

Medical Priority Dispatch Policy

I. Purpose

- A.** It is the policy of the Medical Control Authority (MCA) that all call taking/dispatching entities that prioritize a medical response of requests for emergency medical care within the MCA system utilize the most current, MCA approved, version of the Medical Priority Dispatch System (MPDS). Additionally, any personnel who, as a function of their job, will be assigning priorities to requests for emergency medical care, or who will be providing prearrival instructions, must possess certification as an Emergency Medical Dispatcher (EMD).
- B.** Medical priority dispatching is designed to accurately prioritize responses to requests for emergency medical care while most appropriately utilizing the available resources. This prioritization is based upon a series of questions asked of the caller by trained EMD's. Additionally, it provides an opportunity for the EMD to provide medical instructions to the caller so that medical care can begin even before the first medical responders arrive.
- C.** The prioritization will result in dispatching emergency medical response agencies as MED 1, MED 2 or MED 3 as described below. Note that these are dispatch priorities; emergency medical personnel may request the response of additional personnel and equipment based upon their assessment of the situation once they have arrived on the scene.
- D.** The MCA, in cooperation with local medical dispatch agencies, will assign the medical priorities to the MPDS cards/categories and will review the priority assignments whenever revisions are made nationally to the MPDS, and/or at the discretion of the MCA medical director or his/her designee.
- E.** This policy also defines the roles and responsibilities of the PSAP and Secondary Answering Points when handling a medical call. This includes standardized language and procedures for handing-off and accepting a call.

II. DISPATCH PRIORITY RESPONSES

MED 0	Medical First Responders respond lights and siren Ambulance priority not yet assigned but will be MED 1 or MED 2
MED 1	Ambulance responds lights and siren Medical First Responders respond lights and siren
MED 2	Ambulance responds with no lights and siren Medical First Responders respond lights and siren
MED 3	Ambulance responds with no lights and siren Medical First Responders response is not required*

III. Special Considerations

A. MED 2 Responses

When medical responders arrive on the scene, they will upgrade the ambulance to an emergency response if a life-threatening emergency is present, or keep the ambulance responding non-emergency if no life-threatening conditions are present.

B. MED 3 Responses

*In those situations where the dispatch of Medical First Response agencies is not required, Medical First Response agencies may respond, if so decided by the municipality, with no lights and sirens.

If a citizen or nursing home provider requests that Medical First Responders not respond, they should not be dispatched for Med 3 responses.

C. 911 Requests from Medical Facilities - Med 1 and Med 2 Responses

Those medical facilities prepared to deliver ACLS level care or BLS level care with oxygen/ventilation capabilities and an automatic defibrillator may choose not to have Medical First Responders dispatched.

D. Private Requests from nursing homes will be handled as per the nursing homes' request as identified on the Nursing Home Survey regarding medical first responder dispatch. In those situations in which the EMD identifies a potential cardiac or respiratory arrest, the EMD should clarify if the facility has a defibrillator on-site. If one is not available, MFR should be dispatched.

IV. Medical Priority Dispatching Key Words and Phrases

A. "Medical Dispatch" This refers to the Emergency Medical Dispatcher (EMD) at the ambulance company dispatch center.

B. "911 Call-taker" This refers to the personnel who answer the incoming 911 lines at the PSAP.

C. "Stay on the Line" The caller is told these words prior to the 911 Call-taker initiating the conference call with Medical Dispatch in order to reduce the possibility of the caller hanging up as the Medical Dispatcher is added to the call.

D. "Go ahead Medical Dispatch" The 911 Call-taker will say these words to tell the Medical Dispatcher to proceed with asking the caller for enough medical information to establish the medical priority of the call (as described in section II of this policy).

E. "Go ahead 911" These words are stated by the Medical Dispatcher to the 911 Call-taker signaling that the 911 Call-taker may resume the interrogation of the caller.

