



Standard Operating Policy and Procedure Guide

Department Communications	Type Communications	Effective 8/15/11	Revision 8/15/2014 / 5/1/20
Number 2.5.1	Topic Emergency Calls, Accepting	Approvals (A/L) DM/WR	Reviewed 8/20/2014

OVERVIEW

All service requests are handled based on providing the most appropriate level of patient care. The focus will be placed on patient care to send the closest appropriate (ALS/BLS) EMS and/or MIH unit to all emergency calls.

Requests for emergency help will always be accepted regardless of unit availability EXCEPT for those made from a skilled medical facility, Public Safety Answering Point (“PSAP”, 911 Center), and/or other EMS agency. Any deviation from the above parameters would be considered abandonment of an emergency request. An emergency request received by the Communications Center for an ambulance may be the caller’s only chance to call for assistance.

SECTION A

Once the Operator receives an emergency request and selects the appropriate unit for dispatch, the operator should ascertain an Estimated Time of Arrival (ETA) from the responding unit.

If the Estimated Time of Arrival for the unit is twelve (12) minutes or less, have the unit continue their response to the call with an emergency response.

If a unit is dispatched on an emergency request to a location, other than a “skilled medical” facility, and has an Estimated Time of Arrival (ETA) of greater than twelve (12) minutes, the Operator should continue the unit emergency and then attempt to turn the call over to the appropriate 911 EMS Provider. See [2.20.1 Turning Calls Over](#).

Once the call has been turned over to a closer agency, the operator should advise the responding unit to downgrade their response to non-emergency or cancel their response (based on needs of other agency). The Operator should continue to get call updates from the responding agency as to whether to continue the unit for non-urgent transport. The responding agency may request the unit to continue a non-emergency response or may possibly cancel the response completely.

If a unit is dispatched on an emergency request to a “skilled medical” facility, and has an Estimated Time of Arrival (ETA) of greater than twelve (12) minutes but less than thirty (30) minutes, the Operator should continue the unit emergency.

If greater than thirty (30) minutes or if facility requests a faster response, then attempt to turn the call over to a closer EMS agency (UNLESS THE FACILITY IS SATISFIED WITH ETA, and would prefer not to use 911). Once the call has been turned over to a closer agency, the operator should advise the responding unit to downgrade their response to non-emergency or cancel their response.

The Operator should continue to get call updates from the responding agency as to whether to continue the unit for non-emergency transport. The responding agency may request the unit to continue a non-emergency response or may possibly cancel the response completely. If there is any doubt as to what is best to do in this situation, contact the on-duty supervisor.

SECTION B

If the operator is EMD certified, they should utilize NAEMD protocol. EMD protocols, pre-arrival instructions, and determination codes should be used on emergency requests. However, in some cases (responses to a hospital, skilled nursing facility, and/or other EMS agency), EMD protocol may not be applicable.

If operator(s) is not EMD certified the following standards will apply:

If request is from any party other than staff at a hospital or other EMS agency, chief complaints listed below are considered an emergency request:

- Chest Pain Difficulty Breathing
- Altered Level of Consciousness - new onset or condition
- Person Fallen - still down
- Person Down - unknown
- Unresponsive - abnormal condition
- Stroke - new onset or condition
- Extensive Hemorrhaging - rectal or oral
- Possible Death
- Gun Shot (see [Section D Violent Circumstances](#) below)
- Stabbing (see [Section D Violent Circumstances](#) below)
- Amputation
- Severe Burn
- Medical Alarm
- Any immediate life threatening mechanism of injury

If request is from a hospital facility, the operator should dispatch the AEMS unit based on the caller's (preferably physician's request).

SECTION C

When answering any emergency phone line, the Operator should answer:

1. "AMERIMED, THIS IS (operator first name), MAY I HELP YOU?"

After following EMD protocol, Amerimed Emergency Request guidelines (in Policy section above), or if the caller's request is of an emergency nature, the operator should accept the request regardless of unit availability. An emergency request for an ambulance made to Amerimed may be the caller's only chance to call for assistance.

