



## Avoiding “Response Upgrade” Mistakes in EMD

One of the defining requirements of a public safety EMD is communications. This communication needs to be clear, concise and accurate. To ensure accuracy, EMDs need to obtain the proper information from callers to make an informed, educated decision about what resources are needed and how those resources should respond. By utilizing a standardized list of questions, such as those found in the Vital Points Questions section of your APCO Institute EMD Guidecards, you will be able to determine the severity of the call and the required response configuration for the response unit. You should be aware that there are several situations in which EMDs can be misled into assuming that the situation is more serious than it really is. These situations can cause you to upgrade the call unnecessarily, which can lead to over utilization of vital resources.

EMDs need to be wary of making any of these common “response upgrade” mistakes, when deciding response configurations:

### **Screaming/Emotional Callers**

EMDs should never allow a caller’s emotional status to dictate a response configuration. Different people will react to emergency situations in different ways. One person may be calm and the next may immediately become hysterical in the same situation. Just because the caller is emotionally upset and hysterical do not assume the incident is more serious than it sounds. At the same time be careful of the opposite – do not assume that an incident is less serious because the caller sounds calm.

A person who calls for emergency medical assistance may be upset and anxious. It may be difficult to elicit information from an emotional caller. Therefore, it is best for all involved that you be able to calm the caller. There are techniques you can use to accomplish this.

One common phenomenon that influences callers, during emergency situations, is the “hysteria threshold.” The hysteria threshold is an emotional state that prevents callers from being focused during the interrogation process. The hysteria threshold is reached when the caller becomes too upset to properly focus on your questions and therefore cannot give you the responses you need to make your dispatch decisions.

Until you can break through a caller's hysteria threshold, you cannot control the call. The most effective way to break through the threshold is to use a technique known as "repetitive persistence."

Repetitive persistence is a command or request from the EMD to the caller, accompanied by a reason for the request. The command or request is repeated verbatim until the caller complies.

### **Cardiac History**

While a history of heart related problems could be a prominent factor in deciding a response configuration, do not allow it to be the ONLY factor. This information, if relevant, can be relayed to response units as needed when appropriate, as in the case of a patient with a history of cardiac problems calling to request EMS response for chest pains.

While a history of cardiac issues is relevant in this case, so is the age and sex of the patient, the location and severity of the pain, whether or not a patient has been prescribed nitroglycerin and whether or not they have taken it. Many other factors will come into play in this type of situation so it becomes apparent that while cardiac history is important knowledge it should not be the primary factor in your response configuration decision.

### **Unfamiliar Medical Information**

Just because you have never heard of a particular medical condition or term, does not mean it is more severe than one you have heard of. Remember, typically you are not speaking to a medically trained person. The caller may be, unknowingly, relaying incorrect information on their condition.

It may be information they picked up from friends or neighbors instead of a medical professional. It is also not uncommon for people to misinterpret a medical diagnosis given to them by a medical professional. The caller may not even be aware that they are mistaken in their information. They may also be relaying the information incorrectly because of their distress.

### **"Serious" Illnesses**

Many conditions referred to by today's society as "serious" illnesses (HIV, Hepatitis, Chronic Obstructive Pulmonary Disease, etc.) are chronic in nature, not acute. This means the illness, while serious or even deadly over duration, is not reason enough alone for an ambulance to get to them faster.

### **"Sounds or Looks Bad"**

Do not assume the caller is experienced enough to make an educated assessment of the situation. Someone who has never seen a person having a seizure may react much differently than someone who has dealt with epilepsy all their life. Also, a caller not familiar with the fact that head and facial lacerations

can produce a great deal of blood loss may think the wound is much more severe than it really is.

As usual these are just some of the suggested methods for handling these areas of common misconceptions in EMD calltaking. Always refer to your supervisor, your agency's operating guidelines and your APCO Institute EMD Guidecards and MEDS™ software for assistance and further information.

**By: Bob Smith, APCO Institute, EMD Program/Operations Manager**

### **Resources**

- *Emergency Medical Dispatcher, 5<sup>th</sup> Edition - Version 2, APCO Institute*
- *EMD Concepts, 1<sup>st</sup> Edition, APCO Institute*
- *Public Safety EMD 1, APCO Institute*
- *National Standard Curriculum for EMD, NHTSA*

# Quiz

## CDE Article – Avoiding “Response Upgrade” Mistakes in EMD

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Agency: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

1. Obtaining the proper information from callers to make a decision about what resources are needed and how those resources should respond helps to ensure accuracy in communications.
  - a. True
  - b. False
  
2. When a caller is emotionally upset and hysterical, the EMD should automatically assume the incident is more serious than it sounds.
  - a. True
  - b. False
  
3. The location and severity of the pain is relevant in chest pain calls.
  - a. True
  - b. False
  
4. If an EMD has never heard of particular medical condition or term, they should automatically upgrade the level of response to the call.
  - a. True
  - b. False
  
5. If a caller tells the EMD the patient has a “serious” illness the EMD should use that information alone for an ambulance to get to the patient faster.
  - a. True
  - b. False

6. Upon visual inspection by an untrained bystander which of these calls may cause them to assume the incident is worse than it really is:
- a. Abdominal pain
  - b. Headache
  - c. Fracture
  - d. Facial laceration