## EMERGENCY MEDICAL SERVICES: DO YOU KNOW WHAT YOU ARE REALLY DISPATCHING?

Dangers abound for EMS personnel; here's the way telecommunicators can mitigate the risks.

By Paul B. Hunley

n the emergency communications center (ECC) we dispatch a lot of different apparatus depending on the disciplines we dispatch. It is important to be familiar with what each apparatus is and what tasks each is intended to perform. If you dispatch for law enforcement, you should know that when a K9 is requested, you will be sending an officer with a dog. (If you have never heard a K9 unit when it is responding to a call and running lights and sirens, the K9 sings along with the sirens.)



If your agency dispatches for fire and you are asked for a tanker, you will send out a truck that brings water to the fire. This is usually because there are no hydrants in the area of the fire.

But, for EMS, the most common piece of equipment a telecommunicator dispatches is the ambulance. We dispatch ambulances when we have injuries due to a motor vehicle crash, domestic situation, heart attack, child-birth and more. My question is this: Do you know how important the emergency medical services (EMS) telecommunicator is to the safety of emergency medical technicians (EMTs) and paramedics?

If the answer is "no" then I hope this article will help you to have a better understanding of how important you are to us as EMTs and paramedics. First, let's talk about using your emergency medical dispatch (EMD) guidecards. The information these guidecards provide is beneficial when responding to a caller reporting illness, bleeding, childbirth, etc. When EMS personnel get onscene, they should advise they have arrived. This will give everyone monitoring the radio the understanding that they are where they



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were sent and are out to investigate why they were dispatched.

In EMS, we have what is called personal protection equipment (PPE). What does the PPE include? PPE includes gloves, glasses or face shield, face mask and other items to provide body substance isolation (BSI) protection. First responders have a responsibility to ensure their own safety and using your guidecards can play a large part in helping with this. When you use your guidecards in the proper manner, you have the opportunity to obtain vital information to alert the first responders to the call type and to prompt them to be prepared to do so with the proper PPE for the call type. You have all the questions on the guidecards that need to be asked and answered.

Since telecommunicators work in a blind environment, they have to make sure they give the responders all the pertinent information they get from the caller. Don't hold anything back. It may be the smallest piece of information and seem unimportant to the telecommunicator, but it may mean a lot to the responder. An example would be that the patient has had a previous heart attack,

or the auto accident victim is trapped and is possibly a trauma case. This information allows the responders to picture the scene and apply the proper PPE.

With that being said, telecommunicators need to understand some of the dangerous things EMS responders come in contact with. I suspect that most of you reading this article are familiar with the fentanyl and heroin epidemics and how quickly a person can die from just touching it. Emergency medical services responders now have a fentanyl protection kit which responders should wear if they suspect fentanyl has been used and that they could be exposed. There are multiple items in the kit but the one that many people have become familiar with is the opioid overdose kit that includes Narcan or Naloxone. Narcan has proven to be a lifesaver for responders and addicts alike. Opioids are not the only drugs that responders have to be concerned with but these are the ones getting the most press currently.

So what else do responders have to worry about when riding an ambulance? Going into dangerous situations is a major concern. What happens when a telecommunicator

dispatches EMS to the scene of a domestic call? Usually you will advise EMS to stage until the scene is secure, right? Does that always happen? No! Why do you think some decide not to stage when you tell them to? There are several reasons. One reason is the team may think they are invincible because they wear body armor — but, they are not. Another is that they may see the assault and feel compelled to stop and help. A lot of responders will do this when they see this type of event occurring. Is it a smart thing to do? No, it is not smart, but it does happen. There are so many reasons why EMS personnel may go on-scene without law enforcement officers (LEO). These are just a handful of reasons why telecommunicators should always ask callers about weapons. Do the people involved in the incident have any? Does the caller see any?

What are some of the other dangers? A few come to mind right away: they include running code, lights and sirens, running hot — whatever your agency calls it. Just because an ambulance has its lights and sirens going does not mean that people will stop, slow down, move over or even stop at the intersection. We

have so many service-related deaths in EMS it is heartbreaking. Anytime we lose personnel in the line of duty we all suffer. The EMS family loses, the telecommunicator feels as though there was something he or she could have done differently, and the staff member's family suffers a devastating loss. We know that not every call needs to be run lights and sirens but if that is your agency's policy and procedure, then you follow it.

Let's talk about our training that enables EMD telecommunicators to dispatch EMS. What is the most important part of the training? Learning how to use the guidecards to elicit as much information as possible. The guidecards are built in such a manner that your medical director and EMD team are confident the questions will provide the information needed.

When training with guidecards, roleplaying is a necessary exercise. Most agencies choose to use calls, addresses and street names that are in their jurisdiction. This tends to help those who are new to telecommunications as well as those who have been sitting at the console for a long time and may have become complacent. The role-playing should always involve a myriad of call types. When working with someone new, trainers start with the "sick/unknown" calls, which generally are benign. From there, escalate the calls until you reach calls involving CPR, childbirth, shootings, stabbings and even responder-involved incidents. We fight like we train, which means that if we work on these types of calls when no one's life is at stake we will process the call with confidence when someone's life really is on the line.

Your position as a telecommunicator places you as a first-line first responder. The information you gather, process and dispatch will set the scene for the incident. Although you have done your best to pass on all of the information you obtained, the picture you have created and the actual scene may be vastly different. I would suggest doing some ride time with the agencies you dispatch for — knowing what you hear as a telecommunicator and what you see at the actual scenes will allow you to understand how your role is vital to incident outcomes.

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## **CDE EXAM #51397**

- 1. EMS responders never die in the line of duty.
  - a. True
  - b. False
- Running lights and sirens means that everyone on the road will get out of the way.
  - a. True
  - b. False
- 3. This is a major component to staying proficient:
  - a. Watching Medical Shows
  - b. Training
  - c. Telling your family about the calls
  - d. Telling the caller they have to wait

- 4. Using these will help to ensure you get as much information as possible.
  - a. The CAD
  - b. The guidecards
  - c. The ERG
  - d. Your partner
- 5. Training should start with intense calls, then move to slow easy calls.
  - a. True
  - b. False
- 6. Some medics have been known to go on-scene before.
  - a. True
  - b. False
- Everyone in public safety suffers when we experience a responder loss.
  - a. True
  - b. False

- 8. These are two of the drugs we have to be aware of when responding.
  - a. Fentanyl and Heroin
  - b. Adderall and Dilaudid
  - c. Alcohol and Ketamine
  - d. Clonidine and Suboxone
- 9. The acronym PPE stands for Personal Protective Equipment.
  - a. True
  - b. False
- All emergency communications centers dispatch every piece of apparatus: fire trucks, ambulances and police cars.
  - a. True
  - b. False

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