



Why Should We Have an EMD Program?

Its 4:00 am, and the busiest part of the midnight shift is coming to an end. The local night spots have emptied and everyone is either at home or on their way.

That's when it happens! *"Ring, Ring!", "9-1-1, Where is your emergency?", "I'm at 1000 Jones Farm Rd and my husband is not breathing!"*

You know that the EMS Squad that covers that area is volunteer and that at this time of night the "on-call" crew is at home, with a pager by their bedside. It's a rural area and, even running lights and siren, it will take them over 10 minutes to get there.

You tone the squad and...*what's next?* That's when the difference between an agency that offers Emergency Medical Dispatch (EMD) and one that doesn't becomes critical.

If your agency doesn't offer EMD, your choices are limited. You can spend the next 10 – 12 minutes saying *"Ma'am, the ambulance is on the way. Just stay calm."* Or maybe you disregard all the legal and liability training you've had over the years, throw caution (and common sense) to the wind and try to give some type of pre-arrival instructions on your own.

If your agency does provide EMD, then things go a lot smoother and you can provide the caller with pre-arrival instructions. That way you can end the call knowing you and your agency have done everything possible to help the caller in their time of need, instead of ending the call and wondering how up to date your resume is.

Hopefully, in this day and age where EMD and pre-arrival medical instructions have been established as an unwritten *"industry standard"* by the media and television shows like *"Rescue 9-1-1"*, your agency would never put you in the position where you would have to make the above decision.

EMD VS No EMD

Studies have shown that the current average response time for EMS providers is anywhere from 6 to 18 minutes from receipt of call. For those of us in EMS, those times seem acceptable. However, at the same time we know that “average” means that there were a lot of calls that had a response time of over 18 minutes.

What does this mean to an Emergency Telecommunicator? Well, the common accepted figures say that Cardiopulmonary Resuscitation (CPR), when done absolutely perfect, (which we know happens very rarely in this business) still only gives the victim a 70% chance of survival. It is also commonly accepted that every minute a non-breathing victim goes without CPR, their chances of survival decrease by 10%.

When you factor this data in with an 18-minute response time, the victim’s survivability rate is practically zero. A victim’s chance of survival is determined in the first 6 minutes, not the first 18.

So does this mean we can have the caller or a bystander start CPR and then end a call? No, because studies have also shown that stopping CPR for the smallest amount of time can be detrimental as well. CPR (including AEDs) must be started immediately and must be maintained until the victim is handed over to EMS personnel.

Recent surveys have shown that, because of better training and education, the number of people who would be willing to perform CPR in an emergency situation has doubled since the early 1980s. So the question remains – If people are more willing to do CPR, why aren’t we making sure they are doing it and doing it correctly?

Other Benefits of EMD

The benefits of EMD go beyond patients. We know that EMD helps victims by getting life saving medical treatment started early thereby increasing the victims rate of survival and chance of recovery. But who else can EMD benefit?

The Caller

EMD will also help the caller by allowing them to focus on the issue at hand and by becoming an essential part of the response. People don’t like to feel helpless at any time but never is this truer than during an emergency situation. Assisting the caller with providing medical care for the victim eliminates several problems. One, it helps the Telecommunicator break through the “*Hysteria Threshold*”. The Hysteria Threshold is the emotional barrier an upset caller may experience that makes it almost impossible for a Telecommunicator to get through to a caller. By having the caller focus on the situation at hand and by

having them perform constructive actions, EMD essentially causes the caller to think...*“Hey, I need to calm down here so I can help this person!”*. It also can help the Telecommunicator eliminate the caller’s sense of “telescoping of time”. This is the feeling you get when seconds begin to seem like hours. (Also known by those of us with children as the “Daddy, are we there yet?...Daddy, are we there yet?” syndrome.

The Telecommunicator

How many times have you, as a Telecommunicator, ended a call thinking *“Did I do everything I could for that caller?”* An EMD program will assist in answering this question. No longer will you take a call of a woman in labor and hand it off to the EMS crew. You will be there from the time the call is received until the time the EMS crew walks through the door. In a profession where the average career span is 5 – 7 years, that can be a stress reducing way to establish a greater level of well being in a Telecommunicator. Sometimes all we need is a sense of closure and EMD can provide that.

These are a few of the benefits of having an EMD program. The list could go on and on but one of the most important things EMD can do is allow the Communications Center to become a more integral part of the EMS system, as a vital link in the “chain of survival”. It allows the Telecommunicator to officially establish their place as *“The FIRST first responder”*.

By Bob Smith, APCO Institute EMD Program/Operations Manager

Resources

“NHTSA National Curriculum for EMD: EMD Trainee Guide”

“American Heart Association’s Guidelines 2000”

“APCO Institute’s Public Safety Telecommunicator I (formerly Basic Telecommunicator Course) student manual”

Helpful Websites

www.nhtsa.dot.gov (National Highway Traffic Safety Administration)

www.americanheart.org (American Heart Association)

www.apcoinstitute.org (APCO Institute)

Quiz

CDE Article – Who Needs EMD?

Name: _____ Date: _____

Agency: _____

Address: _____

Phone: _____

Fax: _____

Email: _____

1. CPR stands for:
 - a. Cardiopulmonary Resuscitation
 - b. Cardiovascular Primary Resuscitation
 - c. Cardiac Preventative Rescue
 - d. Cardiopulmonary Rescue

2. Due to extensive media coverage EMD is now considered an unwritten “Industry standard”
 - a. True
 - b. False

3. The “Hysteria Threshold” is an emotional barrier experienced by:
 - a. The caller
 - b. The victim
 - c. The Emergency Medical Dispatcher
 - d. The EMS crew

4. The length of time a non-breathing victim is without CPR does not affect their chance of survival.
 - a. True
 - b. False

5. EMD can be a source of stress reduction for a Telecommunicator.
 - a. True
 - b. False