EMS Dispatch Communications and Deployment

Medical Dispatch Review Committee

NCC

14 July 2020

Alberta Health Services

Emergency Medical Services

1) **Introductions**

2) **Agenda**

3) **Minutes**

4) **Dispatch Benchmarks**

5) **Call Review #1**

6) **Call Review #2**

7) **Call Review #3**

8) **Next Meeting: 11 August 2020, 1100 hrs**

Alberta Health Services

Emergency Medical Services

Medical Priority Dispatch System Compliance Calculation

Standards for Accreditation

	ACE
High Compliance	
Compliant	
Partial Compliance	10%
Low Compliance	10%
Non-Compliant	7%

Percentage of Deviations Accepted	Critical	Major	Moderate	Minor
	3%	3%	3%	3%

Dispatch Benchmarks Definitions:

- Address Interval – The time interval from when the event is received in EMS dispatch center to the time that the address is verified and the call is accepted into CAD. Standard reporting is at the 50th and 90th percentile

- Dispatch Interval – The time interval from time call is accepted into CAD and sent to the dispatcher to when the first unit is activated at either Pre-Alert or Dispatch. Standard reporting is at the 50th and 90th percentile

- Activation Interval – The time interval from time call is received in EMS dispatch to time that the first unit is activated. Standard reporting is at the 50th and 90th percentile.

Dispatch Benchmarks & Call Volume: NCC & FMCM

Call Volume: June 2020	
NCC	FMCM
5,182	354

	Address Verification		Dispatch Interval		Activation Interval	
	P50	P90	P50	P90	P50	90
NCC	00:00:32	00:01:26	00:00:12	00:00:24	00:00:46	00:01:54
FMCM	00:00:31	00:00:57	00:00:05	00:00:10	00:00:36	00:01:06

ACE Performance Standard

Selected Discipline: EMD

Agency: Alberta Health Services

Date Range: 6/1/2020 ... 6/30/2020

	Percent	Number of Cases
High Compliance	45%	196
Compliant	35%	153
Partial Compliance	8%	34
Low Compliance	4%	18
Non-Compliant	7%	32
Totals	100%	433

Percentage of Deviations	Critical	Major	Moderate	Minor
Total Accreditation Acceptance	0.38%	0.54%	1.01%	2.24%

These accreditation standards relate to the following:

ED-Q Performance Standards – Edition 10

ACE Performance Standard

Selected Discipline: EMD

Agency: Regional Municipality of Wood Buffalo SDC

Date Range: 06/01/2020 ... 06/30/2020

	Percent	Number of Cases
High Compliance	78%	51
Compliant	14%	9
Partial Compliance	2%	1
Low Compliance	0%	0
Non-Compliant	6%	4
Totals	100%	65

Percentage of Deviations	Critical	Major	Moderate	Minor
Total Accreditation Acceptance	0.33%	0.16%	0.22%	0.88%

These accreditation standards relate to the following:

ED-Q Performance Standards – Edition 10

Date of Event:
22 June 2020

Event Location:
Edmonton

Call Taker Location:
NCC

Dispatch CAD Code:
19D03(HOT)

Code Description:
Heart Problems / A.I.C.D

Chief Complaint / Problem:
On the stairs and his defibrillator has gone off

MPDS Card Set – case entry protocol

ENTRY QUESTIONS

1. What's the **address** of the emergency?
   House/Apartment/Business/Intersection/Landmark/Jurisdiction/GPS
2. What's the **phone number** you're calling from?
3. Okay, tell me **exactly** what happened.
   - Obviously NOT BREATHING and Unconscious (non-traumatic) — 9-E-1
   - Hanging, Strangulation (no assailant involved), **Suffocation** — 9-E-3,4,5
   - Underwater (DOMESTIC rescue) — 14-E-2
   - Underwater (SPECIALIZED rescue) — 14
   - Person on fire — 7-E-1
   a. **(Not obvious)** Are you **with** the patient **now**?
   b. **(Not obvious)** How **many** (other) people are **hurt/sick**?
      - Multiple victims — CC
      - Traffic/Transportation incident (3rd or 4th pty caller) — 29
   c. **(Choking)** Is s/he **breathing** or **coughing** at all? (You go check and tell me what you find.)
      - No — 11-E-1
         i. **Do not slap** her/him on the back.
4. How **old** is s/he?
   a. **(Unsure)** Tell me **approximately**, then.
5. Is s/he **awake** (conscious)?
   - Yes
   - No
   - Unknown
6. Is s/he **breathing**? ❓
   a. **(Hasn't checked – 2nd party caller)** You go check and tell me what you find.
      - Yes
      - No/NOT BREATHING — ?-E-?
      - UNCERTAIN/INEFFECTIVE/AGONAL BREATHING (1st or 2nd pty caller) — ?-E-?
      - Unknown (3rd or 4th pty caller)

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THE INTERNATIONAL ACADEMY™
EMD PROTOCOL™
Medical Priority Dispatch System™

POST-DISPATCH INSTRUCTIONS

a. **(ECHO)** I'm sending the **paramedics** (ambulance) to help you now. **Stay on the line.**
b. **(Hanging and not OBVIOUS DEATH)** (**Cut** her/him **down** immediately,) **loosen** the noose, then tell me if s/he's **breathing**.
c. **(Underwater)** Do not go in the water unless it's safe to do so. ▽
d. **(Strangulation and not OBVIOUS DEATH)** **Loosen** anything around the **neck**, then tell me if s/he's **breathing**.
e. **(Suffocation)** **Remove** anything **covering** the **face** or **in** the **mouth**, then tell me if s/he's **breathing**.
f. **(Person on fire)** Tell her/him to **stop** running, **drop** to the **ground**, **cover** her/his **face**, and **roll** around. If water is available, **douse** her/him with it **immediately** until the fire is completely out. **(Water not available)** Get a **blanket**, **rug**, or **large jacket** and use it to **wrap** her/his **body** and **smother** the flames.
g. **(Critical Caller Danger)** (If it's too **dangerous to stay** where you are, and you think you can leave safely,) **get away** and **call us** from somewhere **safe**. ▽

DLS ✱ **Link to CC unless:**

- Suspected MEDICAL Arrest — ✪ NABC-1
- Hanging/Strangulation/Suffocation (INEFFECTIVE BREATHING and Not OBVIOUS DEATH) — ✪ NABC-1

AMPDS™ v13.0, NAE-std, 150529

NOT BREATHING Situations

The following, when **offered** in response to "Tell me exactly what happened" or any listed Entry Question:

- **Not breathing** at all — 9-E-1
- **UNCERTAIN BREATHING** — 9-E-2
- **Hanging** — 9-E-3
- **Strangulation** — 9-E-4
- **Suffocation** — 9-E-5
- **COMPLETE obstruction** — 11-E-1
- **Drowning arrest** (out of water) — 14-E-1
- **Underwater** (DOMESTIC rescue) — 14-E-2

INEFFECTIVE BREATHING

The following, or reasonable equivalents, when **volunteered** at any point during Case Entry (code as **ECHO** on 2, 6, 9, 11, 15, 31):

- "Barely breathing"
- "Can't breathe (at all)"
- "Fighting for air"
- "Gasping for air" (**AGONAL BREATHING**)
- "Just a little" (**AGONAL BREATHING**)
- "Making funny noises" (**AGONAL BREATHING**)
- "Not breathing"
- "Turning blue" or "Turning purple"

❓ Determining AGONAL BREATHING

Use when the patient is **unconscious** and breathing reported by the caller is **questionable**, or when **mandated by the protocol** ❓. A time **between** breaths of **8 seconds or more** is considered **INEFFECTIVE BREATHING**. Check a maximum of **four breaths** (three intervals tested).

(**Read verbatim**) **Okay**, I want you to say "**now**" every **single** time s/he **takes** a breath **in**, starting **immediately**.

- ≥ 8 sec. interval = **AGONAL**

AGONAL BREATHING

An **ineffective, deteriorating** breathing pattern that lingers after the heart has essentially stopped pumping blood to the brain.

UNCERTAIN BREATHING

A situation where a 2nd party caller is **uncertain, unsure, indefinite, or ambiguous** when asked if an unconscious patient is breathing.

ECHO Determinant Practice

The **ECHO** level allows **early recognition** and **closer response initiation** based on **extreme conditions of breathing** and **other dire circumstances as defined**, such as a **person on fire**.

Such coding is separated from **DELTA** to encourage **local** assignment of the **absolute closest** response of **any trained crew** (i.e., police with AEDs, fire ladder or snorkel crews, **HAZMAT**, or other specialty teams).

