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Extraordinary Care.

POLICY:	EMERGENCY MEDICAL DISPATCHER (EMD)		
APPROVAL:	VICE PRESIDENT OF PROFESSIONAL SERVICES; MANAGER OF EMS & EMERGENCY MANAGEMENT		
EFFECTIVE DATE: 9/21/2018	CURRENT REVIEW/REVISION DATE:	SUPERSEDES: N/A	ORIGINAL EFFECTIVE DATE: 9/18
DEPARTMENT SPECIFIC			EMS

I. Purpose:

To outline the process for EMD personnel and agencies in regards to renewal and initial license

II. Policy:

Any dispatch agency giving pre-arrival instructions within the geographical boundaries of the Morris Hospital EMS System (MHEMSS) may be required to become a System Provider Agency. Any individual, who acts as an EMD with an affiliated System Provider Agency, must be registered with the system and licensed by Illinois Department of Public Health (IDPH). This policy references Section 515.710 of the IDPH Administrative Code.

III. EMD Certification:

- A.** To apply for licensure as an EMD, the individual shall submit the following to the EMS system, which will process the paperwork with IDPH:
 - 1. A completed IDPH EMD certification form.
 - 2. Documentation of successful completion of training course in emergency medical dispatching, which meets or exceeds the United States Department of Transportation (US DOT) national curriculum for EMS dispatchers, or its equivalent.
 - 3. A license fee set by and payable to IDPH.
- B.** Reciprocity shall be granted to an individual who is certified as an EMD in another state who meets or exceeds the requirement of this policy. An individual who is certified or recertified by a national certification agency shall be certified as an EMD if he/she meets or exceeds the requirements of this policy.
- C.** The certification shall be valid for a period of four (4) years.
- D.** A certified EMD shall notify the EMS system and IDPH within 30 days of any changes in name, address, employer or system in person, by mail, phone, fax, or electronic mail.

NOTE: A person may NOT represent him/herself nor may an agency/business represent an agent or employee of that agency/business, as an EMD unless certified by IDPH as an EMD.

IV. EMD Protocols- A system agency choosing to utilize pre-arrival instructions through dispatch must adhere to the following:

- A.** The agency shall notify the system in writing of their intent to utilize pre-arrival medical instructions and assure training for all EMD's in the proper use of these instructions. Only EMD's registered with IDPH and the system may give pre-arrival instructions.
- B.** The agency and its EMD's shall use an IDPH approved EMD priority reference system (EMDPRS) protocol approved by the systems EMS Medical Director (EMSMD). Pre-arrival support instructions shall be provided in a non-discriminatory manner and in accordance with the EMDPRS established by the systems EMSMD.

- C. If the dispatcher operates under the authority of an Emergency Telephone System Board (ETSB) established under the Emergency Telephone System Act, the protocols may be established by the board in consultation with the systems EMSMD.
 - D. EMD protocols shall include:
 1. Complaint-related questions sets that query the called in a standardized manner;
 2. Pre-arrival instructions associated with all question sets;
 3. Dispatch determinants consistent with the design and configuration of the EMS system and severity of the event as determined by the question sets; and,
 4. Post-dispatch instructions with all question sets.
 - E. IDPH and the EMSMD shall approve EMDPRS protocols that meet or exceed the requirements of subsection (b)(2) above and the National Highway Traffic Safety Administration (NHTSA) Emergency Medical Dispatch: National Standard Curriculum (1996); available from the US Government Printing Office PO Box 371954, Pittsburg, PA 15250-7954; no latter editions or amendments are included.
- V. **EMD Renewal (Re-Licensure):**
- A. To apply for renewal, the EMD shall submit the following at a **minimum of 30 days** prior to the license expiration date:
 1. Proof of completion of at least 12 hours annually of medical dispatch CE to the system.
 2. Copy of current Healthcare Provider CPR card to the system.
 3. Renewal fee set by IDPH payable online to IDPH.
 4. Child Support and Felony conviction statement completed on-line with IDPH at time of payment. You must also complete a hard copy of this and submit it to the EMS office with documents from 1 and 2.
 - B. Any EMD not currently licensed, shall NOT be allowed to give pre-arrival instructions in the Morris Hospital EMS System.
 - C. An EMD who has not been recommended for renewal by the system EMSMD shall independently submit to IDPH an application for renewal per IDPH protocol.
- VI. **EMD Training Program:**
- A. IDPH approved EMD training programs shall be conducted in accordance with the standards of NHTSA EMD National Standard Curriculum or equivalent.
 - B. Applications for approval of EMD training programs shall be filed through the EMS system with IDPH on forms provided by IDPH. The application shall contain, at a minimum, the name of the applicant, agency and address, type of training program, lead instructor's name and address, and dates of the training program.
 - C. Applications for approval, including copy of class schedule and course syllabus, shall be submitted to the system at least 90 days prior to the first class. A description of the textbook being used and passing score for the class shall be included with the application.
 - D. All education, training, and continuing education courses for EMD shall be coordinated by at least one approved EMS lead instructor. The EMS lead instructor shall be approved by IDPH and the EMS system. See IDPH Lead Instructor Policy and EMS System policy on lead instructors.
 - E. EMD training programs shall be conducted by instructors licensed by IDPH as an EMT-B, EMT-I, EMT-P who:
 1. Are at minimum, certified as an EMD;
 2. Have completed an IDPH approved course on methods of instruction;
 3. Have previous experience in a medical dispatch agency; and
 4. Have demonstrated experience as an EMS lead Instructor.