Emergency requests of any type should not be placed on hold and should be dispatched immediately.

The operator should use the following procedure:

2. Ascertain all of the following, writing all of the information on a note pad first, if necessary.
 - A. Phone number from where the caller is calling from.
 - B. Caller's name
 - C. Location of the patient - complete street address and city, room #, etc.
 - D. What is the patient's Chief Complaint, Nature of Problem, or if medical facility, Reason for Emergent Transport?
- E.- If EMD certified using EMD protocol and follow completely (when applicable).
- F. If not EMD Certified, continue with following questions:
 - G. Is the patient Conscious?
 - H. Is the patient Alert?
 - I. Is the patient Breathing?
 - J. Age of patient?
 - K. How long has the problem existed?
 - L. Is the problem worse than usual?
 - M. What has been done for the patient's condition?
 - N. What are the patient's vital signs? (if available)
 - O. If medical facility, what Equipment is Needed for patient transport?
 - P. Medical History of the patient
 - Q. If medical facility, Destination of patient.
3. If applicable, notify radio operator you have received an emergency call, if possible while still on the phone with the caller. (Hand signals are useful.)
4. Advise the caller help is on the way; it is not necessary to advise the crew is being sent "emergency"; avoid saying phrases such as "in a minute" or making promises of time. If a "skilled medical" facility requests an "ETA", provide the most accurate estimate possible.
5. Enter call information into the CAD system immediately. In fact, it is not necessary to enter all information at this time, (at minimal, complete street address, chief complaint, and phone number required); it can be added after the unit has been dispatched.
6. Dispatch the closest unit and ascertain if they need assistance (i.e. Fire Department Rescue).

OR

If units are not available, contact the next closest appropriate EMS agency and attempt to turn the call over to them.

7. If the unit responding has an Estimated Time of Arrival of 12 minutes or less, continue the unit emergency.

OR

If the unit responding has an Estimated Time of Arrival of greater than 12 minutes (to all locations except "Skilled Medical" facilities), attempt to turn the call over to an agency that would have a closer ambulance to the call location.

OR

If the unit responding to a "SKILLED MEDICAL" facility and has an Estimated Time of Arrival of greater than twelve (12) minutes but less than thirty (30) minutes, continue the unit emergency.

OR

If the unit responding to a "SKILLED MEDICAL" facility has an Estimated Time of Arrival of greater than thirty (30) minutes or if the facility requests a faster response, attempt to turn the call over to an agency that would have a closer ambulance to the call location.

8. Call back and advise if another agency is handling the call, the name of the agency that is responding, and an approximate Estimated Time of Arrival from the responding agency. If appropriate, inform the caller that the unit will be continuing non-emergency to the call. Attempt to obtain further information if original information is subject to change or was unobtainable on original call.
9. Advise unit(s) / agency responding further information as obtained.

SECTION D

Violent Circumstances:

1. Ensure that the proper Police agency has been contacted and is responding to the location of the call.
2. Ascertain the following:
 - A. Is the perpetrator still on the scene?
 - B. How many people are injured?
 - C. Are there any weapons?
3. Advise crew and any other agency of ALL of the information.

Do not allow crew to enter scene until area is secured for entry by a police agency. Amerimed units should be told to "stage" or "post" near the scene until it is safe to enter and cleared by the law enforcement agency on scene.

SECTION E

Hysterical or Overexcited: (NAEMD Standard)

1. Remain calm yourself, you must maintain your composure to do your job.
2. Advise the caller that they must calm down if you are going to help them, keep telling them until they are calm. (This is called repetitive persistence.)
3. Obtain information required using a calm tone of voice.
4. If the caller goes through what is called the "refreak" point, use repetitive persistence to calm them again. Try to use the same phrase over and over.

Common phrases to use:

- "You are going to have to calm down so I can get information I need to help you"
- "Calm down so I can get information to help you"