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TRAINING THE WORLD'S **FIRST** FIRST RESPONDERS™

## **Common Misconceptions of EMD**

Despite the fact that EMD has risen to become an “industry standard” and is used, in some form, all over the world, there are many misconceptions about Emergency Medical Dispatch and Emergency Medical Dispatchers. Some of these misconceptions are based on misinformation, some are based on unfamiliarity with EMD and some are based on unfamiliarity with EMS as a whole. Let’s discuss some of the most common.

Callers are too upset to provide accurate and useful responses to the EMD. Experience indicates using the question sequences provided by the EMD Guidecards will allow you to elicit the information necessary for effective dispatch. Typically, the exact opposite is true. The questioning sequence in EMD creates a situation that allows the hysterical caller to refocus their energy on the situation at hand, allowing the telecommunicator to break through the hysteria threshold and provide much needed instructions or obtain valuable information.

Callers would not be able to provide the EMD with the information necessary to effectively dispatch emergency medical resources. The EMD Guidecards are designed so you can get the proper medical information for effective dispatch.

The medical expertise required for effective emergency medical dispatch is not important, therefore public safety officials should use non-EMD dispatchers to dispatch resources. One of our most important jobs is to provide pre-arrival medical instructions when told to do so by the EMD Guidecards. EMDs are advanced telecommunicators. The concept is similar to an EMT-Basic taking additional courses to become an EMT-Paramedic. EMDs have more training than basic telecommunicators and function at a higher level of performance. They receive specific emergency medical dispatch training and are taught to use EMD Guidecards to decide which resources to dispatch.

All EMS calls must be answered “lights and sirens.” This is unnecessary. A large portion of EMS calls are not life threatening. Use of an all-out response

can be dangerous to both responders and bystanders. The design of your EMD Guidecards is based on your local resources, policies and procedures. Most EMS agencies and jurisdictions already have in place policies for emergency response – when to respond with “lights and siren” and when to respond in normal traffic mode. Refer to your locally approved EMD Guidecards for the appropriate responses available to you

The EMD is too busy dispatching to worry about asking all those questions, to provide instructions or use their EMD Guidecards. In this case, effectiveness is the key concern. You are trained to use the EMD Guidecards, which contain questions designed to get you the information you need for effective dispatch. The APCO EMD system does not require you to ask each and every question of every caller. You merely need to ask the questions necessary to determine response configuration and mode. The EMD Guidecards create a systematic way of dealing with medical calls for service. This allows the EMD to become more and more comfortable with the “flow” of the EMD system and thereby increases their productivity.

Medical advice provided over the phone cannot help patients and could actually be dangerous. You are trained to use the EMD Guidecards and the EMD Guidecards are approved by your local medical authority whose job it is to see that the EMD Guidecards your agency uses are NOT going to hurt anyone.

Using the EMD Guidecards increases the amount of time and resources required to process a call. Experience has shown the time required to process a call increases very little in systems using the EMD Guidecards, when compared to systems that do not use them. In some cases, the response time even decreases. The formal line of questioning in a written format prevents a Telecommunicator from delaying the dispatch by having to back track with an “*Oh...I forgot to ask...?*” question. The initial questions on each call will be the same regardless of the nature of the emergency. In documented cases, this formal lineup of questions has literally cut the amount of time necessary to dispatch in half within the first day of implementing the APCO EMD system. In proportion, cutting the amount of time needed to dispatch a call causes responders to “put the rubber on the road” quicker and can cut the overall response time.

EMDs should be certified as CPR instructors. American Society for Testing and Materials standards do not require that EMDs be certified as CPR instructors. Because you work in an environment where you are unable to see the patient for yourself (a “blind” environment), CPR instructor certification is not as vital as being able to tell a caller how to perform CPR via telephone instructions using the approved EMD Guidecards. Basic CPR training is necessary and required by ASTM (in F-1258 8.2.4.1) and APCO Institute to help understand the instructions that are being relayed and to visualize the situation on the scene.

EMDs should have advanced medical knowledge. Because the EMD is operating in a blind environment, having actual “hands-on” advanced medical knowledge is not required and may instill a tendency to ad lib EMD questions and medical instructions. EMDs already receive more medical training than basic telecommunicators, as discussed before. The medical concepts presented in this curriculum provide sufficient medical knowledge for the EMD to operate effectively.

EMDs should relay confidential information to responding personnel. The EMD should never relay confidential information to responders. The potential for lawsuits is enormous. Confidentiality laws exist to protect citizens. EMDs and their agencies need to be sure they are familiar with all local, state and federal laws pertaining to the release of confidential information. This includes the need to be familiar with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the new standards for privacy of individually identifiable health information published by the US Department of Health and Human Services in relation to this in December 2000.

EMDs should fear being sued for giving medical instructions. As long as you are following the procedures outlined by your agency and using the scripts presented in your locally approved EMD Guidecards, the chances for a successful lawsuit are very small. The medical information you are presented with during your training and presented in your EMD Guidecards is designed to help, not hurt, patients.

EMDs should fear telling callers that an ambulance is “on the way.” This is obviously wrong. One fear that callers have is that help isn’t coming. Telling a caller that an ambulance is “on the way,” once an ambulance has actually been dispatched, helps callers relax a little, making it easier for you to enlist their help in providing medical assistance to the patient. Allowing the caller to actually hear the dispatch of the ambulance (don’t put the caller on hold while dispatching, turn up the radio so the caller can hear the dispatch traffic, etc) will help with this calming effect. Never provide an estimated time of arrival or other time frame to the caller.

These are just a few of the most common misconceptions involving EMD. While most of these are groundless and untrue it is still an issue of “perception is reality”. How someone perceives something to be, is how it is for them. Essentially, it is an issue of education and as more and more agencies realize the need for EMD and begin to investigate and implement an EMD system these misinformed ideas will slowly dissipate.

**By Bob Smith, APCO EMD Program Manager**

## Resources & Helpful Websites

- APCO Institute Public Safety Telecommunicator 1 Student Manual
- APCO Institute Emergency Medical Dispatcher Student Manual
- NHTSA National Standard Curriculum for EMD
- [www.apcoinstitute.org](http://www.apcoinstitute.org) (APCO Institute)

## Quiz

### **CDE Article – Common Misconceptions of EMD**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Agency: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

1. EMDs have to be certified as CPR Instructors.
  - a. True
  - b. False
  
2. One way to help calm a hysterical caller is to:
  - a. Ignore them until they calm down
  - b. Allow them to hear the actual dispatch of the ambulance
  - c. Tell them to shut up and stop crying
  - d. Tell them that the patient will be fine
  
3. It is okay for an EMD to tell a caller that “the ambulance will be there in 6 minutes” or give the caller other exact time frames.
  - a. True
  - b. False
  
4. An EMD is an advanced level of training for:
  - a. Public Safety Telecommunicators
  - b. Emergency Medical Technicians
  - c. Ambulance Drivers
  - d. Custodial Engineers
  
5. All EMS calls should be answered “lights and siren”
  - a. True
  - b. False