





**SAN MATEO COUNTY HEALTH
EMERGENCY
MEDICAL SERVICES**

EMS POLICY	303
Effective:	April 2025
Approval: EMS Director Travis Kusman, MPH	Signed: 
Approval: EMS Medical Director Greg Gilbert, MD	Signed: 

EMERGENCY MEDICAL DISPATCHER AUTHORIZATION

I. PURPOSE

This policy establishes the requirements for Emergency Medical Dispatcher authorization.

II. AUTHORITY

California Health and Safety Code, Division 2.5, §1797.200, 1797.220, 1797.223; and 1798.8

III. DEFINITIONS

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. REQUIREMENTS FOR INITIAL EMERGENCY MEDICAL DISPATCHER AUTHORIZATION

The following requirements apply to applicants who have not previously been authorized as an Emergency Medical Dispatcher in San Mateo County:

- A. Provide a current government-issued photo ID (e.g., driver license or identification card issued by any State of the United States, United States military ID card, or United States issued passport);
- B. Provide documentation of meeting one of the following criteria:
 1. Successful completion of the International Academies of Emergency Dispatch (“IAED”) Emergency Medical Dispatcher cognitive (written) examination within two (2) years from the date of application for Emergency Medical Dispatcher authorization and have a valid Emergency Medical Dispatcher course completion record from an approved Emergency Medical Dispatcher training program recognized by the IAED issued within two (2) years of the date of application; or
 2. Possess a current and valid Emergency Medical Dispatcher certificate issued by the IAED; and
- C. Complete an American Heart Association (“AHA”) Basic Life Support (“BLS”) cardiopulmonary resuscitation (“CPR”) course that has not exceeded the recommended date for renewal;

- D. Complete an authorized 8-hour ride along with a LEMSA authorized San Mateo County emergency ambulance or advanced life support first responder agency that includes an operational and geographical overview of the EMS system;
- E. Be actively employed as an Emergency Medical Dispatcher by a LEMSA approved emergency dispatch center;
- F. Disclose any prior and/ or current certification, licensure, or accreditation actions, including:
 - 1. Against an Emergency Medical Dispatcher certificate, or any denial of authorization by a LEMSA, including any active investigations;
 - 2. Administrative/ certification actions including the allegation(s) or accusation(s) and final decisions or orders relating to any prior certification action;
- G. Complete an electronic application for Emergency Medical Dispatcher through LEMSA's online license management system [<https://smchealth.imagetrendlicense.com/lms/public/>]; and
- H. Pay the established LEMSA certification application fee.

V. WITHDRAWAL OF APPLICATION/ ABANDONED APPLICATION

- A. A completed application that has been submitted to LEMSA may not be withdrawn.
- B. An incomplete application that has not been completed within thirty (30) days from the date initiated will be deemed abandoned and any fees paid will be forfeited. An applicant who has had a prior abandoned application will be required to start the application process again, including payment of applicable fees.

VI. ISSUANCE OF AUTHORIZATION

- A. Upon completion of items listed in Section IV above, the applicant shall be authorized as an Emergency Medical Dispatcher in San Mateo County. A letter of authorization will be issued by the LEMSA and mailed to the applicant within thirty (30) days of approval of the application by the LEMSA.
- B. The effective date of the initial Emergency Medical Dispatcher authorization will be the date the Emergency Medical Dispatcher certification is issued by the LEMSA.
- C. The expiration date of the Emergency Medical Dispatcher authorization shall be the last day of the month two (2) years from the effective date of the initial certification.

VII. REAUTHORIZATION TO FUNCTION AS AN EMERGENCY MEDICAL DISPATCHER

To maintain Emergency Medical Dispatcher authorization, applicants shall meet the following requirements:

- A. Possess a valid and current EMD certificate issued by IAED;
- B. Provide a current government-issued photo ID (e.g., state driver license, state ID card, military ID card or passport);
- C. Complete an American Heart Association (“AHA”) Basic Life Support (“BLS”)

cardiopulmonary resuscitation (“CPR”) or other LEMSA authorized CPR course that has not exceeded the recommended date for renewal;

- D. Complete an authorized 8-hour ride along with a LEMSA authorized San Mateo County emergency ambulance or advanced life support first responder agency that includes an operational and geographical overview of the EMS system;
- E. Complete an electronic application for renewal of Emergency Medical Dispatcher authorization through LEMSA’s online license management system [<https://smchealth.imagetrendlicense.com/lms/public/>]; and
- F. Pay the established LEMSA certification application fee.

VIII. EMERGENCY MEDICAL DISPATCHER RETURNING FROM LEAVE OF ABSENCE

An Emergency Medical Dispatcher whose IAED certification expired during an employer approved leave of absence from a LEMSA authorized Emergency Medical Dispatch Program must complete a reauthorization application in accordance with this policy within 30 days of return to work. The Emergency Medical Dispatcher may continue to function in accordance with the full local scope of practice for up to 30 days as long as their IAED certification remains active and in good standing and the authorized Emergency Medical Dispatch Program has notified the LEMSA of the return to work.

IX. CHANGE OF ADDRESS

The Emergency Medical Dispatcher shall be responsible for notifying LEMSA of her/ his proper and current mailing address and shall notify LEMSA in writing within thirty (30) calendar days of any and all changes of the mailing address utilizing the Demographic Change Form through the LEMSA’s online license management system [<https://smchealth.imagetrendlicense.com/lms/public/>].