

SILVER CROSS EMERGENCY MEDICAL SERVICES SYSTEM

TITLE: **EMERGENCY MEDICAL DISPATCHER**

POLICY: IDPH CODE 515.710

Any dispatch agency giving pre-arrival instructions within the geographical boundaries of the Silver Cross EMS System may be required to become a System Provider Agency. Any individual, who acts as an Emergency Medical Dispatcher (EMD) with an affiliated System Provider Agency, must be registered with the System and licensed by IDPH. This policy references Section 515.710 of the IDPH EMS Administrative Code.

- I. Emergency Medical Dispatcher (EMD) Certification
 - A. To apply for certification as an EMD, the individual shall submit the following to IDPH:
 1. A completed IDPH EMD certification form; and
 2. Documentation of successful completion of a training course in emergency medical dispatching meeting or exceeding the US DOT national curriculum for EMS Dispatchers or its equivalent.
 - B. An individual who is registered as an EMD on February 1, 2003, and meets the qualifications of this Policy shall be certified as an EMD.
 - C. Reciprocity shall be granted to an individual who is certified as an EMD in another state and who meets the requirements of this Policy. An individual who is certified or recertified by a national certification agency shall be certified as an EMD if he/she meets the requirements of this Policy.
 - D. The certification shall be valid for a period of four (4) years.
 - E. A certified EMD shall notify the System and IDPH within 30 days after any changes in name, address, employer or system in person, by mail, phone, fax or electronic mail.

A person may not represent him/herself, nor may an agency/business represent an agent or employee of that agency/business, as an EMD unless certified by IDPH as an EMD.
- II. EMD Protocols - A System Agency choosing to utilize pre-arrival instructions through dispatch must adhere to the following:
 - A. The Agency shall notify the System in writing of their intent to utilize pre-arrival medical instructions and assure training for all EMDs in the proper use of these instructions. Only EMD's registered with IDPH and the System may give pre-arrival instructions.
 - B. The Agency and its EMDs shall use an IDPH approved EMD priority reference system (EMDPRS) protocol approved by the System's EMS Medical Director (EMSMD). Pre-arrival support instructions shall be provided in a non-discriminatory manner and shall be provided in accordance with the EMDPRS established by the System's EMSMD.
 - C. If the dispatcher operates under the authority of an Emergency Telephone System Board established under the Emergency Telephone System Act, the protocols shall be established by the Board in consultation with the System's EMSMD.

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- D. EMD Protocols shall include:
 - 1. Complaint-related question sets that query the caller in a standardized manner;
 - 2. Pre-arrival instructions associated with all question sets;
 - 3. Dispatch determinants consistent with the design and configuration of the EMS System and the severity of the event as determined by the question sets; and
 - 4. Post-dispatch instructions with all question sets.
- E. IDPH and the EMSMD shall approve EMDPRS protocols that meet or exceed the requirements of subsection (b)(2) above and the National Highway Traffic Safety Administration (NHTSA) Emergency Medical Dispatch: National Standard Curriculum (1996); available from the US Government Printing Office PO Box 371954 Pittsburgh PA 15250-7954; no later editions or amendments are included.

III. EMD Recertification

- A. To apply for recertification, the EMD shall submit the following to IDPH at least 30 days prior to the certification expiration date:
 - 1. An approval signed by the EMSMD recommending recertification;
 - 2. Current CPR Card (System Requirement)
 - 3. Proof of completion of at least 12 hours annually of medical dispatch CE.
 - 4. Signed and Completed IDPH Renewal Notice/Child Support Form.
- B. An EMD who has not been recommended for recertification by the EMSMD shall independently submit to IDPH an application for recertification. The EMSMD shall provide the EMD with a copy of the appropriate form to be completed.

IV. Emergency Medical Dispatcher Training Program

- A. IDPH approved EMD training programs shall be conducted in accordance with the standards of the NHTSA EMD National Standard Curriculum or equivalent.
- B. Applications for approval of EMD training programs shall be filed through the System with IDPH on forms prescribed by IDPH. The application shall contain, at a minimum, the name of the applicant, agency and address, type of training program, lead instructor's name and address, and dates of the training program.
- C. Applications for approval, including a copy of the class schedule and course syllabus, shall be submitted at least 60 days prior to the first scheduled class. A description of the textbook being used and passing score for the class shall be included with the application.
- D. All education, training, and continuing education courses for EMD shall be coordinated by at least one approved EMS Lead Instructor. The EMS Lead Instructor shall be approved by IDPH and the System. See IDPH EMS Lead Instructor policy.

