New Jersey Emergency Medical Dispatch Guidelines:

Applicability:

All New Jersey Emergency Medical Services Dispatch Agencies (EMSDA) in regards to incident responses and patient transports. Including all licensed, volunteer, municipal, non-licensed, non-affiliated, fire, first aid, rescue, hospital or corporate, etc. agency and/or its’ agents.

Background:

The use of Emergency Warning Devices (EWD) by pre-hospital emergency medical services (EMS) vehicles is a basic component of emergency response and patient transport. This public-safety practice predates modern EMS by 50 years. Despite the long-term reliance on EWD, it is not a risk-free practice. There are many reports of emergency medical vehicle (EMV) collisions during EWD response and transports. These collisions often result in tragic consequences for the EMV occupants and those in other vehicles, and may cause significant delays to medical care for the patient the EMV was responding to or transporting.

1. In most instances the use of EWD has not been shown to significantly decrease response or transport times.

2. The vast majority of patients will not have better medical outcomes by decreasing response or transport time by the time saved by EWD transport.

3. The increased risk of an EMS vehicle crash while using EWD may increase the risk of injury to EMS providers as well as the public.

Statement:

Sound emergency medical dispatch protocols should be established and used as the basis for determining those situations that would benefit from the appropriate use of EWD. Medically sound protocols safely delineate which incidents may or may not require a response utilizing EWD. Ideally, the use of EWD should be reserved for those situations or circumstances in which response times have been shown to improve a patient's chances for survival or quality of life. Examples of such situations include cardiac or respiratory arrest, airway obstructions, extreme dyspnea, critical trauma, childbirth, and problems with pregnancy, drowning, and electrocution. In some of these cases, a rapid response is important (e.g., cardiac arrest), whereas in others rapid transport is necessary (e.g., breech birth).


EMSDAs should utilize an emergency medical dispatch priority reference system that has been developed in conjunction with, and approved by, the New Jersey State EMS council to determine which request for pre-hospital medical care require the use of EWD.

Optimal EMS Systems utilize sound dispatch prioritization systems to establish a patient's level of acuity, which then allows the determination of the level of response and the urgency of that response. EMSDAs should institute the protocols and monitor adherence to them.

Policy:

A. Response mode to incident:

1. EMSDAs should utilize State Approved Guide Cards and/or Computer Algorithms to provide the Emergency Medical Dispatcher (EMD) with the tools that allow for the determination of the level of response ALS/BLS and the mode of that response.
2. The EMS Vehicle Operator (EVO) is responsible for the mode of response to the scene based upon information available at dispatch.
   a. Based upon State Approved EMD criteria, EMS vehicles should only respond with EWD when the dispatch category is consistent with an EWD response.

3. Response mode may be altered based upon additional information.

4. EWD use is generally NOT appropriate in the following circumstances:
   a. Stand-bys for non-emergent or pre-planned events.
   b. Carbon monoxide detector alarm activations without the report of any ill persons at the scene.
   c. Assist to another public safety agency when there is no immediate danger to life or health.
   d. Response to a hospital for non-emergent inter-facility transport.
   e. Response to a medical alarm system activation when available information indicates no immediate danger to life or health.
   f. Response to patients who have apparently expired.
   g. Response to MVCs with no known injuries

5. Special circumstances may justify EWD use to an emergency incident scene when the emergency vehicle is engaged in:
   a. Transportation of personnel or material resources considered critical or essential to the management of an emergency incident scene.
   b. Transportation of human or material resources considered critical or essential to the prevention or treatment of acute illness/injury at a medical facility or other location at which such a circumstance may occur (i.e. transportation of an amputated limb, organ retrieval, etc.).

A. EMS Providers and EMSDA Cooperation:
   1. EMS systems should cooperate with the EMSDA centers in developing procedures to downgrade the response of incoming units to Non-EWD when initial on-scene units determine that there is no immediate threat.

B. Dispatcher Competency/Training:
   1. Improved Emergency Medical Dispatch (EMD) call assessment training should emphasize the negative consequences of EWD responses and the need to reduce them.
   2. Improved call triage training should emphasize differences in acuity which can trigger EWD responses.
   3. Training materials should reflect best practices for EMD and EMS Operations.

C. Dispatch Process Issues:
   1. EMSDA processes should be leveraged to reduce EWD responses. These include but are not limited to:
      a. Adherence to EMD standards
      b. Call back protocol when Non-Life Threat calls are stacked greater than 20 Minutes
      c. Ban terms such as “expedite”, “rush”, “hurry”, etc
   2. All relevant information related to the incident will be relayed to the responders.
3. Each EMSDA should have and utilize an on-going, comprehensive, Quality Assurance (QA) Program. The QA program should include but not limited to:
   a. Call processing time standards
   b. Adherence to State approved EMD standards

E. EMSDA's should support the leveraging of technology by minimizing unnecessary communications including the use of:
   a. Current mobile wireless technologies
   b. GPS based vehicle location systems

F. GPS based vehicle location systems should be utilized to determine the location of EMS assets which provide the shortest response time for life threats.

G. Education:
   1. Emergency Response Personnel should be educated NOT to upgrade for convenience and to downgrade when appropriate in order to minimize EMS EWD responses.
   2. Each EMD agency in cooperation with their EMS agency should participate in educating the public and governmental officials about the appropriate use of EWD’s. Public education opportunities and methods include:
      a. Involve the media through interviews and/or ride alongs
      b. Fire Prevention Week Activities
      c. EMS Week Activities
      d. Community Posters
      e. Handouts

References


Adopted by the New Jersey EMS Council on June 11, 2014

H. Mickey McCabe, Chair