



**SAN MATEO COUNTY HEALTH
EMERGENCY
MEDICAL SERVICES**

EMS POLICY	203
Effective:	April 2022
Approval: EMS Director Travis Kusman, MPH	Signed:
Approval: EMS Medical Director Greg Gilbert, MD	Signed:

EMERGENCY MEDICAL DISPATCH PROGRAM

I. PURPOSE

This policy establishes countywide standardized criteria for the approval and designation of Emergency Medical Dispatch programs by the San Mateo County Emergency Medical Services Agency within the County of San Mateo.

II. AUTHORITY

California Health and Safety Code, Division 2.5, Section 1797.200; Section 1797.220; Section 1797.223; Section 1798.8; and State of California Emergency Medical Services Dispatch Program Guidelines.

III. DEFINITIONS

Emergency Medical Dispatch (“EMD”): Priority Dispatching characterized by an Emergency Medical Dispatcher who is responsible for determining, using key medical questions, whether the call is a life threatening, or non-life-threatening emergency. The Emergency medical Dispatcher acts on the request and, using established guidelines, determines the level and type of response. This level of service includes pre-arrival instructions when indicated.

Emergency Medical Dispatcher: A person employed by a LEMSA approved dispatch center providing dispatch of designated emergency medical resources in San Mateo County and who has been authorized by the LEMSA.

Emergency Medical Services Agency (“LEMSA”) [or “Agency”]: The San Mateo County EMS Agency is designated as the Local Emergency Medical Services Agency (LEMSA) and is statutorily charged with primary responsibility for administration and medical control of emergency medical services in San Mateo County.

IV. EMERGENCY MEDICAL DISPATCH

The approved training program for Emergency Medical Dispatch in San Mateo County is the Medical Priority Dispatch Program of the International Academies of Emergency Dispatch (“IAED”). No other emergency medical dispatch programs, systems or prearrival instructions are authorized.

V. MEDICAL CONTROL



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Subject to any California Emergency Medical Services Authority (“EMSA”) minimum guidelines and in accordance with this policy, the LEMSA Medical Director is authorized to exercise medical control of all Emergency Medical Services (“EMS”) dispatch programs operating within San Mateo County, including the overall EMD program, EMD providers, training policies, procedures, protocols, continuing dispatch education program requirements, compliance standards, risk management functions and records management.

VI. UTILIZATION OF EMD

It is recognized that EMD may be applied utilizing pre-arrival instructions only or may, using key medical questions, determine whether the call is emergent or non-emergent, and what resources will be utilized. A Public-Safety Answering Point (“PSAP”) electing to provide EMD shall utilize the priority dispatch system in accordance with LEMSA medical control requirements and the dispatcher shall follow the resource and response protocols associated with that system.

VII. POLICY

- A. All EMD provider agencies in San Mateo County shall be approved by LEMSA and continuously meet the minimum requirements outlined in this policy. No agency shall operate as an EMD provider without written approval by LEMSA.
- B. EMD provider agencies are strongly encouraged to achieve and maintain Accredited Center of Excellence (“ACE”) accreditation through the IAED.
- C. EMD provider agencies shall be approved by the State of California as a public safety answering point (“PSAP”).
- D. EMD provider agencies shall provide dispatch services necessary to receive and respond to requests for emergency and advanced life support (“ALS”) first responder and emergency ambulance service requests twenty-four (24) hours a day, seven (7) days a week except under certain circumstances such as infrequent dispatcher work overload or under disaster conditions as specified by the State of California Government Code, California Emergency Services Act, Chapter 7, Division 1, Title 2, Section 8558.
- E. All EMD provider agencies must have a Continuous Quality Improvement (CQI) program approved by LEMSA that includes, at a minimum, all the following:
 - 1. EMD Center and personnel performance will be evaluated through case review of dispatch records, audio recordings, and applicable provider field records;