Rules

1. If the complaint description includes **scene safety** issues, choose the Chief Complaint Protocol that **best addresses** those issues.
2. If the complaint description involves **TRAUMA**, choose the Chief Complaint Protocol that best addresses the mechanism of injury.
3. Use of the **AGONAL BREATHING Detector** is **not necessary** when **UNCERTAIN BREATHING** or **INEFFECTIVE BREATHING** is associated with unconsciousness.
4. When **cardiac arrest** appears to be **TRAUMATIC** in nature, choose the Chief Complaint Protocol that best fits **scene safety** concerns and the **mechanism of injury**.
5. If the complaint description appears to be **MEDICAL** in nature, choose the Chief Complaint Protocol that best fits the patient's **foremost symptom**, with **priority symptoms** taking precedence.
6. If the complaint description involves **hazardous materials** (toxic substances) that **pose a threat** to bystanders or responders, go to **Protocol 8**.
7. When the complaint description is **seizure**, go to **Protocol 12** regardless of consciousness and breathing status.
8. If the Chief Complaint and status of **consciousness and breathing are unknown** initially (3rd party caller), go to Protocol 32.
9. When the complaint description involves **both NON-TRAUMATIC chest pain/heart attack symptoms and breathing problems**, choose the Chief Complaint Protocol that best fits the patient's **foremost symptom**, with **ECHO-level conditions** taking precedence. (≥ 16, alert, no reported STROKE symptoms) Use the **Aspirin Diagnostic & Instruction Tool** on either protocol as appropriate.
10. When the complaint description is **breathing-related tracheostomy** (trach or stoma) **problems in the conscious patient**, go to Protocol 6.
11. Some **critical** patient care instructions may be **necessary prior** to the "send" point. Any significant **scene safety concerns** take precedence and **must be addressed before** the provision of instructions.
12. Case Entry Questioning **must always be completed** after PDIs **when directed by** 🎆 (hanging, strangulation, suffocation, underwater, choking, person on fire).

Axioms

1. **UNCERTAIN BREATHING** status indicates a 2nd party caller who has seen the patient and is still unsure. **This is considered NOT BREATHING until proven otherwise**.
2. **Unknown** breathing status indicates a 3rd or 4th party caller who cannot personally verify the patient's status.
3. After an **ECHO** response, **completing all Case Entry and Chief Complaint Key Questions** ensures that the proper knowledge regarding **safety** issues and the appropriate warnings and/or advice are immediately and always **passed on** to the responders and potential scene helpers.
4. **Prompt recognition of AGONAL BREATHING** is critical to the treatment of cardiac arrest because it **reduces time to compressions and defibrillation**. **MEDICAL** Arrest PAIs should be **instituted immediately** after **ECHO** coding and associated PDIs when an unconscious patient's breathing status is **INEFFECTIVE or UNCERTAIN** (**AGONAL BREATHING** Detector use is **not** necessary).

❶ CASE ENTRY PROTOCOL

19 HEART PROBLEMS / A.I.C.D.

KEY QUESTIONS ↱

1. Is s/he **completely alert** (responding appropriately)?
2. Is s/he **breathing normally**?
   a. **(No and Alert)** Does s/he have **difficulty** speaking/crying **between** breaths?
3. **(Not 1st party)** Is s/he **changing color**?
   a. **(Yes)** **Describe** the color change.
4. Is s/he **clammy** or having **cold sweats**?
5. Does s/he have a **history** of **heart problems**?
   a. **(A.I.C.D.)** Did it **fire** (go off) in the **last 30 minutes**?
6. Does s/he have **chest pain** or **chest discomfort**?
7. Did s/he take any **drugs** or **medications** in the **past 12 hours**?
   Cocaine (or derivative)
   Medications

✳ **DELTA or CHARLIE codes 1–5** ⎯⎯⎯⎯

8. I'm going to tell you how to **check** her/his **pulse** (heart rate).

☤ POST-DISPATCH INSTRUCTIONS ✪ ✪ ✪ ✪ ✪

a. I'm sending the **paramedics** (ambulance) to help you now. **Stay on the line** and I'll tell you **exactly** what to do next.
b. **(≥ 1 + Not alert)** If there is a **defibrillator** (AED) available, **send** someone to get it **now** in case we need it later.
c. **(Patient medication requested and Alert)** Remind her/him to do what her/his **doctor has instructed** for these situations.

✳ Utilize the **Aspirin Diagnostic & Instruction Tool** – if authorized by local **Medical Control** and the **chest pain/discomfort** (Heart Attack Symptoms) patient is **alert**, ≥ 16 years old, and has **no** reported STROKE symptoms.

DLS   ✳ **Link to ☎ X-1 unless:** ↱

Unconscious ⎯⎯⎯	✪	**NABC-1**
INEFFECTIVE BREATHING and Not alert ⎯⎯	👁	**NABC-1**

LEVELS	#	DETERMINANT DESCRIPTORS	CODES	RESPONSES	MODES
D	1	**Not** alert	19-D-1		
	2	**DIFFICULTY SPEAKING BETWEEN BREATHS**	19-D-2		
	3	**CHANGING COLOR**	19-D-3		
	4	**Clammy** or **cold sweats**	19-D-4		
	5	Just **resuscitated** and/or **defibrillated** (external)	19-D-5		
C	1	**Firing** of **A.I.C.D.**	19-C-1		
	2	**Abnormal** breathing	19-C-2		
	3	**Chest pain/discomfort** ≥ 35	19-C-3		
	4	**Cardiac** history	19-C-4		
	5	**Cocaine**	19-C-5		
	6	**Heart rate** < 50 bpm or ≥ 130 bpm (without priority symptoms)	19-C-6		
	7	**Unknown** status/**Other** codes **not** applicable	19-C-7		
A	1	**Heart rate** ≥ 50 bpm and < 130 bpm (without priority symptoms)	19-A-1		
	2	**Chest pain/discomfort** < 35 (without priority symptoms)	19-A-2		

NOT LICENSED FOR USE IN ANY ON-LINE CALLTAKING POSITION

Chronology

Event Comment Datetime	Event Comment	Event Comment Terminal	System Generated Flag
2020/06/22 03:05:37	AZ - 00020 ^Cell Loc Info: LL(-113:29:38.5373,53:33:47.0340): EST ▮▮▮▮▮▮ NW EDMONTON Conf:90% Uncert:10 m	emsn77372	No
2020/06/22 03:05:37	** LOI search completed at 2020-06-22 03:05:37	wsemscadint03	Yes
2020/06/22 03:05:37	OLMC: CCC TAC 8 Interoperability for AFRRCS Equipped Partner Agencies Police: Contact dispatch for Talkgroup OTHER: Helicopter EMS LZ : AFRRCS Simplex 1 	AFRRCS	No
2020/06/22 03:05:49	▮▮▮▮▮▮ ALTERNATE NUMBER	emsn77372	No
2020/06/22 03:05:57	^** Recommended unit EDMO-2P9 for requirement PRU (3.9 min) ^** Recommended unit EDMO-2A37 for requirement ALS (4.2 min) ^** Recommended unit EDMO-2A33 for requirement ALS (7.4 min) ^** Recommended unit EDMO-2A32 for requirement ALS (7.5 min)	emsc74065	Yes
2020/06/22 03:06:01	^AFRRCS sent to 4110903 : 10.174.27.127 : EDMO-2P9	wsemsef01	No
2020/06/22 03:06:04	^AFRRCS sent to 4111719 : 10.174.31.189 : EDMO-2P9	wsemsef01	No
2020/06/22 03:06:07	^AFRRCS sent to 4113529 : 10.174.165.139 : EDMO-2A32	wsemsef01	No
2020/06/22 03:06:09	^AFRRCS Read on 4113529 : 10.174.165.139 : EDMO-2A32	wsemsef01	No
2020/06/22 03:06:09	^AFRRCS Received on 4113529 : 10.174.165.139 : EDMO-2A32	wsemsef01	No
2020/06/22 03:06:10	^AFRRCS sent to 4113001 : 10.174.162.31 : EDMO-2A32	wsemsef01	No
2020/06/22 03:06:12	^AFRRCS Received on 4113001 : 10.174.162.31 : EDMO-2A32	wsemsef01	No
2020/06/22 03:06:15	^AFRRCS Received on 4110903 : 10.174.27.127 : EDMO-2P9	wsemsef01	No
2020/06/22 03:06:17	^AFRRCS Read on 4113001 : 10.174.162.31 : EDMO-2A32	wsemsef01	No
2020/06/22 03:07:09	Problem: ON THE STAIRS AND HIS DEFIBULATOR HAS GONE OFF Caller Relationship: 2nd party Chief Complaint: Implanted Defibrillator (A.I.C.D.) 40-year-old, Male, Conscious, Breathing.	emsn77372	No
2020/06/22 03:08:12	Dispatch CAD Code: 19D03 Determinant Level: CHANGING COLOR ----KQ: His color change is purple. ----KQ: He has an implanted defibrillator. ----KQ: He is completely alert (responding appropriately). ----KQ: It's not known if he is breathing normally. ----KQ: He is changing color. ----KQ: It's not known if he is clammy.	emsn77372	No