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- E. EMD training programs shall be conducted by instructors licensed by IDPH as an EMT-B, EMT-I, or EMT-P who:
 - 1. are at a minimum, certified as emergency medical dispatchers;
 - 2. have completed an IDPH approved course on methods of instruction;
 - 3. have previous experience in a medical dispatch agency; and
 - 4. have demonstrated experience as an EMS Instructor
 - F. Any change in the EMD training program's EMS Lead Instructor shall require that an amendment to the application be filed with the Department.
 - G. Questions for all quizzes and tests to be given during the EMD training program shall be prepared by the EMS Lead Instructor and available for review by IDPH upon request.
 - H. All approved programs shall maintain class and student records for seven years, which shall be made available to the System and IDPH for review upon request.
- V. Emergency Medical Dispatch Agency Certification
- A. To apply for certification as an Emergency Medical Dispatch Agency, the person, organization or government agency that operates an EMD Agency shall submit the following to IDPH:
 - 1. A completed EMD Agency certification form that includes name and address;
 - 2. Documentation of the use on every request for medical assistance of an emergency medical dispatch priority reference system (EMDPRS) that complies with this policy and is approved by the System's EMSMD; and
 - 3. Documentation of the establishment of a continuous quality improvement (CQI) program under the approval and supervision of the EMSMD. The CQI program shall include, at a minimum, the following:
 - a. A quality assistance review process used by the EMD agency to identify EMD compliance with the protocol;
 - b. Random case review;
 - c. Regular feedback of performance results to all EMDs;
 - d. Availability of CQI reports to the System and IDPH upon request; and
 - e. Compliance with the confidentiality provisions of the Medical Studies Act.
- VI. Emergency Medical Dispatch Agency Recertification
- A. To apply for recertification, the EMD Agency shall submit an application to IDPH, on a form prescribed by IDPH, at least 30 days prior to the certification expiration date. The application shall document continued compliance with section (V.) of this policy.

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- VII. Revocation or Suspension of EMD or EMD Agency Certification
- A. The EMS MD shall report to IDPH whenever an action has taken place that may require the revocation or suspension of a certificate issued by IDPH.
 - B. Revocation or suspension of EMD or EMD Agency certification shall be in accordance with Section 515.420 of the IDPH EMS Administrative Code.
- VIII. Waiver of Emergency Medical Dispatch Requirements
- A. IDPH may modify or waive EMD requirements based on:
 1. The scope and frequency of dispatch activities and the dispatcher's access to training; or
 2. Whether the previously attended dispatcher training program merits automatic recertification for the dispatcher.
 - B. The following individuals are exempt from the requirements of this policy:
 1. Public safety dispatchers who only transfer calls to another answering point that is responsible for dispatching of fire and/or EMS personnel;
 2. Dispatchers for volunteer or rural ambulance companies providing only one level of care, whose dispatchers are employed by the ambulance service and are not performing call triage, answering 911 calls or providing pre-arrival instructions.
- IX. System Registration of EMD Agencies and Personnel
- A. A form is attached which may be used as an EMD Agency's Roster or as an example to complete a computerized form of your own. This roster must be initially completed at the time an Agency joins the System and must be updated annually in March.
 - B. A copy of each person's State of Illinois IDPH EMD license and current CPR card must accompany the roster. Only EMD's registered with IDPH and the System may give pre-arrival instructions.
 - C. Any additions or deletions to an EMD Agency's personnel roster must be done so in writing immediately. A form letter is attached which may be used as an example.
 1. Additions shall include the EMD's name, address, phone, DOB, primary system choice and a copy of their current EMD license and CPR card.
 2. Deletions need only state that the EMD is no longer working at that agency.

EFFECTIVE DATE: 01-30-98**REVISED DATE:** 09-11-06, 12-29-10**ATTACHMENT:** AGENCY ROSTER and AGENCY AFFILIATION LETTER

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AGENCY AFFILIATION LETTER

(PLACE THIS FORM ON YOUR AGENCY LETTERHEAD)

Date: ___/___/_____

David J. Mikolajczak, DO, FACOEP
Silver Cross EMS System
1200 Maple Road
Joliet, IL 60432

Dr. Mikolajczak,

I verify that (EMD full name) _____, EMD has been properly trained and is utilizing the pre-arrival medical instructions (EMDPRS) that you approved for our agency. Should the EMD cease affiliation with this agency, we will notify the System in writing immediately. Attached are copies of this EMD's current EMD license and CPR card. Below is the information you require on System Entry EMD's.

EMD's Home Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: (____) _____ County: _____ Date of Birth: _____

Social Security Number: _____ - _____ - _____ Driver's License Number: _____ - _____ - _____

Primary System: _____ Secondary System: _____

Authorized Agency Representative's Signature

Agency Name