

POSITION PAPER

EMERGENCY MEDICAL DISPATCH

APPROVED BY THE NAEMSP BOARD OF DIRECTORS NOVEMBER 20, 2007

POSITION STATEMENT

The National Association of EMS Physicians believes that:

- Tested knowledge and demonstrated skills in the area of basic telecommunications should be requisite for all emergency telecommunicators. Further training to the level of emergency medical dispatcher should be required for all personnel who receive calls for medical assistance and/or dispatch those resources. Governments should approve statutes or regulations that require Emergency Medical Dispatchers (EMDs) to be certified/licensed in accordance with nationally accepted standards for emergency medical dispatch.
- The use of formal, medically approved EMD protocols should be required for the practice of emergency medical dispatching. In all EMS systems, prioritization of calls to be dispatched should be an essential element.
- The provision of prearrival instructions should be a mandatory function of every EMD in a center that interrogates callers and prioritizes medical calls. Prearrival instructions should take into account the dispatch-specific (i.e., nonvisual, nonpretrained caller) circumstances of providing standard basic life support and/or advanced life support procedures and care to callers, known as dispatch life support.
- The "medical service" in EMS begins when a public call is received at a public safety answering point or other agency that provides prehospital emergency care in response to requests for unscheduled medical assistance. All centers servicing requests for medical assistance should have medical oversight by a physician medical director, with knowledge at least to the

level of a certified EMD, who is responsible for all medical aspects of the EMD program by which these calls are processed.

- Quality improvement and risk management activities should include oversight of call-taker compliance with protocols, including levels of protocol use reliability and consistency. These are essential for effective, safe, and risk-averse medical dispatch operations.
- EMD medical directors should participate in the design, operation, and data analysis of medical dispatch, and data-based programs for community injury and disease surveillance, wherever these programs are possible to implement.
- Investigation of the need for, and the safety and potential effectiveness of, expanded service options as an alternative to dispatching resources to the scene should be a medical director responsibility.
- Research designed to improve EMD should focus on the specific components of the process (e.g., interrogation questions, dispatch prioritization descriptors, postdispatch instructions, prearrival instructions, and safety element advisories) and/or their relationships.

These positions are revisions of those in the 1989 NAEMSP position paper: Emergency medical dispatching. *Prehosp Disaster Med.* 1989;4(2):163-166.

MeSH Search Terms:

Emergency medical services

Emergency medical service communication systems

Emergency medical technicians

Quality assurance, health care

Risk management