Chronology

Event Comment Datetime	Event Comment	Event Comment Terminal	System Generated Flag
2020/06/22 03:08:19	** Event Priority changed from 5 to 2 at: 2020-06-22 03:08:19 ** >>>> by terminal: emsn77372	emsn77372	Yes
2020/06/22 03:08:19	** Event Type changed from 00A01(COLD) to 19D03(HOT) at: 2020-06-22 03:08:19 ** >>>> by terminal: emsn77372	emsn77372	Yes
2020/06/22 03:08:21	** Event Type changed from 00A01(COLD) to 19D03(HOT) at: 2020-06-22 03:08:19	wsemscadweb01	Yes
2020/06/22 03:08:21	** MEDICAL - CHANNEL W1 ASSIGNED	wsemscadweb01	Yes
2020/06/22 03:08:23	^***SELECT AND RECOMMEND INITIATED***	emsc74064	No
2020/06/22 03:08:29	|2ND RECOMMEND COMPLETE|	emsc74064	No
2020/06/22 03:08:45	DEVICE HAS GONE OF 5 TIMES	emsn77372	No
2020/06/22 03:11:11	----KQ: It has fired in the last 30 minutes. ----KQ: He has other heart attack symptoms: DEVICE HAS GONE OF 6 TOMES ----KQ: He did not take any drugs (medications) in the past 12hrs. ----KQ: His pulse is less than 50 beats per minute. Beats Per Minute 44 Rate < 50	emsn77372	No
2020/06/22 03:11:35	GO TO THE FRONT DOOR NOT THE BACK	emsn77372	No
2020/06/22 03:12:08	HAS GONE OFF FOR THE 7TH TIME	emsn77372	No
2020/06/22 03:13:01	8 TIMES	emsn77372	No
2020/06/22 03:16:57	EDMO-2A32 -- CREW INITIATED - CODE15	emsc74064	No
2020/06/22 03:17:01	EDMO-2P9 -- CREW INITIATED - CODE15	emsc74064	No
2020/06/22 03:22:38	EDMO-2A32 -- CREW INITIATED - CODE15	emsc74061	No
2020/06/22 03:23:15	EDMO-2P9 -- CREW INITIATED - CODE15	emsc74061	No
2020/06/22 03:23:29	RAH CTAS 2	emsc74061	No
2020/06/22 03:47:55	EDMO-2P9 -- CREW INITIATED - CODE15	emsc74064	No

Call Audit

Case Entry

- ■ Address
- ■ Callback number
- ■ Primary discipline choice
- ■ Tell me exactly what happened.
- ■ Choking question
- ■ ECHO/Fast Track used
- ■ With the patient now
- ■ With the patient now subquestion
- ■ Patient count question
- ■ Age question
- ■ Age subquestion
- ■ Gender
- ■ Awake question
- ■ Breathing question
- ■ Breathing subquestion
- ■ Questions asked in order
- ■ Chief Complaint selection
- ■ Freelance questions
- ■ Freelance instructions
- ■ All questions/instructions given in the appropriate area
- ■ Obvious questions
- ■ Clarifiers
- ■ Calming techniques

Key Questions   KQ Type

- ■ Sub-Chief Complaint
- ■ Key Questions asked in order
- ■ Freelance questions
- ■ Freelance instructions
- ■ All questions/instructions given in the appropriate area
- ■ Obvious questions

    Comment: "Does he have chest pain or chest discomfort?". The caller had expressed that the patients
    A.I.C.D. was going off and he was in pain.
    In the future, when answers are obvious you do not need to ask them. This practice assures callers that the
    calltaker is listening to them, and this is consistent with good customer service practices. If you ask the
    question as written without explaining to the caller why the question is being asked, it can set up a
    frustrating or hostile conversation with the
    caller.

- ■ Clarifiers

Call Audit

■	Calltaker Initiated Shunt	
■	Shunted appropriately (new or updated information)	
■	Followed appropriate protocol links	
■	Calming techniques	
■	Is he completely alert (responding appropriately)?	7
■	Is he breathing normally?	7
■	Is he breathing normally?	7
■	Is he changing color?	7
■	Describe the color change.	7
■	Is he clammy or having cold sweats?	0
■	Did it fire (go off) in the last 30 minutes?	0
■ ■	Does he have chest pain or chest discomfort?	7
■	Did he take any drugs or medications in the past 12 hours?	0
■	I'm going to tell you how to check his pulse (heart rate). Get right next to him.	0
■	Ø Accept the heart rate calculated.	0

> Comment: "Does he have chest pain or chest discomfort?" recorded as 'Other HEART ATTACK symptoms'. The caller said "Yes, he has a device in his chest it's gone off five times, he has chest pain!" Moving forward, this should be recorded as 'Chest pain'. Answers improperly recorded into ProQA can start a cascade of errors that stem from one mistake.

Final Coding

■	Determinant Code
■	Determinant Level
■	Determinant Descriptor
■	Determinant Suffix
■	Did not use Malicious Final Code

Dispatch Life Support

■	PAIs
■	PDIs

> Comment: "From now on, don't let him have anything to eat or drink. It might make him sick or cause further problems." Was not given.
> "Just let him rest in the most comfortable position and wait for help to arrive." Was not given.
> Going forward, all PDIs should be given when possible and appropriate.

■	Freelance questions
■	Freelance instructions
■	All questions/instructions given in the appropriate area
■	Obvious questions
■	Clarifiers

Call Audit

Complaint Description: ON THE STAIRS AND HIS DEFIBULATOR HAS GONE OFF

■ (orange) **Followed appropriate DLS Links**
> Comment: Case Exit pathway was not completed. X3 & Arrival Interface instructions were not given. In the future, it is best practice to provide all Case Exit PDIs when possible and appropriate.

■ (green) Met the minimum Standards of Practice

■ (green) Followed appropriate protocol links

■ (gray) Calming techniques

■ (gray) Breathing Verification Diagnostic

■ (green) Pulse Diagnostic

■ (gray) Stroke Diagnostic

■ (red) **Aspirin Diagnostic**
> Comment: In the future, the Aspirin Diagnostic should be used for a chest pain/discomfort patient who is alert, > or equal to 16, not pregnant, and has no reported STROKE symptoms.

■ (gray) Compressions Diagnostic

■ (gray) Contractions Diagnostic

■ (gray) Chemical Suicide Diagnostic

■ (gray) Coronavirus (COVID-19)

Customer Service

■ (green) Calltaker attitude

■ (green) Use correct volume, tone, and rate

■ (green) Display compassion

■ (green) Avoid gaps

■ (green) Explain actions

■ (green) Provided reassurance

■ (green) Did not create uncontrollable expectations

■ (green) Avoided prohibited behaviors

Overall Performance: Non-Compliant

Comments: The caller was clearly distraught and concerned for his brother. You maintained a calm, even tone throughout the call evaluation. When the caller got excited and started yelling you used repetitive persistence and reassuring statements to maintain control of the call. Good job ██████.

Legend:

50	■ Correct (green)		0	■ Not As Scripted (yellow)
3	■ Not Correct (orange)		1	■ Not Read (red)
5	■ Obvious (light green)		18	■ N/A (gray)
			1	■ Input Error (dark red)

e-PCR / Patient Outcome

COMMENTS

40 y/o male Rapid HR w/ Cocaine use.

EMS arrive on scene and are taken to patient by family. Patient is lying on the floor in his living room. He is obese at approx. 280-300lbs. He is yelling in pain and his internal defibrillator is actively going off on arrival. Patient is agitated, cooperative, answers appropriately, 0 shortness of breath, and patient is c/o weakness and pain when shocked. He tells EMS he has been shocked 6 times prior to EMS arrival.

HXCC:
•At approx. 0300 patient was in an argument with his brother that resulted in increased stress and his (ICD) internal cardiac defibrillator fired.
•Prior to the event patient admits to cocaine and alcohol use.
•His defibrillator continued to fire several times after and family called 911.
•Patient has had his ICD go off in the past, however never more than once.
•Patient says ICD went off 6x prior to EMS arrival.
•ICD went off 10x total.

Assessment:
•GCS x 15, PEARL @ 3mm, 0 neural deficits, agitation, cooperative, and answers appropriately.
•Respiratory rate is 24BPM, SPO2 95%+ on room air, 0 c/o shortness of breath, 0 cyanosis.
•Radials are strong, irregular, and rapid, patient feels weakness in the ambulance. Skin is warm and flushed. Patient does not have chest pain outside of when his ICD goes off.
•Abdomen is unremarkable. 0 nausea or vomiting.
•0 trauma.
•12 lead attached shows a SVT w/ runs of ventricular tachycardia. PVCs are non-perfusing. After Versed administration HR decreases and ICD does not fire again with EMS.

TX:
•Versed 5mg IM as per OLMC consultation (Dr. Hanrahan)
•18g IV right AC saline locked.
•Extraction via mega mover by EDMO-FIRE.
•Transport to Royal Alex ER-T6.
note: EMS drew up 100mcg of fentanyl in anticipation of possible pain managment for ICD shock, however after Versed administration, patient was not shocked and no pain managment was required.

