COURSE OUTLINE
Dispatch Specialties: EMD

Course Description
CC 203. Dispatch Specialties: EMD. 3 hours credit. Prerequisite: CC 100 with a C or better. This course will enable the communications student to recognize the effective protocols utilized in emergency medical calls. The student will be introduced to the need of pre-arrival instructions and interventions prior to the arrival of responders.

Required Materials

Patterson, B. *Emergency medical dispatch course manual*. Salt Lake City, UT: Priority Press


*For complete material(s) information, refer to https://bookstore.butlercc.edu

Supplemental Materials

Butler-assessed Outcomes
The intention is for the student to be able to
1. Discuss the roles and responsibilities of an emergency medical dispatcher.
2. Demonstrate competency in the principles, practices, and standards of Medical Communications.
3. Define the benefits of protocol usage when classifying medical calls for service.

Learning Outcomes
1. Achieve the International Academies of Emergency Dispatch, Emergency Medical Dispatcher’s Certification.

Learning PACT Skills that will be developed and documented in this course:
Through involvement in this course, the student will develop ability in the following PACT skill area(s):

Analytical Thinking Skills
- By using emergency medical telecommunicator protocols set forth by the International Academies of Emergency Dispatch to properly classify calls for service.
• Through practice, the student will be able to identify the time-life priority incident classifications used during calls for service.

**Major Summative Assessment Task(s)**
These Butler-assessed Learning Outcomes and the Learning PACT skills will be demonstrated by
1. Completing a “live” scenario test utilizing correct protocol selection, along with proper computer aided dispatch (CAD) and radio skills.

**Skills or Competencies**
These actions are essential to achieve the course outcomes:
1. Define roles and responsibility of an Emergency Medical Dispatcher.
2. Summarize the reasons the EMD system has become the national standard for Emergency Medical Dispatchers.
3. Explain basic telecommunication techniques for radio and telephone operations.
4. Understand and describe the theories and concepts underlying the Medical Priority Dispatch System.
5. Explain Dispatch Life Support and procedures for hands-on cardiopulmonary resuscitation.
6. Explain Pre-Arrival Instructions and how they relate to Dispatch Life Support.
7. Describe the EMD’s objective to gain control of each telephone call so that the situation may be handled efficiently, confidently, and compassionately.
8. Understand an assortment of medical ailments that underlie priority dispatch decisions.
9. Explain the concept of priority symptoms.
10. Understand information related to traumatic injuries and defining mechanism of injury.
11. Identify nine situations in which a medical problem poses an immediate Time-Life/Time-Critical risk possibility to the patient.
12. Understand stress and the negative effects that can be felt as an emergency medical dispatcher.
13. Explain various strategies to recognize and cope with stress.
15. Understand a comprehensive and effective quality management program and how it relates to emergency dispatch.
16. Understand the evolution of Emergency Medical Dispatch and how it is an ongoing process.
17. Display proper methods of communication with a person on scene of a medical emergency, and while working in a tactical dispatch environment.
18. Understand the need and reasoning behind documentation of emergency telephone calls and radio traffic.
19. Display proficiency with the usage of the CAD and protocol software used to monitor and record information from an emergency medical scene.
20. Use the radio and paging systems to alert Public Safety field units of an emergency medical call.
Learning Units
I. EMD Introduction and Unit 1
   A. Nature of change
   B. The International Academy EMD Protocols
   C. The International Standard
   D. Quality patient care
   E. Impact on the EMD
   F. Pre-hospital providers
   G. Equipment
   H. Community at large
   I. Profile of EMD duties
   J. Misconceptions and facts about EMD
   K. The Spock Principle
   L. The EMD as a medical professional

II. EMD Unit 2
   A. Six roles of the telecommunicator
   B. Telephone techniques
   C. Strategies for good telecommunication
   D. Special caller situation
   E. Inappropriate EMD activities
   F. Communication and coordination between agencies
   G. First-party gone-on arrival situations
   H. Dispatch overload
   I. Mass casualty incidents

III. EMD Unit 3
   A. Priority dispatch anatomy
   B. Principles for getting started
   C. Understanding ECHO determinant practice
   D. Chief complaint protocol
   E. Quantity vs. quality
   F. Safety features
   G. Determinant terminology
   H. Response code confusion
   I. Telephone instruction theory
   J. Case completion theory

