Draft Policy Public Comments Received: 01/05 - 02/04/2024

S-882 Emergency Medical Dispatch Programs		
DATE	**NAME**	**PUBLIC COMMENT**
2/4/2024	Christopher Kahn	III If the Dispatch Center Medical Director can include the national program's medical director, does that mean that the LEMSA is requiring that person to attend a quarterly meeting as stated later in the policy? This seems unworkable and unenforceable.

2/4/2024	Christopher Kahn (Cont.)	Alternatively, if the second option (“physician responsible for the dispatch medical direction of the nationally recognized EMD program”) does not refer to the national program’s medical director but rather to a local physician, why is that physician not required to meet the items in the first option such as “knowledge of EMS systems”? EMD/Call-Taker 1. b. Are there any provider agency specific programs approved by the CoSD EMS medical director? Does that person have the regulatory authority to approve such programs? On what basis, following which policies, would such programs be approved? 2. b. This should be open to other personnel. It is conceivable that a dispatch center may wish to – either intermittently or on a regular basis – employ other personnel such as AEMTs, LVNs, RNs, PAs, NPs, MDs, and DOs. Consider changing to something like “medical personnel credentialed by a San Diego County healthcare provider for the provision of EMD or credentialed by the LEMSA in another EMS role.” PDI/PAI This is not accurate. PDIs are more general directives such as “Don’t have anything to eat or drink”, “Turn on your light”, “Unlock your door”, “Put away any pets”, and “Call us back if things change”. PAIs are what is referred to here. IV. B This has not been previously required. Does this review imply a need for CoSD EMS medical director approval, or merely notification and joint review? What is considered a “major change or revision”? Nationally available commercial EMD systems routinely provide updates to their protocols, including changes in key questions, PAIs, and other critical components.

2/4/2024	Christopher Kahn (Cont.)	Failure to upgrade software systems to these newer versions can result in loss of accreditation or authority to use those systems. It should be made clear if the intent of this policy is to provide the CoSD EMS medical director with the unilateral authority to force loss of accreditation or authority to use an EMD system should he or she not concur with the changes promulgated by that system. IV. E This is unclear. Standard operating procedures that define how EMD is performed could be considered “development of an EMD protocol”, requiring the approval of both the dispatch center medical director and the CoSD EMS medical director per this item. This would include, as just one example, determining whether calls from law enforcement agencies and other fourth parties should be handled through the usual call-taking process or receive a different approach recognizing that the majority of the requested information on a typical protocol’s key questions will be answered as “unknown” by a fourth party. Does every change in every such protocol require these two levels of approval? Would this run afoul of HSC 1798.8 which explicitly does NOT “authorize or permit a local EMS agency to unilaterally… alter the deployment of public safety emergency response resources”? V. B This places a financial obligation on dispatch centers. Does the LEMSA plan to provide this resource if a dispatch center is not able to afford a medical director? V. D Since nationally recognized EMD programs have defined characteristics, why is the dispatch center responsible for transcribing all of those characteristics and submitting them to the LEMSA instead of simply referring the LEMSA to the provider of the EMD program?

2/4/2024	Christopher Kahn (Cont.)	V. E As noted above, at what point does standard operating procedure cross into a dispatch center “developing its own EMD protocols”? Would a center be required to submit duplicative information in response to both V. D. and V. E. if they use a nationally recognized EMD program but do not run every call through that program’s software? F. 1. a. 5 Medical directors review records that are identified by others, but do not routinely review all dispatch records. Please modify this item to something like “Provides ongoing review of dispatch records identified as potentially involving patient care issues.” F. 1. a. 4 and 6 Compliance is not generally a medical director activity in the EMD realm, as this relates more to activities that are beyond the control of the medical director. It is certainly not something that medical directors routinely “oversee”. For nationally recognized EMD programs, compliance standards are often defined by the owner/developer of that program without the option for local medical director flexibility. Consider striking the compliance portion of these items. F. 1. a. 7. There are meetings of dispatch centers in the region, but medical directors are not routinely invited to them. Is this item intended to force currently existing groups to change their practices, or to create new groups and new work potentially duplicating the existing work? VII. B. Response models often change on a dynamic basis to reflect both anticipated changes related to population shifts (e.g., adding non traditional units such as bicycle and gator teams to limited-access sporting events and other mass gatherings) and unanticipated changes related to mass casualty or unexpected system overload (e.g., adding a warming bus to a multiple casualty hypothermia event or transporting such patients by bus).

2/4/2024	Christopher Kahn (Cont.)	It is not feasible to expect review of the latter prior to implementation, and if the LEMSA expects to require approval of the former then there must be a timeline in place to prevent any delay in implementing response model changes. This also should be evaluated to ensure there is no 1798.8 concern. Finally, “other response procedures” is likely intentionally vague, but in concept requires that the dispatch center describe every response procedure for every agency it dispatches for that could potentially involve a patient, including confined space rescue, open space rescue, structure fire response, water rescue, building collapse, and many others. It is doubtful that the LEMSA truly wishes to review each of these procedures, and equally doubtful that public safety agencies wish to subject their non-medical responses to LEMSA review.

Draft Policy Public Comments Received: 01/30 - 03/01/2023

S-882 Emergency Medical Dispatch		
DATE	**NAME**	**PUBLIC COMMENT**
2/10/2023	Lynne Seabloom	Input on areas requesting editing - Authority: Add CA Senate Bill 438 IV.B.3: amend to read "when a life threatening QA/QI trend is identified requiring immediate intervention" V.C. delete "or upon substantial program changes" V.C.6 & V.D.8 delete "[Platform, Criteria, Method TBD]". V.D. delete "or upon substantial program changes"
2/23/2023	Veer Vithalani	I was glad to see a new policy on the importance of EMD and the requirement for pre-arrival isntructions. The policy and requirements look good. I would suggest that the requirement for pre-arrival instructions go one step further and explicitly require Telephone-assisted CPR instructions, as this is a remarkably important way to improve OOHCA survival rates.

2/24/2023	Roger M. Fisher	Our agency would like to see additional language in the Emergency Medical Dispatch policy to address current concerns regarding an agencies rights addressed in California Health and Safety Code 1797.201 and 1797.224 (if applicable). Policy language would need to be added that confirms the proposed Emergency Medical Dispatch policy does not alter existing 201 or 224 language for any agency providing prehospital services within their established exclusive operating area.

2/25/2023	Nate Pearson	This policy provides the process for implementing a medical dispatch protocol under medical direction. The purpose statement should be reflective of this intention. Please revise Purpose to read: To set the standards and processes for implementing an evidence-based procedures emergency medical dispatch (EMD) plan for Primary and Secondary Public Safety Answering Points that dispatch 911 EMS units for the dispatching of 9-1-1 emergency medical services (EMS) units. Section IV revisions: B. The Dispatch Center Medical Director will jointly review with the San Diego County EMS Medical Director to support regional quality standards prior to: 1. the implementation of an EMD system, 2. when a major EMD system change or version (not to include routine system updates) is implemented, or 3. QA/QI trend is identified. Section V.C. If the Dispatch Center uses a nationally recognized EMD program, the following shall be submitted prior to implementation for approval and no less than annually or upon changes to these program components, to the San Diego County EMS Office: These revisions will help relieve concerns from agencies and dispatch centers regarding 201 rights and scope of policy. Please consider incorporation per strikeout draft previously submitted. Thanks.