Questions / Discussion

Date of Event:
21 June 2020

Event Location:
FMCM

Call Taker Location:
FMCM

Dispatch CAD Code:
29B02(HOT)

Code Description:
Traffic / Transportation Incidents

Chief Complaint / Problem:
Motorcycle accident

MPDS Card Set – case entry protocol

ENTRY QUESTIONS

1. What's the **address** of the emergency?
   House/Apartment/Business/Intersection/Landmark/Jurisdiction/GPS ↰ ✔

2. What's the **phone number** you're calling from? ✔

3. Okay, tell me **exactly** what happened.
   - Obviously NOT BREATHING and Unconscious (non-traumatic) ——— ❀ **9-E-1**
   - Hanging, Strangulation (no assailant involved), **Suffocation** ——— ❀ **9-E-3,4,5**
   - Underwater (DOMESTIC rescue) ——————————— ❀ **14-E-2**
   - Underwater (SPECIALIZED rescue) ———————————— **14**
   - Person on fire ——————————————— ❀ **7-E-1**
   a. **(Not obvious)** Are you **with** the patient **now?**
   b. **(Not obvious)** How **many** (other) people are **hurt/sick?**
      - Multiple victims ——————————————— **CC**
      - Traffic/Transportation incident (3rd or 4th pty caller) ——— **29**
   c. **(Choking)** Is s/he **breathing** or **coughing** at all? (You go check and tell me what you find.)
      - **No** ——————————————————— ❀ **11-E-1**
      i. **Do not slap** her/him on the back.

4. How **old** is s/he?
   a. **(Unsure)** Tell me **approximately**, then.

5. Is s/he **awake** (conscious)?
   - **Yes**
   - **No**
   - Unknown

6. Is s/he **breathing?** ❓
   a. **(Hasn't checked – 2nd party caller)** You go check and tell me what you find. ✔
      - **Yes**
      - **No**/NOT BREATHING ——————————————— ❀ **?-E-?**
      - UNCERTAIN/INEFFECTIVE/AGONAL BREATHING (1st or 2nd pty caller) ——— ❀ **?-E-?**
      - Unknown (3rd or 4th pty caller)

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THE INTERNATIONAL ACADEMY
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❀ POST-DISPATCH INSTRUCTIONS

a. **(ECHO)** I'm sending the **paramedics** (ambulance) to help you now. **Stay on the line.**
b. **(Hanging and not OBVIOUS DEATH)** **(Cut her/him down** immediately,) **loosen** the noose, then tell me if s/he's **breathing.**
c. **(Underwater) Do not go in the water** unless it's **safe** to do so. ⚠
d. **(Strangulation and not OBVIOUS DEATH) Loosen** anything around the **neck**, then tell me if s/he's **breathing.**
e. **(Suffocation) Remove** anything **covering** the **face** or **in** the **mouth**, then tell me if s/he's **breathing.**
f. **(Person on fire)** Tell her/him to **stop** running, **drop** to the **ground, cover** her/his **face,** and **roll** around. If water is available, **douse** her/him with it **immediately** until the fire is completely out. **(Water not available)** Get a **blanket, rug,** or **large jacket** and **use it to wrap** her/his **body** and **smother** the flames.
g. **(Critical Caller Danger)** (If it's too **dangerous to stay** where you are, and you think you can leave safely,) **get away** and **call us** from somewhere **safe.** ⚠

DLS   ✱ Link to CC unless: ↰

Suspected MEDICAL Arrest	⊗	**NABC-1**
Hanging/Strangulation/Suffocation (INEFFECTIVE BREATHING and Not OBVIOUS DEATH)	⊗	**NABC-1**

AMPDS™ v13.0, NAE-std, 150529

MPDS Card Set – case entry protocol

NOT BREATHING Situations

The following, when **offered** in response to "Tell me exactly what happened" or any listed Entry Question:

- **Not breathing** at all — 9-E-1
- **UNCERTAIN BREATHING** — 9-E-2
- **Hanging** — 9-E-3
- **Strangulation** — 9-E-4
- **Suffocation** — 9-E-5
- **COMPLETE obstruction** — 11-E-1
- **Drowning arrest** (out of water) — 14-E-1
- **Underwater** (DOMESTIC rescue) — 14-E-2

INEFFECTIVE BREATHING

The following, or reasonable equivalents, when **volunteered** at any point during Case Entry (code as **ECHO** on 2, 6, 9, 11, 15, 31):

- "Barely breathing"
- "Can't breathe (at all)"
- "Fighting for air"
- "Gasping for air" (AGONAL BREATHING)
- "Just a little" (AGONAL BREATHING)
- "Making funny noises" (AGONAL BREATHING)
- "Not breathing"
- "Turning blue" or "Turning purple"

❓ Determining AGONAL BREATHING

Use when the patient is **unconscious** and breathing reported by the caller is **questionable**, or when **mandated by the protocol** ❓. A time **between** breaths of **8 seconds or more** is considered **INEFFECTIVE BREATHING**. Check a maximum of **four breaths** (three intervals tested).

(Read verbatim) Okay, I want you to say "now" every **single** time s/he **takes** a breath **in**, starting **immediately**.

- **≥ 8 sec. interval = AGONAL**

AGONAL BREATHING

An **ineffective, deteriorating** breathing pattern that lingers after the heart has essentially stopped pumping blood to the brain.

UNCERTAIN BREATHING

A situation where a **2nd party** caller is **uncertain, unsure, indefinite, or ambiguous** when asked if an unconscious patient is breathing.

ECHO Determinant Practice

The **ECHO** level allows **early recognition** and **closer response initiation** based on **extreme conditions of breathing** and **other dire circumstances as defined**, such as a **person on fire**.

Such coding is separated from **DELTA** to encourage local assignment of the **absolute closest** response of **any trained crew** (i.e., police with AEDs, fire ladder or snorkel crews, **HAZMAT**, or other specialty teams).

Rules

1. If the complaint description includes **scene safety** issues, choose the Chief Complaint Protocol that **best addresses** those issues.
2. If the complaint description involves **TRAUMA**, choose the Chief Complaint Protocol that best addresses the **mechanism of injury**.
3. Use of the **AGONAL BREATHING Detector** is **not necessary** when **UNCERTAIN BREATHING** or **INEFFECTIVE BREATHING** is **associated with unconsciousness**.
4. When **cardiac arrest** appears to be **TRAUMATIC** in nature, choose the Chief Complaint Protocol that best fits **scene safety** concerns and the **mechanism of injury**.
5. If the complaint description appears to be **MEDICAL** in nature, choose the Chief Complaint Protocol that best fits the patient's **foremost symptom**, with **priority symptoms** taking precedence.
6. If the complaint description involves **hazardous materials** (toxic substances) that **pose a threat** to bystanders or responders, go to **Protocol 8**.
7. When the complaint description is **seizure**, go to **Protocol 12** regardless of consciousness and breathing status.
8. If the Chief Complaint and status of **consciousness and breathing are unknown** initially (3rd party caller), go to Protocol 32.
9. When the complaint description involves **both NON-TRAUMATIC chest pain/heart attack symptoms and breathing problems**, choose the Chief Complaint Protocol that best fits the patient's **foremost symptom**, with **ECHO-level conditions** taking precedence. (≥ 16, alert, no reported STROKE symptoms) Use the **Aspirin Diagnostic & Instruction Tool** on either protocol as appropriate.
10. When the complaint description is **breathing-related tracheostomy** (trach or stoma) **problems in the conscious patient**, go to Protocol 6.
11. Some **critical** patient care instructions may be **necessary prior** to the "send" point. Any significant **scene safety concerns** take precedence and **must be addressed before** the provision of instructions.
12. Case Entry Questioning **must always be completed** after PDIs **when directed by** ❋ (hanging, strangulation, suffocation, underwater, choking, person on fire).

Axioms

1. **UNCERTAIN BREATHING** status indicates a **2nd party** caller who has seen the patient and is still unsure. **This is considered NOT BREATHING until proven otherwise.**
2. **Unknown breathing** status indicates a 3rd or 4th party caller who cannot personally verify the patient's status.
3. After an **ECHO** response, **completing all Case Entry and Chief Complaint Key Questions** ensures that the proper knowledge regarding **safety** issues and the appropriate warnings and/or advice are immediately and always **passed on** to the responders and potential scene helpers.
4. **Prompt recognition of AGONAL BREATHING** is critical to the treatment of cardiac arrest because it **reduces time to compressions and defibrillation. MEDICAL** Arrest PAIs should be **instituted immediately** after **ECHO** coding and associated PDIs when an unconscious patient's breathing status is **INEFFECTIVE or UNCERTAIN** (**AGONAL BREATHING** Detector use is **not** necessary).

⓿ CASE ENTRY PROTOCOL

29 TRAFFIC / TRANSPORTATION INCIDENTS

KEY QUESTIONS ➔

∗ **Sinking Vehicle / Vehicle in Floodwater** ⎯⎯⎯ 🔆 **29-D-2s**

1. **(Suspected)** Are there **chemicals** or other **hazards** involved? ☢
   a. **(HAZMAT)** Do you know the warning **placard numbers** (chemical ID)?
2. Is anyone **pinned** (trapped)?
3. **(Vehicle only)** Was anyone **thrown** from the vehicle?
4. Does everyone appear to be **completely awake** (alert)?
   a. **(No)** Okay, is s/he **breathing right now**?
      i. **(Yes)** Is her/his breathing **noisy** (not normal)?
5. Are there any obvious **injuries**?
   a. **(Yes)** Is there any **SERIOUS bleeding** (spurting or pouring)?

