “Nothing’s Working” Phenomenon

The exception to the control obtained once the hysteria threshold is reached occurs when the caller is reminded of the distressed state of the victim at three different stages. First, when the victim is brought to the phone, they are also brought back into the sight of the caller, who is unfortunately reminded of how bad the victim looks. Second, when the EMD asks for verification of absent vital signs (breathing or pulse), the caller is likewise reminded. Third, when the caller is finally dutifully performing CPR or the Heimlich, and the victim is not revived from their initial actions, the caller may state, “nothing’s working” and in frustration and despair will sometimes stop trying.

A.5 Misconceptions

Some callers have the misconception that because they are performing the EMD’s instructions, the victim should respond or be revived. Callers will sometimes become frustrated and may lose composure when the victim fails to respond to first-aid measures. This results in an event that can interrupt the treatment sequence. The EMD can overcome this problem with appropriate encouragement, repetitive persistence, and by mentioning that, “You are keeping the victim going until the paramedics get there.”

A.6 Medicolegal issues of emergency medical dispatch

A.6.1 The agency and the EMD should understand the importance of EMD performance evaluation

a) Inappropriate performance or procedures, or both, can cause injury or death, or both, to field personnel or civilians.

b) Poor work habits can lead to lawsuits against the EMD and the parent department or agency.

c) It is important that the EMD remain informed on the correct procedures and protocols and follow them explicitly.

d) If procedures appear faulty, the EMD should inform a supervisor for appropriate review.

A.6.2 Civil liability for the EMD or his organization can result from the following:

a) Caused action or omission by the EMD,

b) Failure to supervise on the part of EMD supervisor,

c) Failure to observe recognized agency standards by the EMD or the parent organization, and

d) Failure to observe recognized community or national practice standards.

A.7 Telecommunication issues of emergency medical dispatch

A.7.1 The telecommunicator should be thoroughly familiar with the applications of the following telecommunications equipment, procedures, and relevant Communication Authority rules:

a) Radio communications control console,

b) Telephone equipment and recorders,

c) Alert paging equipment and encoders,

d) Telephone patch equipment,

e) Biotelemetry equipment and MED radio systems,

f) Computer equipment, CAD equipment, and record keeping,

g) Logging recorder equipment and tape management,

h) Other specialized equipment, generators, tower lighting, and so forth.

A.7.2 Relevant Communication Authority Rules:

a) Only trained and authorized personnel are permitted to operate radio equipment.

b) Provisions for access to remote radio sites and base radio equipment shall be maintained.

c) The station call sign shall be broadcast in accordance with Communication Authority rules.

d) The Communication Authority personnel are authorized to inspect communication records and transmitter equipment at reasonable times with proper identification and notice.

e) Transmission of false or deceptive information is prohibited.

f) Disclosure of radio messages monitored or intercepted to any uninvolved third party is prohibited

g) Transmission of profane language is prohibited.

h) The radio station license shall be displayed at the control points and transmitter location.

i) Radio equipment shall be maintained to required technical standards.

j) Users shall take reasonable precautions to avoid causing harmful interference, including monitoring before transmission where practical.

A.7.3 Public safety telecommunicator-caller communication

The public safety telecommunicator is the contact an emergency caller has with the emergency response system. Prompt and efficient information gathering by the telecommunicator aids in the dispatch of appropriate resources, allows preparation time for responding units, and alerts the telecommunicator to significant events requiring pre-arrival instructions to the caller. As such, the public safety telecommunicator should:

A.7.3.1 Answer telephone calls promptly (within 10 s of the first ring).

A.7.3.2 Identify the service to the caller in accordance with the local protocol.

A.7.3.3 Speak at a rate of no more than 80 to 100 words per minute.

A.7.3.4 Speak directly into the microphone mouthpiece.

A.7.3.5 Take control through an authoritative but courteous manner

A.7.3.6 Focus the caller's response to obtain key incident information.

A.7.3.7 Elicit and record the following basic information from the person requesting assistance:

A.7.3.8 Location Information (Where):

a) Location of the incident,

b) Location to which the responding unit(s) should be sent (if different), and

c) Directions to the incident (if not commonly recognized).

A.7.3.9 Incident Information (What):

a) Primary nature of the event as described by the caller, and

b) Nature of the response needed.

A.7.3.10 Caller Information (Who):

a) Call back telephone number,

b) Caller's name when appropriate, and

c) Victim's name when appropriate

A.7.3.11 Time/Duration Information (When):

a) Time the incident occurred,

b) How long incident has been underway (according to caller's perception), and

c) When call was received.

A.7.3.12 Maintain a professional demeanor even when dealing with hostile callers.

A.7.3.13 Repeat questions to obtain additional necessary information or to clarify information.

A.7.3.14 Record appropriate information in accordance with local protocol

A.7.3.15 Use plain language (not codes) and avoid jargon or slang.

A.7.3.16 Allow the caller to hear the dispatch of units, or inform the caller that the dispatch has been or is being made.

A.7.3.17 Explain any waiting period such as having to relay or transfer the caller to another agency or

individual.

A.7.3.18 Inform the caller not to hang up until they are told to do so.

A.7.3.19 Show interest in the caller:

a) Use the caller's name when possible (last name with appellation for adults; first name for children and teenagers).

b) Calm and continually reassure the caller.

A.7.3.20 Direct the caller to perform helpful activities before the arrival of responders.

A.7.3.21 Accept responsibility for all emergency calls received (whenever possible the system should provide internal methods for transferring or relaying of information).

A.7.3.22 Never leave an assigned work station (console) without relief personnel in place.

A.7.4 Dispatch Procedures:

A.7.4.1 Dispatch the appropriate units in a timely manner upon determination of needed location and incident information.

A.7.4.2 Relay to appropriate responding units such items as:

a) The location of the incident

b) Nature of incident/chief complaint

c) All-important supplemental information including: age and sex of patient(s), status of consciousness, status of breathing, number of patients, and so forth.

A.7.4.3 Avoid use of contractions or homonyms in directing responding units

A.7.4.4 Break long messages into short (10-s) segments

A.7.4.5 Confirm receipt of and understanding of information

A.7.4.6 Assist responding units by giving directions to the incident address, hazards and obstacles enroute, and accessibility and conditions.

A.7.4.7 Update responders on changes in the status of the incident

A.7.4.8 Relay information between other responding units

A.7.4.9 Record information upon receipt, using a standard report and recording format to document call reception, dispatch, scene arrival, scene departure, destination arrival, clear scene, and unit in service times.

A.7.4.10 Provide supplemental or incident information as received from other sources

A.7.4.11 Use appropriate signaling methods and techniques based on a thorough knowledge of the communications system.

A.7.4.12 Use proper radio communications techniques

A.7.4.13 Perform all activities in compliance with Communication Authority rules and local standard operating procedures and protocols.