



<b>Title</b> Critical EMD Information	<b>Date</b> 5/24/2019
<b>CDE Number</b> M-1905013	<b>CDE Credit Hours</b> 1 HRS

## What is Critical EMD Information (CEI)?

These are defined as "Vital reminders to the EMD regarding hazard warnings, non-scripted advice for callers, special notifications, and directions for when to stay on the line with callers."

### Critical EMD Information

- \* Stay on the line with the caller if his condition seems unstable or is worsening.
- \* Utilize the Aspirin Diagnostic & Instruction Tool – if authorized by local Medical Control and the chest pain/discomfort (Heart Attack Symptoms) patient is alert, ≥ 16 years old, and has no reported STROKE symptoms.

Did you know CEI has five different objectives? Here they are:

1. "To provide general, non-scripted instructions to the callers and responders regarding safety in potentially hazardous situations."
2. "To advise the EMD when special notifications are necessary (such as Animal Control on Protocol 3)."
3. "To improve the ability of responders to locate the scene or patient."
4. "To advise the EMD when it is appropriate to remain on the line with the caller."
5. "To give the EMD special directions for protocol navigation."

## Critical EMD Information

### Protocol 2:

- Stay on the line with the caller if patient has a history of severe allergic reaction to the same type of insect or substance or if her/his condition seems unstable or worsening

### EPINEPHRINE:

- If the injector at the scene was not prescribed for this patient and you are asking whether it should be used, do not initially advise its use unless there are clear symptoms



of a severe allergic reaction or the patient has indicated a severe reaction might be coming on. If any doubts exists, advise the patient to use the injector.

**Clear symptoms of severe allergic reaction are:**

- Collapse
- Difficult breathing
- Difficulty swallowing
- Generalized swelling
- Not alert
- Pallor
- Shallow breathing
- Sweating
- Weakness

**Protocol 3:**

- Notify Animal Control

**Protocol 4:**

- In volatile/criminal situations, refer to applicable law enforcement protocol

**Protocol 6:**

- Utilize the Aspirin Diagnostic & Instruction Tool- **if authorized** by local Medical Control **and** the chest pain/discomfort (Heart Attack Symptom) patient is alert, >16 years old, and has no reported STROKE symptoms

**Protocol 7:**

- Advise caller and responders of any potential hazards

**Protocol 8:**

- Advise caller and responders of any potential hazards

**Protocol 9:**

- (OBVIOUS or EXPECTED DEATH unquestionable) Notify proper authorities
- (Circulator support device [LVAD]) Obtain phone number and contact any support staff or facility assigned to the patient with a circulatory support device

**Protocol 10:**

- Stay on the line with the caller if her/his condition seems unstable or is worsening.



- Utilize the Aspirin Diagnostic & Instruction Tool- **if authorized** by local Medical Control **and** the chest pain/discomfort (Heart Attack Symptom) patient is alert, >16 years old, and has no reported STROKE symptoms

### **(ASA) Aspirin Diagnostic and Instructions:**

- Stay on the line with the caller if her/his condition seems unstable or is worsening

#### **Protocol 12:**

- Stay on the line and check breathing often until the patient starts to wake up
- Stay on the line if the complaint is an impending seizure (aura)

#### **Protocol 13:**

- Stay on the line with the caller if her/his condition seems unstable or is worsening

#### **Protocol 14:**

- (SCUBA) Determine availability of the nearest hyperbaric chamber.

### **Person in Water:**

- Most victims are recovered more quickly when the point last seen is immediately known
- Notify relevant downstream agencies when search capability is required

#### **Protocol 15:**

- Stay on the line with the caller until breathing can be safely verified
- Advise the caller and responders of any potential hazards

#### **Protocol 18:**

- (Suspected STROKE) Provide hospital staff with the Stroke Diagnostic Tool results, the symptom onset time, and the name and phone number of any person(s) who witnessed the onset of her/his symptoms.

#### **Protocol 19:**

- Utilize the Aspirin Diagnostic & Instruction Tool – **if authorized** by local Medical Control **and** the chest pain/discomfort (Heart Attack Symptom) patient is alert, >16 years old,



and has no reported STROKE symptoms

**Protocol 21:**

- (Surgical wound) Control bleeding only if SERIOUS.