✚ POST-DISPATCH INSTRUCTIONS ☻ ☢ ⚡ 🔥 ✷

a. I'm sending the **paramedics** (ambulance) to help you now. **Stay on the line** and I'll tell you **exactly** what to do next.
b. **Do not splint** any injuries.
c. **Do not move** her/him unless s/he is in **danger**. ▽
d. **(Water)** **Do not go in the water** unless it's **safe** to do so. ▽
e. For **everyone's safety**, (tell any bystanders to) **stand well clear of** approaching **traffic**. If it's **safe** to do so, **turn on** flashing **hazard lights**. ▽

DLS ∗ **Link to ☎ X-1 unless:** ➔

Danger or Contamination	▽ X-7
Arrest	✪ NABC-1
INEFFECTIVE BREATHING and Not alert	🌂 NABC-1
Unconscious and Effective breathing ❓	☏ X-3
Sinking Vehicle (1ˢᵗ party)	🚤 L-1 pullout→
Vehicle in Floodwater (1ˢᵗ party)	🚤 L-2 pullout→
Control Bleeding	🩸 X-5
Nosebleed Control	🩸 X-5a
Amputation (no significant bleeding)	🩸 X-6
Avulsed Tooth (no significant bleeding)	🦷 X-6a

LEVELS	#	DETERMINANT DESCRIPTORS ➡ V U Y X AND SEE ADDITIONAL INFO	CODES	RESPONSES	MODES
D	1	**MAJOR INCIDENT** (a through h)	29-D-1 ▽		
	2	**HIGH MECHANISM** (k through t)	29-D-2 ▽		
	3	**HIGH VELOCITY** impact	29-D-3 ▽		
	4	**HAZMAT**	29-D-4 ☢		
	5	**Pinned** (trapped) victim	29-D-5 ▽		
	6	**Arrest**	29-D-6		
	7	**Unconscious**	29-D-7		
	8	**Not** alert with **noisy** breathing (abnormal)	29-D-8		
	9	**Not** alert with **normal** breathing	29-D-9		
B	1	**Injuries**	29-B-1		
	2	**SERIOUS** hemorrhage	29-B-2		
	3	**Other** hazards	29-B-3		
	4	**LOW MECHANISM** (1ˢᵗ or 2ⁿᵈ party caller)	29-B-4		
	5	**Unknown** status/**Other** codes **not** applicable	29-B-5		
A	1	1ˢᵗ **party** caller with injury to **NOT DANGEROUS** body area	29-A-1		
	2	No injuries **reported** (**unconfirmed** or ≥5 persons involved)	29-A-2 ✷		
Ω	1	No injuries (**confirmed** for all persons up to 4)	29-Ω-1 ✷		

Chronology

Event Comment Datetime	Event Comment	Event Comment Terminal	System Generated Flag
2020/06/21 17:20:41	AZ 150 00811 SOUTH OF ANZAC BETWEEN ANZAC AND ENGSTROM LAKE	emsf00035	No
2020/06/21 17:20:41	Interoperability for AFRRCS Equipped Partner Agencies MutualAid: FMCM Mutual Aid 11 OLMC: FMCM TAC 8 OTHER: Helicopter EMS LZ : AFRRCS Simplex 1 Police: Contact dispatch for Talkgroup 	AFRRCS	No
2020/06/21 17:20:42	** LOI search completed at 2020-06-21 17:20:42	wsemscadint03	Yes
2020/06/21 17:20:44	^***SELECT AND RECOMMEND INITIATED***	emsf00035	No
2020/06/21 17:20:46	^** Recommended unit FMCM-1B5 for requirement BLS (34.0 min) ^** Recommended unit FMCM-1A1 for requirement ALS (37.3 min) ^** Recommended unit FMCM-1A3 for requirement ALS (44.3 min) ^** Recommended unit FMCM-1A4 for requirement ALS (49.7 min)	emsf00035	Yes
2020/06/21 17:20:48	^AFRRCS sent to 4110190 : 10.174.24.134 : FMCM-1B5	wsemsef01	No
2020/06/21 17:20:49	^***SELECT AND RECOMMEND INITIATED***	emsn77378	No
2020/06/21 17:20:51	^AFRRCS sent to 4111151 : 10.174.29.5 : FMCM-1B5	wsemsef01	No
2020/06/21 17:20:56	^AFRRCS Received on 4111151 : 10.174.29.5 : FMCM-1B5	wsemsef01	No
2020/06/21 17:21:16	^AFRRCS Read on 4111151 : 10.174.29.5 : FMCM-1B5	wsemsef01	No
2020/06/21 17:21:47	** Event Priority changed from 5 to 6 at: 2020-06-21 17:21:47 ** >>>> by terminal: emsf00035	emsf00035	Yes
2020/06/21 17:21:47	** Event Type changed from 00A01(COLD) to 29(COLD) at: 2020-06-21 17:21:47 ** >>>> by terminal: emsf00035	emsf00035	Yes
2020/06/21 17:21:47	Problem: MOTORCYCLE ACCIDENT Caller Relationship: 3rd party Chief Complaint: Traffic Collision / Transportation Incident 30-year-old, Male, Conscious, Breathing.	emsf00035	No
2020/06/21 17:21:49	~FMCM(FIRE) has created event N20018270	wsemsef01	No
2020/06/21 17:21:50	~FMCM(FIRE): Dispatcher evaluating call.	wsemsef01	No
2020/06/21 17:22:15	~FMCM(FIRE): Dispatcher committed call. Incident open.	wsemsef01	No

Chronology

Event Comment Datetime	Event Comment	Event Comment Terminal	System Generated Flag
2020/06/21 17:22:29	Dispatch CAD Code: 29B02 Determinant Level: SERIOUS hemorrhage ----KQ: The incident involves a single motorcycle. ----KQ: There is SERIOUS bleeding. ----KQ: Chemicals or other hazards are not involved. ----KQ: There is no one pinned. ----KQ: Everyone appears to be completely awake (alert). ----KQ: His injuries are described as other than to a NOT DANGEROUS area.	emsf00035	No
2020/06/21 17:22:29	** Event Type changed from 29(COLD) to 29B02(HOT) at: 2020-06-21 17:22:29 ** >>>> by terminal: emsf00035	emsf00035	Yes
2020/06/21 17:22:30	** Event Priority changed from 6 to 4 at: 2020-06-21 17:22:30 ** >>>> by terminal: emsf00035	emsf00035	Yes
2020/06/21 17:23:10	Unit FMCM-1B5 status changed to EN (Enroute).	wsemsef02	No
2020/06/21 17:23:26	~FMCM(FIRE): Anzac Paged	wsemsef01	No
2020/06/21 17:24:41	~FMCM(FIRE): SOUTH OF ANZAC BETWEEN ANZ. AND ENGSTROM	wsemsef01	No
2020/06/21 17:24:57	~FMCM(FIRE): BTWN APPX KM 273-272	wsemsef01	No
2020/06/21 17:26:54	SOUTHBOUND LANE	emsf00035	No
2020/06/21 17:27:50	~FMCM(FIRE): ANZAC EN ROUTE	wsemsef01	No
2020/06/21 17:29:56	ANZAC RESPONDING WITH 7 MEMBERS	emsf00035	No
2020/06/21 17:31:13	PATIENT IS FULLY ALERT, HE HAS SOME ROAD RASH ON HIS LEGS, ARMS AND HIP	emsf00035	No
2020/06/21 17:32:28	|POLICE NOTIFIED|	emsf00035	No
2020/06/21 17:35:11	** Event Type changed from 29B02(HOT) to 29B01(HOT) at: 2020-06-21 17:35:11 ** >>>> by terminal: emsf00035	emsf00035	Yes
2020/06/21 17:36:45	~FMCM(FIRE): IncidentType changed from 'Pre-Alert - Event Pending: Pre-Alert - Event Pending' to '29B1: Injuries'	wsemsef01	No
2020/06/21 17:42:04	DISREGARD NOTE ABOUT SERIOUS BLEEDING; SPOKE TO PATIENT AT THE END AND NO BLEEDING CONTROL INSTRUCTIONS NEEDED, HE IS BLEEDING BUT IT IS SCRAPES AND ROAD RASH	emsf00035	No
2020/06/21 17:50:23	Unit FMCM-1B5 status changed to AR (Arrived).	wsemsef02	No
2020/06/21 18:01:36	FMCM-1B5 -- NO RESPONSE UNIT CONTACT. Timer Extended: 5	emsf00035	No
2020/06/21 18:04:29	~FMCM(FIRE): ETA FOR RCMP 10 MIN	wsemsef01	No
2020/06/21 18:05:59	Unit FMCM-1B5 status changed to TR (Transport).	wsemsef02	No
2020/06/21 18:16:45	~FMCM(FIRE): Dispatcher closed incident.	wsemsef01	No
2020/06/21 18:45:23	Unit FMCM-1B5 status changed to TA (Transport Arrive).	wsemsef02	No

Call Audit

Case Entry

🟩 Address

🟩 Callback number

🟩 Primary discipline choice

🟩 Tell me exactly what happened.

> Comment: "So, there was about 4 motorcycles and they passed us and I guess he lost control of...started doing that wobble and basically....it wasn't a collision with another vehicle.".