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- ii. Cardiac Arrest
- iii. Electrocution or Lightning Strike
- iv. Serious Bleeding
- v. Unconscious or Not Alert (Seizures don't count)
- vi. Traffic Accidents with Known or Unknown Injuries
- vii. Any situation that involves more than one patient
- viii. Childbirth delivery when the baby is seen or is out
- ix. Entrapment of any type when the person is still stuck

The 911 Call Taker should not ask any additional questions about the medical problem unless trying to determine scene safety or the need for additional equipment. Questions geared toward eliciting Med-Zero criteria should not be asked.

- F. The 911 Call Taker adds the appropriate Medical Dispatch Center to the call, creating a 3-way conference call.
- G. The Medical Dispatcher, after waiting one or two seconds to make sure that the 911 Call Taker is not still talking with the caller, answers with the phrase "Medical Dispatch".
- H. The 911 Call Taker provides the address (or location) of the event to the Medical Dispatcher.
- I. If a Med-Zero was assigned, the 911 Call Taker will state, "This is [PSAP name] with a [MFR Agency Name] Med-Zero on [Chief Complaint]" (i.e.: This is Grand Rapids with a Wyoming Fire Med-Zero on shortness of breath"
- J. The Medical Dispatcher should respond with the phrase, "Acknowledge Med-Zero".
- K. The Medical Dispatcher confirms the address and proceeds directly to ask the caller the questions specified in the MPDS for establishing the priority.
- L. The 911 Call Taker should stay on the line whenever possible to receive the actual medical priority given by the Medical Dispatcher. If the 911 Call Taker must leave the call prior to the prioritization being given, then the 911 Call Taker must say, "911 off".
- M. If the 911 Call Taker leaves the call, they must then either notify the appropriate Medical First Response Agency or relay the dispatch information to the appropriate dispatch center.
- N. Once the priority of the call is established, the Medical Dispatcher announces to the 911 Call Taker (if they are still on the line) the priority of the call and then relays the dispatch information to an ambulance dispatcher to send the ambulance.
- O. The 911 Call Taker, if still on the line, will acknowledge the priority by restating to the Medical Dispatcher the assigned priority. The 911 Call Taker may then disconnect from the call stating "911 off" and then hanging up.
- P. The 911 Call Taker will then either dispatch the appropriate Medical First Response Agency or will relay the dispatch information to the appropriate dispatch center. The dispatch center may opt to use terminology other than "Med-Zero" when actually dispatching the units, this is at the discretion of that dispatch agency,

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provided all of the responders are educated on and understand the specific words used.

- Q. The Medical Dispatcher will continue to obtain further information from the Caller and may provide post-dispatch instructions to the Caller.
- R. If the Medical Dispatcher, after additional questioning, determines that the scene is unsafe, or other pertinent information is provided that will impact the Medical First Responders, they must notify the dispatch center for the responding MFR agency of that additional information.
- S. If a Med-Zero was assigned and the 911 Call Taker was not able to stay on the line, the Medical Dispatcher must notify the dispatch center for the responding MFR agency if the Medical Priority is determined to be Priority 3.
- T. If a Med-Zero was assigned, the responding MFR agency should notify their dispatch center once they arrive on the scene and do a brief patient assessment if the patient is a priority 1. This actual patient priority must be relayed to the responding ambulance company. If the patient is less than a priority 1, refer to the Cancellation/Downgrade Policy. The ambulance should upgrade or downgrade as appropriate.

VI. Call Taking Process for Calls that Come Directly to Medical Dispatch via a Seven-Digit Number

- A. The Medical Dispatcher will follow the MPDS cards for interrogation of the caller and prioritization of the call.
- B. Once a priority for the call is established, the Medical Dispatcher will relay the dispatch information to the ambulance dispatcher who will, in turn, dispatch the ambulance and will notify the dispatch center for the appropriate Medical First Response Agency if indicated.
- C. The Medical Dispatcher will continue to obtain further information from the caller and may provide post-dispatch instructions to the caller.

6/10/92
3/7/95
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2/8/2007,
1/2008,
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