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2. All written CQI records shall be maintained for a minimum of two (2) years; and
 3. EMD provider agencies shall maintain telecommunication records for a minimum of one hundred twenty (120) days and are hereby authorized to destroy EMD center audio recordings after one hundred twenty (120) days, unless required for evidence or pending litigation.
- F. Each EMD provider agency shall have an EMD Continuous Quality Improvement (“CQI”) Coordinator who is:
1. A currently licensed California Physician, Registered Nurse, Physician Assistant, Paramedic, or a currently certified Emergency Medical Technician, who has at least two (2) years of practical experience within the last five (5) years in prehospital emergency medical services with a basic knowledge of EMD, and who has received specialized training in the CQI/case review process; or
 2. An emergency medical dispatcher with at least two (2) years of practical experience within the last five (5) years, and who has received specialized training in the CQI/ case review process.
 3. The EMD CQI Coordinator shall cooperate fully with LEMSA in providing stipulated data used for EMS system analysis.
- G. All EMD provider agency program materials are subject to periodic review and duplication by LEMSA as deemed necessary by LEMSA.
- H. All EMD provider agency programs are subject to on-site audit and evaluation by LEMSA.
- I. EMD provider agencies requesting approval of their EMD program must submit a request to LEMSA, which shall include:
1. A plan for how EMD will be provided. For those PSAP’s that choose to utilize another PSAP or EMD dispatch center, a copy of that agreement must be included;
 2. The name of the recognized and established EMD program to be utilized;
 3. A copy of the proposed CQI program;
 4. The name and qualifications of the program administrator; and
 5. The name(s) and qualifications of the CQI coordinator.
- J. For the purposes of Protocol 37: Interfacility Evaluation/ Transfer of the Medical Priority Dispatch System (“MPDS”), LEMSA defines qualified medical personnel as the following:



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1. Physician (MD or DO);
2. Physician Assistant;
3. Nurse Practitioner;
4. Registered Nurse; and
5. Licensed Practical Nurse.

VIII. EDUCATION



- A. Each EMD provider agency shall have a basic EMD training program, EMD instructor, course curriculum, and Continuing Dispatch Education (“CDE”) program standards that comply with EMSA Emergency Medical Services Dispatch Programs Guidelines.
- B. The EMD provider agency shall maintain the following course completion records:
 1. The basic EMD training program course completion records in the individual emergency medical dispatcher’s training file;
 2. “In-house” EMD continuing dispatch education topics, methodologies, date, time, location, and the number of CDE hours completed for each session of CDE in the individual emergency medical dispatcher’s training file;
 3. Copy of CDE program course completion records from an approved EMD training program provider in the individual emergency medical dispatcher’s training file; and
 4. The EMD provider agency shall retain the following training records:
 - a. Records on each course including, but not limited to:
 - i. 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; and
 - ii. 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.

IX. QUALITY IMPROVEMENT

The EMD provider agency shall ensure, through a LEMSA approved CQI process, that its calls are being appropriately handled. The CQI program shall address structural, resource, and/ or protocol deficiencies, as well as measure compliance to minimum protocol



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compliance standards through ongoing random case review for each emergency medical dispatcher.

The regular and timely review of a pre-determined percentage of EMD calls shall be utilized to ensure that the EMD is following protocols when providing medical instructions. Routine and timely feedback shall be provided to the emergency medical dispatcher to allow for improvement in their performance.

The EMD provider agency shall provide a compliance-to-protocol report as stipulated and at least annually to LEMSA Medical Director to ensure that the EMD provider agency is complying with their designated EMD protocol report system minimum protocol compliance standards and Agency policies and procedures.

X. FAILURE TO CORRECT DEFICIENCIES

An EMD provider agency which has been found in violation of this policy will be notified in writing by LEMSA of any violation(s). The EMD provider agency shall cure the violation(s) within the time period specified by the LEMSA. Failure to cure any violation(s) may result in corrective action by the LEMSA up to and including revocation of approval to deliver EMD services.