⬜ Choking question

⬜ ECHO/Fast Track used

🟩 With the patient now

> Comment: The caller reported he was on hands free, to get the best assessment possible it could be recommended for the caller to go patient side. This will also help with the delivery of PDIs later on in the assessment.

⬜ With the patient now subquestion

🟩 Patient count question

> Comment: As there was no clear descriptor of how many occupants were on the motorcycle asking the patient count was required.

🟩 Age question

⬜ Age subquestion

🟩 Gender

🟥 Awake question

> Comment: The awake question was asked then without letting the caller answer the breathing question was also asked. The caller then stated yes. As there was not enough time for the caller to answer the awake question we can not be sure which question the answer "yes"was for. Please remember to ask each question separately and obtain an answer for each.

🟥 Breathing question

> Comment: The awake question was asked then without letting the caller answer the breathing question was also asked. The caller then stated yes. As there was not enough time for the caller to answer the awake question we can not be sure which question the answer "yes"was for. Please remember to ask each question separately and obtain an answer for each.

⬜ Breathing subquestion

🟩 Questions asked in order

🟩 Chief Complaint selection

🟩 Freelance questions

🟩 Freelance instructions

🟩 All questions/instructions given in the appropriate area

🟩 Obvious questions

🟩 Clarifiers

⬜ Calming techniques

Key Questions   KQ Type

⬜ Sub-Chief Complaint

Caller party: 3rd	Call Date: 06/21/2020 17:20:56		Code Selected: 29 - B - 2
How Obtained:			Code Reviewed: 29 - B - 2

Complaint Description: MOTORCYCLE ACCIDENT

	Item	Value
🟩	Key Questions asked in order	
🟩	Freelance questions	
🟩	Freelance instructions	
🟩	All questions/instructions given in the appropriate area	
🟩	Obvious questions	
🟩	Clarifiers	
⬜	Calltaker Initiated Shunt	
🟩	Shunted appropriately (new or updated information)	
🟩	Followed appropriate protocol links	
⬜	Calming techniques	
🟩	Ø Type of incident?	3
🟨	Are there chemicals or other hazards involved?	1
🟩	Is anyone pinned (trapped)?	0
🟧	Does everyone appear to be completely awake (alert)?	7
🟩	Are there any obvious injuries?	0
🟩 🟥	Is there any SERIOUS bleeding (spurting or pouring)?	7

Comment: Are there any chemicals or other hazards involved?'

The caller stated the motorcycle did "that wobble thing then went into the ditch", in KQ the selection of solitary MC is not incorrect but the description of the event suggests that High Velocity Incident may have been more appropriate to capture a higher level response.

'And does he appear to be completely awake?'. This changes the intent of the question as the original question asks, 'Does everyone...'. Since we don't know if there is more than one patient, this needs to be read as scripted to capture all possible patients.

The phone was passed to the rider of the MC. The bleeding was confirmed as not serious. This needs to be updated in KQ as bleeding not serious. This also captures a more accurate response of the situation.

Final Coding

	Item
🟩	Determinant Code
🟩	Determinant Level
🟩	Determinant Descriptor
🟩	Determinant Suffix
🟩	Did not use Malicious Final Code

Dispatch Life Support

	Item
⬜	PAIs
🟩	PDIs
🟩	Freelance questions
🟩	Freelance instructions
🟩	All questions/instructions given in the appropriate area

Call Audit

Caller party: 3rd
How Obtained:
Complaint Description: MOTORCYCLE ACCIDENT

Call Date: 06/21/2020 17:20:56
Code Selected: 29 - B - 2
Code Reviewed: 29 - B - 2

- ■ Obvious questions
- 2 Clarifiers
  - Comment: You're bleeding there, sir, are you?',
  - "Nothing that we need to control the bleeding with, sir?'.
- ■ Followed appropriate DLS Links
- ■ Met the minimum Standards of Practice
- ■ Followed appropriate protocol links
- ■ Calming techniques
- ■ Breathing Verification Diagnostic
- ■ Pulse Diagnostic
- ■ Stroke Diagnostic
- ■ Aspirin Diagnostic
- ■ Compressions Diagnostic
- ■ Contractions Diagnostic
- ■ Chemical Suicide Diagnostic
- ■ Coronavirus (COVID-19)

Customer Service
- ■ Calltaker attitude
- ■ Use correct volume, tone, and rate
- ■ Display compassion
- ■ Avoid gaps
- ■ Explain actions
- ■ Provided reassurance
- ■ Did not create uncontrollable expectations
- ■ Avoided prohibited behaviors

Overall Performance: Non-Compliant

Comments: Well done working with multiple callers to make sure you understood exactly what had happened. In order to get the best assessment possible it is a good practice to see if the caller would be willing to go patient side. Once into your PDIs the caller then was willing to go relay bleeding control instructions.

COMMENTS

responded to 53y/o male who was riding at highway speeds on his motorcycle. P/t states he hit a gust of wind and went into an uncontrolable speed wobble that threw him off his bike. p/t did not loose conciousness and denies having any neck or spinal pain. P/t A/Ox4 and ambulatory. P/t had significant road rash to both lower and bother upper limbs. as well as buttocks and hip. minimal blood lose. >100ml. P/t was given entonox, but had little effect on pain relief. 20g iv in left AC and 500ml of N/S given.

I did not attempt to clean the wounds as P/T was already in significant pain and with out adequate pain control i did not want to cause further pain.

P/t transported in semi fowlers position. No issues during transport, other than not being able to relieve pain with entonox.

P/T care transfered to northern lights emerg staff.

Questions / Discussion

Event Overview #3

Date of Event:
09 June 2020

Event Location:
Edmonton

Call Taker Location:
NCC

Dispatch CAD Code:
36A03S(COLD)

Code Description:
Pandemic / Epidemic / Outbreak (surveillance or triage

Chief Complaint / Problem:
Stuck in a roasting pan on the floor, can't get her up, can't move

ENTRY QUESTIONS

1. What's the **address** of the emergency?
   House/Apartment/Business/Intersection/Landmark/Jurisdiction/GPS

2. What's the **phone number** you're calling from?

3. Okay, tell me **exactly** what happened.

Obviously NOT BREATHING and Unconscious (non-traumatic)	9-E-1
Hanging, Strangulation (no assailant involved), **Suffocation**	9-E-3,4,5
Underwater (DOMESTIC rescue)	14-E-2
Underwater (SPECIALIZED rescue)	14
Person on fire	7-E-1

   a. **(Not obvious)** Are you **with** the patient **now?**

   b. **(Not obvious)** How **many** (other) people are **hurt/sick?**

Multiple victims	CC
Traffic/Transportation incident (3rd or 4th pty caller)	29

   c. **(Choking)** Is s/he **breathing** or **coughing** at all? (You go check and tell me what you find.)

No	11-E-1

      i. **Do not slap** her/him on the back.

4. How **old** is s/he?

   a. **(Unsure)** Tell me **approximately**, then.

5. Is s/he **awake** (conscious)?
   Yes
   No
   Unknown

6. Is s/he **breathing?** ❓

   a. **(Hasn't checked – 2nd party caller)** You go check and tell me what you find.

Yes	
No/NOT BREATHING	?-E-?
UNCERTAIN/INEFFECTIVE/AGONAL BREATHING (1st or 2nd pty caller)	?-E-?
Unknown (3rd or 4th pty caller)	

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POST-DISPATCH INSTRUCTIONS

a. **(ECHO)** I'm sending the **paramedics** (ambulance) to help you now. **Stay on the line.**

b. **(Hanging and not OBVIOUS DEATH)** **(Cut** her/him **down** immediately,) **loosen** the noose, then tell me if s/he's **breathing.**

c. **(Underwater)** **Do not go in the water** unless it's **safe** to do so. ▽

d. **(Strangulation and not OBVIOUS DEATH)** **Loosen** anything around the **neck**, then tell me if s/he's **breathing.**

e. **(Suffocation)** **Remove** anything **covering** the **face** or **in** the **mouth**, then tell me if s/he's **breathing.**

f. **(Person on fire)** Tell her/him to **stop** running, **drop** to the **ground, cover** her/his **face**, and **roll** around. If water is available, **douse** her/him with it **immediately** until the fire is completely out. **(Water not available)** Get a **blanket, rug,** or **large jacket** and **use it to wrap** her/his **body** and **smother** the flames.

g. **(Critical Caller Danger)** (If it's too **dangerous to stay** where you are, and you think you can leave safely,) **get away** and **call us** from somewhere **safe.** ▽

DLS ✳ Link to CC unless:

Suspected MEDICAL Arrest	✪	**NABC-1**
Hanging/Strangulation/Suffocation (INEFFECTIVE BREATHING and Not OBVIOUS DEATH)	✪	**NABC-1**

NOT BREATHING Situations

The following, when **offered** in response to "Tell me exactly what happened" or any listed Entry Question:

• **Not breathing** at all	9-E-1
• **UNCERTAIN BREATHING**	9-E-2
• **Hanging**	9-E-3
• **Strangulation**	9-E-4
• **Suffocation**	9-E-5
• **COMPLETE obstruction**	11-E-1
• **Drowning arrest** (out of water)	14-E-1
• **Underwater** (DOMESTIC rescue)	14-E-2

INEFFECTIVE BREATHING

The following, or reasonable equivalents, when **volunteered** at any point during Case Entry (code as **ECHO** on 2, 6, 9, 11, 15, 31):

- "Barely breathing"
- "Can't breathe (at all)"
- "Fighting for air"
- "Gasping for air" (AGONAL BREATHING)
- "Just a little" (AGONAL BREATHING)
- "Making funny noises" (AGONAL BREATHING)
- "Not breathing"
- "Turning blue" or "Turning purple"

❓ Determining AGONAL BREATHING

Use when the patient is **unconscious** and breathing reported by the caller is **questionable**, or when **mandated by the protocol** ❓. A time **between** breaths of **8 seconds or more** is considered **INEFFECTIVE BREATHING**. Check a maximum of **four breaths** (three intervals tested).

