Maine Board of Emergency Medical Services
Maine Emergency Services Communications Bureau
Emergency Medical Dispatch Priority Reference System

I. Introduction

A. The Maine EMS Emergency Medical Dispatch Priority Reference System (EMDPRS) is defined in 32 M.R.S.A. §85-A as: "...a system approved by the bureau and the board that includes:

1. A protocol for emergency medical dispatcher response to calls;
2. A continuous quality improvement program that measures compliance with the protocol through ongoing random case review of each emergency medical dispatcher; and
3. A training curriculum and testing process consistent with the protocol."

B. Chapters 3-A, 5-A and 9-A of the Maine EMS Rules refer to the EMDPRS in matters of Emergency Medical Dispatch (EMD) Center and Emergency Medical Dispatcher licensing, training and quality assurance.

C. This document codifies the components of the EMDPRS as approved by the Maine Board of Emergency Medical Services and the Emergency Services Communication Bureau (ESCB) and supersedes all previous EMDPRS protocol, quality assurance and training standards and criteria for emergency medical dispatch approved by the Maine EMS Board and the ESCB.

II. Protocol

1. Approved Protocols

A. The Medical Priority Dispatch System® (MPDS) from the International Academies of Emergency Dispatch (IAED) and Priority Dispatch Incorporated, - as approved by the Maine EMS State Medical Director - are the approved Statewide Emergency Medical Dispatch protocols.

B. The Maine EMS State Medical Director is the approving authority for EMD protocols used by Maine licensed EMD Centers and Maine licensed Emergency Medical Dispatchers.

2. Protocol Requirements

A. Dispatch Life Support Protocols is a system that is physician-reviewed and approved, up-to-date, with proven validity and reliability. The Maine EMS-approved protocols must be used to its full extent on every call, following a process that includes, but is not limited to:

1. Categorical questioning of all callers:
   i. Verification of the incident location,
   ii. Verification of the call-back number,
   iii. Nature of the call,
   iv. Consciousness of the patient(s),
   v. Breathing status of the patient(s),

vi. Proximity of caller to patient,

vii. Approximate age of patient, and

viii. Gender of patient.

2. Additional, complaint-specific questions as indicated by the nature of the call and as directed by the protocol:
    a. Medical case questions that should emphasize symptoms,
    b. Trauma case questions that should emphasize mechanism,
    c. Trauma criteria must be clearly defined and in accordance with Maine EMS-approved and national guidelines, including mechanisms of injury such as long falls, and
    d. Differentiation of normal and not-normal respirations should be very clear, with questions that maximize the ability of the EMD to decipher from the caller if breathing is or is not compatible with life.
3. Method for assigning relative priority to calls that may affect level and mode of response:
    a. Protocol must identify circumstances that necessitate special rescue, and
    b. Capacity must exist for selecting appropriate number, nature, and mode of responding units.
4. Scripted and systematic pre-arrival instructions as necessary, including directing bystanders to provide medical aid as indicated, including but not limited to:
    a. Prevention of further injury to patient(s), bystander(s), and responders,
    b. Typically, do not move the patient,
    c. Do evacuate the patient, the caller, and anyone else in immediate danger (case-by-case basis, e.g. carbon monoxide poisoning),
    d. Assess for hazards on or around the scene,
    e. Ongoing assessment of patient status,
    f. Medical management:
        i. Cardio-pulmonary resuscitation (CPR) and Automatic External Defibrillator (AED),
        ii. Foreign-body airway obstruction (FBAO) removal,
        iii. Bleeding control,
        iv. Keep patient warm,
        v. Childbirth instructions,
        vi. Medication administration instructions (e.g. Epi-Pen), and
        vii. Particular phrases available for use in repetitive persistence
5. Provision of other post-dispatch instructions that may continue to assist the patient(s) and prepare the responders for rapid and safe access, as well as other preparations for circumstances related to the call, including but not limited to:

a. Identification of the incident location (e.g. turning on outside lights),
b. Putting away pets,
c. Unlocking doors and/or providing key holder information,
d. Gathering medications,
e. Scene preservation, and
f. Asking if patients are under doctor's care / if there are doctor's instructions for condition.

6. Additionally, following ASTM guidelines:
   a. EMD systems must also include access to and knowledge of:
      i. Mass casualty plans,
      ii. Directory of emergency response resources, and
      iii. Description of communications system configuration,
   b. Include a record-keeping system (in accordance with the Maine EMS-approved Quality Assurance program), and
   c. Must meet or exceed the NHTSA-defined (32) chief complaint types.

III. Quality Assurance / Quality Improvement (QA/QI)

1. Introduction

A. The requirements and criteria for QA/QI contained in this document are pursuant to the Maine EMS System Rules and Maine EMS law (32 M.R.S.A. §85-A).

B. The Maine EMS State Medical Director is the medical oversight for Maine licensed EMD Centers. EMD Centers are encouraged to establish and maintain a relationship with a local physician for purposes of quality assurance and continuing education.

C. The Quality Improvement Program from the International Academies of Emergency Dispatch (IAED) is the (sole) statewide EMD Quality Assurance/Quality Improvement program approved for use by licensed EMD Centers and Emergency Medical Dispatchers.

D. Persons engaged in the direct quality assurance review of Emergency Medical Dispatchers at Maine licensed EMD Centers must be certified - and maintain certification - as an Emergency Medical Dispatch Quality Improvement Case Reviewer (ED-Q) by the IAED.

2. Responsibilities

A. Licensed EMD Centers and licensed Emergency Medical Dispatchers are required as a condition of licensure to participate in a Maine EMS approved QA/QI program.

