



Standard Practice for Emergency Medical Dispatch¹

This standard is issued under the fixed designation F 1258; the number immediately following the designation indicates the year of original adoption or, in the case of revision, the year of last revision. A number in parentheses indicates the year of last reapproval. A superscript epsilon (ε) indicates an editorial change since the last revision or reapproval.

1. Scope

1.1 This practice covers the definition of responsibilities, knowledge, practices, and organizational support required to effectively implement, perform, and manage the emergency medical dispatch function.

1.2 This practice is useful for planning and evaluating the training, implementation, and organizational support to satisfy the functional needs of emergency medical dispatching.

1.3 *This standard does not purport to address all of the safety concerns, if any, associated with its use. It is the responsibility of the user of this standard to establish appropriate safety and health practices and determine the applicability of regulatory limitations prior to use.*

2. Referenced Documents

2.1 ASTM Standards:

F 1031 Practice for Training the Emergency Medical Technician (Basic)²

F 1381 Guide for Planning and Developing 9-1-1 Enhanced Telephone Systems²

F 1552 Guide for Training, Instructor Qualification, and Certification Eligibility of Emergency Medical Dispatchers²

F 1560 Practice for Emergency Medical Dispatch Management²

3. Terminology

3.1 Definitions of Terms Specific to This Standard:

3.1.1 *emergency medical dispatcher (EMD)*—a trained public safety telecommunicator with additional training and specific emergency medical knowledge essential for the efficient management of emergency medical communications.

3.1.2 *emergency medical dispatching*—the reception and management of requests for emergency medical assistance.

3.1.3 *emergency medical dispatch priority reference system (EMDPRS)*—a medically approved system used by a dispatch agency to provide aid to medical emergencies, that includes: systematized caller interrogation questions, systematized pre-arrival instructions, and protocols matching the dispatcher's

evaluation of injury or illness severity with vehicle response mode and configuration.

3.1.4 *medical direction*—the management and accountability for the medical care aspects of an emergency medical dispatch (EMD) program including: the medical monitoring oversight of the training of the EMD personnel; approval and medical control of the operational emergency medical dispatch priority reference system (EMDPRS); evaluation of the medical care and pre-arrival instructions rendered by the EMD personnel; direct participation in the EMD system evaluation, quality, assurance, and quality improvement process and mechanisms; and, responsibility for the medical decisions and care rendered by the emergency medical dispatcher and emergency medical dispatch program.

3.1.5 *public safety telecommunicator*—an individual trained to remotely communicate with persons seeking emergency assistance and with agencies and individuals providing such assistance.

3.1.6 *telephone aid*—consists of “ad libbed” telephone instructions provided by either trained or untrained dispatchers and differs from DLS-based pre-arrival instructions in that the instructions provided to the caller are based on the dispatcher's knowledge or previous training in a procedure or treatment without following a scripted pre-arrival instruction protocol. They cannot be medically pre-approved since they do not exist in written form.

3.1.7 *telephone treatment sequence protocols*—specific treatment strategies designed in a conversational script format that direct the EMD step-by-step in giving critical pre-arrival instructions such as CPR, Heimlich maneuver, mouth-to-mouth breathing, and childbirth instruction.

3.1.8 *vehicle response configuration*—the specific vehicle(s) of varied types, capabilities, and numbers responding to render assistance.

3.1.9 *vehicle response mode*—the use of emergency driving techniques, such as warning lights and siren, versus a routine driving response.

4. Summary of Practice

4.1 An emergency medical dispatcher is a trained public safety telecommunicator with additional training and specific emergency medical knowledge essential for assessment of medical emergencies and limited remote treatment and apportionment of medical priorities. The EMD functions under the medical authority of an off-line medical director to receive and

¹ This practice is under the jurisdiction of ASTM Committee F-30 on Emergency Medical Services and is the direct responsibility of Subcommittee F30.04 on Communications.

Current edition approved Oct. 10, 1995. Published December 1995. Originally published as F 1258 – 90. Last previous edition F 1258 – 90.

² *Annual Book of ASTM Standards*, Vol 13.01.