(Read verbatim) Okay, I want you to say **"now"** every **single** time s/he **takes** a breath **in,** starting **immediately.**

- **≥ 8 sec. interval = AGONAL**

AGONAL BREATHING

An **ineffective, deteriorating** breathing pattern that lingers after the heart has essentially stopped pumping blood to the brain.

UNCERTAIN BREATHING

A situation where a **2nd party** caller is **uncertain, unsure, indefinite, or ambiguous** when asked if an unconscious patient is breathing.

ECHO Determinant Practice

The **ECHO** level allows **early recognition** and **closer response initiation** based on **extreme conditions of breathing** and **other dire circumstances** as defined, such as a **person on fire.**

Such coding is separated from **DELTA** to encourage **local** assignment of the **absolute closest** response of **any trained crew** (i.e., police with AEDs, fire ladder or snorkel crews, **HAZMAT,** or other specialty teams).

Rules

1. If the complaint description includes **scene safety** issues, choose the Chief Complaint Protocol that **best addresses** those issues.
2. If the complaint description involves **TRAUMA,** choose the Chief Complaint Protocol that best addresses the **mechanism of injury.**
3. Use of the **AGONAL BREATHING Detector** is **not necessary** when **UNCERTAIN BREATHING** or **INEFFECTIVE BREATHING** is **associated with unconsciousness.**
4. When **cardiac arrest** appears to be **TRAUMATIC** in nature, choose the Chief Complaint Protocol that best fits **scene safety** concerns and the **mechanism of injury.**
5. If the complaint description appears to be **MEDICAL** in nature, choose the Chief Complaint Protocol that best fits the patient's **foremost symptom,** with **priority symptoms** taking precedence.
6. If the complaint description involves **hazardous materials** (toxic substances) that **pose a threat** to bystanders or responders, go to **Protocol 8.**
7. When the complaint description is **seizure,** go to **Protocol 12** regardless of consciousness and breathing status.
8. If the Chief Complaint and status of **consciousness and breathing are unknown** initially (3rd party caller), go to Protocol 32.

9. When the complaint description involves **both NON-TRAUMATIC chest pain/heart attack symptoms and breathing problems,** choose the Chief Complaint Protocol that best fits the patient's **foremost symptom,** with **ECHO-level conditions** taking precedence. (≥ 16, alert, no reported STROKE symptoms) Use the **Aspirin Diagnostic & Instruction Tool** on either protocol as appropriate.
10. When the complaint description is **breathing-related tracheostomy** (trach or stoma) **problems in the conscious patient,** go to Protocol 6.
11. Some **critical** patient care instructions may be **necessary prior** to the "send" point. Any significant **scene safety concerns** take precedence and **must be addressed before** the provision of instructions.
12. Case Entry Questioning **must always be completed** after PDIs **when directed by** 🎆 (hanging, strangulation, suffocation, underwater, choking, person on fire).

Axioms

1. **UNCERTAIN BREATHING** status indicates a **2nd party** caller who has seen the patient and is still unsure. **This is considered NOT BREATHING until proven otherwise.**
2. **Unknown breathing** status indicates a 3rd or 4th party caller who cannot personally verify the patient's status.
3. After an **ECHO** response, **completing all Case Entry and Chief Complaint** Key Questions ensures that the proper knowledge regarding **safety** issues and the appropriate warnings and/or advice are immediately and always **passed on** to the responders and potential scene helpers.
4. **Prompt recognition of AGONAL BREATHING** is critical to the treatment of cardiac arrest because it **reduces time to compressions and defibrillation. MEDICAL** Arrest PAIs should be instituted immediately after **ECHO** coding and associated PDIs when an unconscious patient's **breathing status is INEFFECTIVE or UNCERTAIN** (AGONAL BREATHING Detector use is **not** necessary).

❶ CASE ENTRY PROTOCOL

36 PANDEMIC / EPIDEMIC / OUTBREAK (SURVEILLANCE OR TRIAGE)

KEY QUESTIONS

1. What is the most **prominent complaint**?
(Difficulty breathing)
 a. Does s/he have **difficulty** speaking **between** breaths?
  i. **(No)** Describe to me what her/his **breathing** is like.
 b. **(INEFFECTIVE or DSBB)** Did s/he have **any flu-like symptoms** prior to this?
  Yes & INEFFECTIVE ——————— 36-D-1
  Yes & DSBB ——————————— 36-D-2
  No ————————————————— 6

(Chest pain ≥ 35)
 a. Has s/he ever had a **heart attack** or **angina** (heart pains)?
  Yes ————————————————— 10
2. Is s/he **completely alert** (responding appropriately)?
3. **(Not 1st party)** Is s/he **changing color**?
 a. **(Yes)** Describe the color change.
4. Is s/he having **chills** or **sweats**?
  Yes & chest pain/discomfort ≥ 35 ——— 10
5. **(Not COVID-19)** Is s/he **vomiting**?
  Yes & chest pain/discomfort ≥ 35 ——— 10
6. Does s/he have a **new cough** that **recently** started?
7. Does s/he have a **sore throat**?
8. Does s/he have **muscle** or **body aches**?
9. Does s/he have a **fever** (hot to touch in room temperature)?
10. Does s/he have a **runny** or **stuffy nose**?
11. **(Not COVID-19)** Does s/he have **diarrhea**?   ***see Rule 2**
12. Does s/he have **fatigue** or **weakness**?
13. **(Not COVID-19)** Does s/he have a **headache**?
 a. **(Yes & no other flu-like symptoms)** Was there a **sudden** onset of **severe** pain?
  Yes ————————————————— 18

KEY QUESTIONS (continued)

14. Does s/he have any **HIGH RISK** conditions?
  No flu-like symptoms in KQ 4–13 ——— **CC**

POST-DISPATCH INSTRUCTIONS

a. **(If regular dispatch)** I'm sending the **paramedics** (ambulance) to help you now. **Stay on the line** and I'll tell you **exactly** what to do next.
b. **(If reduced/limited dispatch)** I'm **arranging care** for you now. An ambulance (or Care Van) will come to check you **when they are available**. This might take (several hours).
c. **(No EMS response/Home quarantine instructions)** Due to the **extent** of the epidemic, your condition **requires** that you **remain at home** and **avoid close contact** with others. A healthcare professional/specialist will (contact you soon to) **give you further instructions**. **(Connect to a specialist if available.)**
d. **(No EMS response and alternative treatment site available)** Since the **hospitals** are currently **full** and only accepting **critically ill** patients, I'm going to **give** you the **address/location** of the **nearest** treatment center. **(Follow local instructions.)** Do you have **transportation** to get there? **(If no, follow local instructions.)**
e. **(Patient medication requested and Alert)** Remind her/him to do what her/his **doctor has instructed** for these situations.
f. **(≥ 1 + DELTA)** If there is a **defibrillator** (AED) available, **send** someone to get it **now** in case we need it later.

DLS   * **Link to ☎ X-1 unless:**
INEFFECTIVE BREATHING and Unconscious — ⊗ **ABC-1**

LEVELS	#	DETERMINANT DESCRIPTORS ✛ S A B C X L M H	CODES: LEVEL 0 (S,X) LEVEL 1 (A,L) LEVEL 2 (B,M) LEVEL 3 (C,H)
D	1	**INEFFECTIVE BREATHING** with **flu-like symptoms**	**36-D-1**
	2	**DIFFICULTY SPEAKING BETWEEN BREATHS** with **flu-like symptoms**	**36-D-2**
	3	**Not alert** with **flu-like symptoms**	**36-D-3**
	4	**CHANGING COLOR** with **flu-like symptoms**	**36-D-4**
C	1	**Abnormal breathing** with **single** flu-like symptom or **Asthma/COPD**	**36-C-1**
	2	**Abnormal breathing** with **multiple** flu-like symptoms	**36-C-2**
	3	**Chest pain/discomfort ≥ 35** with **single** flu-like symptom	**36-C-3**
	4	**Chest pain/discomfort ≥ 35** with **multiple** flu-like symptoms	**36-C-4**
	5	**HIGH RISK**	**36-C-5**
A	1	**Chest pain/discomfort < 35** with **single** flu-like symptom	**36-A-1**
	2	**Chest pain/discomfort < 35** with **multiple** flu-like symptoms	**36-A-2**
	3	Flu-like symptoms **only** (cough, fever, chills, sweats, sore throat, vomiting, diarrhea, muscle/body aches, fatigue/weakness, headache, etc.)	**36-A-3**