- F. Any change in the EMD training program's lead instructor shall require that an amendment to the application be filed with the system and IDPH.
- G. Questions for all quizzes and tests to be given during the EMD training program shall be prepared by the lead instructor and available for review by IDPH and EMS system upon request.
- H. All approved program shall maintain class and students records for seven years, which shall be made available to the EMS system and IDPH for review upon request.

VI. EMD Agency Certification:

- A. To apply for certification as an Emergency Medical Dispatch Agency, the person, organization or government agency that operates an EMD agency shall submit the following to IDPH:
 - 1. A completed EMD agency certification form that includes name and address;
 - 2. Documentation of the use, on every request for medical assistance (when feasible), of an emergency medical dispatch priority reference system (EMDPRS) that complies with the policy and is approved by the EMS systems EMSMD; and,
 - 3. Documentation of the establishment of a continuous quality improvement (CQI) program under the approval and supervision of the EMSMD. The CQI program shall include, at a minimum, the following:
 - a. A quality assurance review process used by the EMD agency to identify EMD compliance with the protocol;
 - b. Random case review;
 - c. Regular feedback of performance results to all EMD's
 - d. Availability of CQI reports to the EMS system and IDPH upon request.
 - e. Compliance with the confidentiality provisions of the Medical Studies Act.

VII. EMD agency Recertification:

- A. To apply for recertification, the EMD agency shall submit an application to IDPH, on a form prescribed by IDPH, at least 30 days prior to certification expiration date. The application shall document continued compliance with section (IV and VI.) of this policy.

VIII. Revocation of suspension of EMD or EMD Agency:

- A. The EMSMD shall report to IDPH whenever an action has taken place that may require the revocation or suspension of a certificate issued by IDPH.
- B. Revocation or suspension of EMD or EMD agency certification shall be in accordance with section 515.420 of the IDPH EMS Administrative Code.

IX. Waiver of Emergency Medical Dispatch Requirements:

- A. IDPH may modify or waive EMD requirements based on:
 - 1. The scope and frequency of dispatch activities and the dispatchers access to training; or,
 - 2. Whether the previously attended dispatcher training program merits automatic recertification for the dispatcher.
- B. The following individuals are exempt from requirements of this policy:
 - 1. Public safety dispatchers who only transfer call to another answering point that is responsible for dispatching of fire and/or EMS personnel;

2. Dispatchers for volunteer or rural ambulance companies providing only one level of care, whose dispatchers are employed by the ambulance service and are not performing call triage, answering 911 calls or providing re-arrival instructions.

X. System Registration of EMD agencies and personnel:

- A. A form is attached which may be used as an EMD agency's roster or as an example to complete a computerized form of your own. This roster must be initially completed at the time an agency joins the EMS system and must be completed annually in July.
- B. A copy of each person's state of Illinois IDPH EMD license and current CPR card must accompany the roster. Only EMD's registered with IDPH and the EMS system may give pre-arrival instructions.
- C. Any additions or deletions to an EMD agency's personnel roster must be done so in writing immediately. A form letter is attached which may be used as an example.
 1. Additions shall include the EMD's name, address, phone number, Date of Birth, primary system choice, and a copy of their EMD and CPR card.
 2. Deletions need only to state that the EMD is no longer working at that agency.

APPROVAL:

Thomas J. Dohm **Date**
Vice President of Professional Services

Robin Stortz, MSN, RN **Date**
EMS & Emergency Management Manager

MORRIS HOSPITAL EMERGENCY MEDICAL SERVICES SYSTEM

EMERGENCY MEDICAL DISPATCH AGENCY AFFILIATION LETTER

(PLACE THIS FORM ON YOUR AGENCY LETTERHEAD)

Date: ____ / ____ / ____

Sean Atchison D.O, FACEP
Morris Hospital & Healthcare Centers
Attn: EMS Office
150 W High St
Morris IL, 60450

Dr. Atchison,

I verify that (EMD FULL NAME) _____, EMD has been properly trained and is utilizing the pre-arrival medical instructions (EMDPRS) that you approved for our agency. Should the EMD cease affiliation with this agency, we will notify the EMS system in writing immediately, Attached are copies of this EMD's current EMD license and CPR card. Below is the information you require on System Entry EMD's.

EMD's Home Address _____

City: _____ State: _____ Zip Code: _____

Phone number: (____) _____ County: _____ Date of Birth: _____

Social Security Number: _____ - _____ - _____ Driver's License Number: _____ - _____ - _____

Primary EMS System: _____ Secondary System: _____

Authorized Agency Representative Signature

Agency Name