IV. EMD Unit 4
   A. Standards that work
   B. Pre-arrival instructions
   C. Concepts of dispatch life-support
   D. National Standard of Practice
   E. Protocols YA, YB, and YC
   F. The AED Support protocol
   G. The Exit protocol
H. Danger awareness

V. EMD Unit 5
A. Don’t shoot the messenger
B. Hysteria threshold and repetitive persistence
C. Bring the patient to the telephone problem
D. Re-freak events
E. Nothing’s working phenomenon
F. Relief reaction
G. Paramedics aren’t coming notion
H. Gap theory
I. Customer service is patient care

VI. EMD Unit 6
A. Medical protocol descriptions
B. Defining medical problems
C. Four priority symptoms
D. Protocol 1: Abdominal pain/problems
E. Protocol 10: Chest pain/chest discomfort
F. Protocol 26: Sick person
G. Protocol 5: Back pain
H. Protocol 2: Allergies
I. Protocol 20: Heat/cold exposure
J. Protocol 23: Overdose/poisoning
K. Protocol 25: Psychiatric/abnormal behavior/suicide attempt
L. Protocol 13: Diabetic problems
M. Protocol 12: Convulsions/seizures
N. Protocol 18: Headache
O. Protocol 28: Stroke (CVA)/Transient Ischemic Attack (TIA)
P. Protocol 33: Transfer/interfaculty/palliative care
Q. Summary

VII. EMD Unit 7
A. Trauma protocol descriptions
B. Mechanism of injury
C. Protocol 30: Traumatic injuries
D. Protocol 21: Hemorrhage/lacerations
E. Protocol 4: Assault/sexual assault/stun gun
F. Protocol 27: Stab/gunshot/penetrating trauma
A. Protocol 17: Falls
B. Protocol 3: Animal bites/attacks
C. Protocol 16: Eye problems/injuries
D. Protocol 7: Burns (scalds)/explosion (blast)
E. Protocol 22: Inaccessible incident/other entrapments (non-traffic)
F. Protocol 29: Traffic/transportation incidents
G. Protocol 34: CAN (Automatic Crash Notification)
VIII. Unit 8
A. Time-Life Priority Situations
B. Protocol 24: Pregnancy/childbirth/Miscarriage
C. Protocol 9: Cardiac or Respiratory Arrest/Death
D. Protocol 11: Choking
E. Protocol 14: Drowning/Near Drowning/Diving/SCUBA Accident
F. Protocol 6: Breathing Problems
   A. Protocol 15: Electrocution/Lightning
   B. Protocol 8: Carbon Monoxide/Inhalation/HAZMAT/CBRN
   C. Protocol 31: Unconscious/Fainting (Near)
   D. Protocol 32: Unknown Problem (Person Down)

IX. Unit 9: Scenarios
A. Unit 9: SHUNT situations
B. Unit 9: Academy continuing dispatch education

X. EMD Unit 10
A. What is stress?
B. Stressor unique to the EMD
C. Signs and symptoms of distress and burnout
D. Managing distress and avoiding burnout
E. Critical incident stress

XI. EMD Unit 11
A. Legal terms and definitions
B. Dispatch danger zones
C. Insurance aspects of EMD
D. Emergency vehicle collisions
E. State regulations for EMD
F. Two simple safeguards

XII. EMD Unit 12
A. Eleven components of a comprehensive program
B. Concurrent process
C. Retrospective evaluation
D. Compliance improves determinant correctness
E. Review and steering committees
F. Data collection, analysis, and feedback
G. Suspension, decertification, or termination
H. Necessary infrastructure
I. The feedback process
J. Risk management
K. Goal of quality Improvement

XIII. EMD Unit 13
A. Critical selection of an EMD program
B. Evolutionary dead end – protocols without process
C. Evolution of organized standards
D. The DNA of dispatch
E. Gene sharing and protocol sharing
F. Birth of the pre-arrival instruction grid

Learning Activities
Learning activates will be assigned to assist the student to achieve the intended learning outcome(s) through lecture, reading assignments, instructor-led class discussion, radio recordings, 9-1-1 recordings, group activities, drills/skill practice, and other activities at the discretion of the instructor. These activities may be either face-to-face or online.

Grade Determination
The student will be graded on learning activities and assessment task. Grade determinants may include the following: daily work, quizzes, chapter or unit test, comprehensive examinations, projects, presentations, class participation, and other methods of evaluation at the discretion of the instructors.