**Protocol 22:**

- Determine a specific meeting point for the emergency unit(s)
- Advise caller and responders of any potential hazards

**Protocol 23:**

- (Appropriate) Connect and confirm transfer of the caller to Poison Control Center
- Stay on the line with the caller if her/his condition seems unstable or is worsening
- Utilize the Narcan/Naloxone Admin. Instructions if help is requested by the caller.
- In volatile/criminal situations, refer to applicable law enforcement protocol

**Narcan/ Naloxone Instructions:**

- If the patient is alert, stay on the line and monitor the patient until responders arrive. Advise naloxone administration if the patient's condition worsens (s/he becomes not alert or unconscious)

**Protocol 24:**

- Follow the BREECH Positioning pathway when cervical cerclage (stich) is associated with labor

**Protocol 25:**

- (1<sup>st</sup> party) Keep a violent or suicidal patient on the line
- In volatile/criminal situations, refer to applicable law enforcement protocol
- For jumpers, notify fire or technical rescue team
- Follow agency policy on contact Suicide and Mental Health Helplines

**Protocol 26:**

- (Suspected heart attack) See the Heart Attack Symptoms list on Protocol 10
- (Suspected stroke) See the STROKE Symptoms list on Protocol 28

**Protocol 27:**



- In volatile/criminal situations, refer to applicable law enforcement protocol
- (OBVIOUS DEATH) Notify proper authorities.

#### **Protocol 28:**

- (Suspected STROKE) Provide hospital staff with the Stroke Diagnostic Tool results, the symptom onset time, and the name and phone number of any person(s) who witnessed the onset of her/his symptoms.

#### **(STROKE) Stroke Diagnostic Tool:**

- Consider notification of the appropriate Stroke Center for patients with CLEAR, STRONG, or PARTIAL evidence for stroke.

#### **Protocol 31:**

- Stay on the line with the caller if her/his condition seems unstable or is worsening
- Utilize the Narcan/Naloxone Admin. Instructions if help is requested by the caller.

#### **Protocol 32:**

- Advise the caller to look for and direct the emergency unit to the patient
- (Language problems) Connect to a language line service and use the protocol to determine the Chief Complaint

#### **Protocol 37:**

- Confirm the destination hospital
- Confirm the time requirements

#### **AED Support:**

- Clothing that just unzips or unbuttons can be opened and left on
- Sweaters and T-shirts may need to be completely removed or cut open
- Some machines begin automatically when the lid is opened
- Some machines have an "on" button. It is frequently green.
- The pads are usually in a flat foil or plastic package (about 6 by 8 inches/ 15 by 20 cm)
- The pads are often already plugged into the machine
- The pads have a picture of where they should be placed.



- There may be an “analyze” button that needs to be pressed
- If the machine repeatedly prompts to place the electrodes, the electrodes may not be plugged in firmly enough, or the electrodes may not be properly stuck to the patient’s chest

### **Case Exit:**

- In addition to obviously unstable/critical conditions, consider staying on the line for potentially unstable or worsening condition including, but not limited to:
  - Breathing problems
  - Chest pain/Discomfort
  - Child callers
  - Emotionally unstable
  - Fainting
  - Violent/Suicidal
- If a tourniquet has already been applied do not advise removing it. If asked about applying one, tell them to do what they think is best.
- Direct pressure on the wound should be avoided in the presence of visible fractured bone or foreign objects.
- Adequate control of almost all bleeding is simple if enough pressure is applied to the right place
- Scenes involving dangerous physical conditions, assailants, and violent patients can change rapidly for the worse. EMDs should reassess often, and not hesitate to advise the caller to get away (or attain a safer location) whenever their safety is in reasonable doubt then call back from somewhere safe.
- Keeping a caller on the line in some dangerous incidents could create more danger by making them visible or more accessible to a violent patient or intruder.
- If the caller is in danger from another person and is advised to leave now, tell them not to hang up and leave the phone off the hook, allowing the EMD to monitor sounds and activity at the initial scene.

### **Sources:**

- **“Principles of Emergency Medical Dispatch” Sixth Edition by Jeff J. Clawson, Kate Boyd Dernocour, Cynthia Murray**
- **Paramount for Medical ProQA**



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I verify that I read and am familiar with the contents of this document.

Please return this to your agency's training coordinator for CDE credit. If you have any questions please contact us at [911training@elpasoteller911.org](mailto:911training@elpasoteller911.org)

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**Signature**

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**DATE**

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**Printed Name**

X \_\_\_\_\_

**Agency**