B. A licensed EMD Center is responsible for conducting the quality assurance/quality improvement program as required by the Maine law, Maine EMS System Rules and the EMDPRS.

C. A licensed EMD Center will designate a quality assurance/quality improvement manager to oversee the Center's quality assurance/quality improvement program.

3. Levels
   A. Quality Assurance/Quality Improvement must include:
      1. Field level - Direct observation and feedback within the EMD Center;
      2. Administrative level - Case review with identification and feedback regarding positive and negative trends, influencing policy and training;
      3. Management level - High-level coordination of medical oversight and policy making.

4. Scope
   A. The goal of EMD QA/QI is to ensure effective and efficient emergency medical dispatch.
   B. Each emergency medical dispatcher employed by an EMD Center must regularly and routinely be evaluated to ensure compliance with EMD protocol and operating policies and procedures. Evaluation - using the International Academies of Emergency Dispatch quality standards and evaluation instruments - must be qualitative and quantitative and must include retrospective review of non-edited logged recordings of EMD calls and any associated documentation.
   C. The minimum number of required case review cases must be randomly selected, and equitably representative of each employee's work. For each individual, the following are minimum variables that must be tracked:
      1. Compliance to systematic "all caller" questions (EMDPRS section II.2.A.1),
      2. Appropriate selection of protocol based on the caller's statement,
      3. Compliance to systematic "complaint-specific" questions (EMDPRS section II.2.A.2),
      4. Appropriate determination of call priority,
      5. Compliance to systematic "pre-arrival" instructions (EMDPRS section II.2.A.4), and
      6. Compliance to systematic "post-dispatch" instructions (EMDPRS section II.2.A.).
   D. Licensed EMD centers should also perform focused case reviews based on locally identified key performance indicators (e.g. all high acuity cases or all calls of a specific complaint) or other metrics (e.g. newly certified EMDs or as part of a performance improvement plan).
   E. Case review data will be maintained electronically at each EMD Center for a recommended period of at least three (3) years, to include:
      1. Individual compliance,
      2. Shift compliance, and
      3. Service compliance.
   F. Licensed EMD centers must conduct a minimum of 100 EMD case reviews per month (or 100% of all cases if monthly EMD call volume is less than 100 calls per month).
   G. EMD Center case review and compliance results will be reported monthly to the State EMD Coordinator in the format requested.
   H. An EMS service to EMD Center feedback loop should be established by all EMD centers in coordination with EMS services and their physician medical director(s).
   I. Users of the system should be instructed on the need for constructive input.
   J. Progress on any issues raised should be tracked by the EMD Center and EMS Agency

directors.

K. Challenging callers, e.g. hysterical, speech or hearing impaired, developmentally disabled, non-English speakers, etc. are not exceptions to the EMD requirement. These callers deserve and should receive the same systematized and comprehensive approach to EMD. The Emergency Medical Dispatcher and the EMD Center will make every effort in this regard, and the QA/QI process will seek to ensure compliance.

5. Follow-up on QA findings

A. All deviations to protocol must be mitigated, when noted.

B. Retraining and behavior modification should be emphasized in QA/QI.

C. Whenever positive trends are noted, they should be acknowledged.

D. The EMD Center, in conjunction with its physician medical director and /or Maine EMS, should establish and follow written practice and procedure documents, and guidelines for EMD oversight in order to mitigate QA/QI deficiencies.

E. Regular feedback, either positive or negative, must be provided to individual employees.

IV. EMD Training Programs and Instructors

1. Program Requirements

A. EMD Training must meet or exceed ASTM F 1258 – 95 (Reapproved 2006) – Standard Practice for Emergency Medical Dispatch and ASTM F 1552 – 94 (Reapproved 2002) – Standard Practice for Training Instructor Qualification and Certification Eligibility for Emergency Medical Dispatchers.

B. The Priority Dispatch Inc. Advanced Emergency Medical Dispatch Course is the (sole) emergency medical dispatch course leading to licensure approved by the Maine EMS Board and the ESCB.

2. Training Requirements for Supervising Instructor

A. An instructor for a Maine EMS approved EMD course leading to licensure must be certified by the IAED as an EMD instructor. Training Course Administration requirements must be consistently met, including reporting to Maine EMS and/or ESCB the following, upon request:

1. Student attendance and performance records,
2. Identity and qualifications of the instructor(s),
3. Student evaluations of instructor(s), and
4. Student evaluations of course content.

3. Testing Requirements

A. Testing shall be comprehensive.

B. Testing shall include a written exam, which must occur on the last day of the course.

C. Every student in the course shall participate in practical exercises based on true-to-life EMD scenarios of medical 911 call-taking, processing, and dispatching.

D. Every guide card / protocol shall be covered by at least one scenario during the course.

EMDPRS Approval Dates:

Board of Maine Emergency Medical Services Approval	June 5, 2009
Emergency Services Communication Bureau Approval	June 11, 2009

1st Revision – Addition of minimum quality assurance case review requirements §III.4.L

Board of Maine Emergency Medical Services Approval	June 1, 2011
Emergency Services Communication Bureau Approval	June 6, 2011

2nd Revision – Housekeeping

Board of Maine Emergency Medical Services Approval	June 4, 2014
Emergency Services Communication Bureau Approval	June 12, 2014

3rd Revision – Addition of focused review and data retention recommendations

Board of Maine Emergency Medical Services Approval	Feb 1, 2023
Emergency Services Communication Bureau Approval	Mar 10, 2023