Chronology

Event Comment Datetime	Event Comment	Event Comment Terminal	System Generated Flag
2020/06/09 18:04:44	████████████ ██████	emsn77380	No
2020/06/09 18:04:45	** LOI search completed at 2020-06-09 18:04:45	wsemscadint03	Yes
2020/06/09 18:04:45	OTHER: Helicopter EMS LZ : AFRRCS Simplex 1 Police: Contact dispatch for Talkgroup OLMC: CCC TAC 8 Interoperability for AFRRCS Equipped Partner Agencies 	AFRRCS	No
2020/06/09 18:04:53	^** Recommended unit EDMO-1A14 for requirement ALS (1.5 min) ^** Recommended unit EDMO-2A25 for requirement ALS (3.5 min) ^** Recommended unit EDMO-6P8 for requirement PRU (3.8 min) ^** Recommended unit EDMO-1A13 for requirement ALS (9.3 min)	emsc74065	Yes
2020/06/09 18:04:55	^AFRRCS sent to 4111083 : 10.174.28.193 : EDMO-2A25	wsemsef01	No
2020/06/09 18:04:58	^AFRRCS sent to 4112284 : 10.174.34.185 : EDMO-2A25	wsemsef01	No
2020/06/09 18:05:01	BUZZER IS CALLERS PHONE NBR	emsn77380	No
2020/06/09 18:05:03	^AFRRCS Received on 4112284 : 10.174.34.185 : EDMO-2A25	wsemsef01	No
2020/06/09 18:05:04	^AFRRCS Received on 4111083 : 10.174.28.193 : EDMO-2A25	wsemsef01	No
2020/06/09 18:05:17	MAP ZONE 24, CC 07	emsc74064	No
2020/06/09 18:05:52	PT 250 LBS	emsn77380	No
2020/06/09 18:06:54	PT HAS BEEN PULLED OUT OF THE ROASTING PAN	emsn77380	No
2020/06/09 18:07:35	Problem: STUCK IN A ROASTING PAN ON THE FLOOR, CANT GET HER UP, CANT MOVE Caller Relationship: 2nd party Chief Complaint: Pandemic / Epidemic / Outbreak (Surveillance or Triage) 58-year-old, Female, Conscious, Breathing.	emsn77380	No
2020/06/09 18:07:36	** Event Priority changed from 5 to 6 at: 2020-06-09 18:07:36 ** >>>> by terminal: emsn77380	emsn77380	Yes
2020/06/09 18:07:36	** Event Type changed from 00A01(COLD) to 36(COLD) at: 2020-06-09 18:07:36 ** >>>> by terminal: emsn77380	emsn77380	Yes

Chronology

Event Comment Datetime	Event Comment	Event Comment Terminal	System Generated Flag
2020/06/09 18:09:33	Dispatch CAD Code: 36A03S Determinant Level: Flu-like symptoms only (cough, fever, chills, sweats, sore throat, vomiting, diarrhea, muscle/body aches, fatigue/ weakness, headache, etc.) Suffix Text: Level 0 (COVID-19 surveillance only) ----KQ: This is a coronavirus (COVID-19) outbreak. ----KQ: The locally designated Triage Level is 0 (surveillance only). ----KQ: The most prominent complaint is having general illness/sickness (other symptoms): CANT MOVE ----KQ: She does not have chills or sweats. ----KQ: She does not have a fever. ----KQ: She does not have a runny or stuffy nose. ----KQ: She has fatigue or weakness. ----KQ: She is not a HIGH RISK patient. ----KQ: She is completely alert (responding appropriately). ----KQ: She does not have a new cough that recently started. ----KQ: She does not have a sore throat. ----KQ: She does not have muscle or body aches.	emsn77380	No
2020/06/09 18:09:33	** Event Type changed from 36(COLD) to 36A03S(COLD) at: 2020-06-09 18:09:33 ** >>>> by terminal: emsn77380	emsn77380	Yes
2020/06/09 18:09:34	** Event Priority changed from 6 to 5 at: 2020-06-09 18:09:34 ** >>>> by terminal: emsn77380	emsn77380	Yes
2020/06/09 18:10:34	^AFRRCS Read on 4111083 : 10.174.28.193 : EDMO-2A25	wsemsef01	No
2020/06/09 18:13:26	EDMO-2A25 -- CREW INITIATED - CODE15	emsc74064	No
2020/06/09 18:34:54	EDMO-2A25 -- NO RESPONSE UNIT CONTACT. Timer Extended: 5	emsc74058	No
2020/06/09 18:35:40	DISREGARD LAST	emsc74058	No
2020/06/09 18:42:44	EDMO-2A25 -- CREW INITIATED - CODE15	emsc74064	No
2020/06/09 18:42:51	CODE 15 VIA DISP 4	emsc74064	No
2020/06/09 18:47:11	PT REFUSED TRANSPORT. WILL BE DOCUMENTING AND MOVING OFF SCENE.	emsc74064	No
2020/06/09 18:47:15	EDMO-2A25 -- CREW INITIATED - CODE15	emsc74064	No

Call Audit

Case Entry

- 🟩 Address
  Comment: "C Block buiding?"
- 🟩 Callback number
- 🟩 Primary discipline choice
- 🟩 Tell me exactly what happened.
- ⬜ Choking question
- ⬜ ECHO/Fast Track used
- 🟩 With the patient now
- ⬜ With the patient now subquestion
- 🟩 Patient count question
- 🟩 Age question
- ⬜ Age subquestion
- 🟩 Gender
- 🟩 Awake question
- 🟩 Breathing question
- ⬜ Breathing subquestion
- 🟩 Questions asked in order
- 🟩 Chief Complaint selection
- 🟧 Freelance questions
  Comment: "You said she's overweight, how much does she weigh?"
  Moving forward, avoid asking freelance questions that do not provide an appropriate clarification or enhancement to a question in the protocol.
- 🟩 Freelance instructions
- 🟩 All questions/instructions given in the appropriate area
- 🟩 Obvious questions
- 🟧 **3** Clarifiers
  Comment: "She's stuck in a pan?"
  "So she's stuck in a roasting pan on the floor?"
  "Pardon me, 68?"
  "Now that she's out of the roasting pan, what injuries does she have?"
  In the future, it is best practice to ask all clarifying questions in an objective manner.
- ⬜ Calming techniques

Key Questions

                     KQ Type

- ⬜ Sub-Chief Complaint
- 🟩 Key Questions asked in order
- 🟩 Freelance questions
- 🟩 Freelance instructions
- 🟩 All questions/instructions given in the appropriate area

Call Audit

Complaint Description: STUCK IN A ROASTING PAN ON THE FLOOR, CANT GET HER UP, CANT MOVE

🟩	Obvious questions	
🟧	Clarifiers	
	Comment: "Does she have fatigue or weakness? Yes or No."	
⬜	Calltaker Initiated Shunt	
🟩	Shunted appropriately (new or updated information)	
🟩	Followed appropriate protocol links	
⬜	Calming techniques	
🟩	Ø Select the disease outbreak.	3
🟩	Ø Enter the locally designated Triage Level:	0
🟩	Ø Select the most prominent complaint:	3
🟩	Is she completely alert (responding appropriately)?	7
🟩	Is she changing color?	7
🟩	Is she having chills or sweats?	0
🟩	Does she have a new cough that recently started?	0
🟩	Does she have a sore throat?	0
🟩	Does she have muscle or body aches?	0
🟩	Does she have a fever (hot to touch in room temperature)?	0
🟩	Does she have a runny or stuffy nose?	0
🟩	Does she have fatigue or weakness?	0
🟩	Ø Is this a HIGH RISK patient?	7

Final Coding

🟩	Determinant Code
🟩	Determinant Level
🟩	Determinant Descriptor
🟩	Determinant Suffix
🟩	Did not use Malicious Final Code

Dispatch Life Support

⬜	PAIs
🟩	PDIs
	Comment: EMS arrived before the last PDI could be given.
🟩	Freelance questions
🟩	Freelance instructions
🟩	All questions/instructions given in the appropriate area
🟩	Obvious questions
🟩	Clarifiers
🟩	Followed appropriate DLS Links
🟩	Met the minimum Standards of Practice

Call Audit

Caller party: 2nd
Call Date: 6/9/2020 6:04:54 PM
Code Selected: 36 - A - 3 - S

How Obtained:
Code Reviewed: 36 - A - 3 - S

Complaint Description: STUCK IN A ROASTING PAN ON THE FLOOR, CANT GET HER UP, CANT MOVE

🟩	Followed appropriate protocol links
⬜	Calming techniques
⬜	Breathing Verification Diagnostic
⬜	Pulse Diagnostic
⬜	Stroke Diagnostic
⬜	Aspirin Diagnostic
⬜	Compressions Diagnostic
⬜	Contractions Diagnostic
⬜	Chemical Suicide Diagnostic
⬜	Coronavirus (COVID-19)

Customer Service

🟩	Calltaker attitude
🟩	Use correct volume, tone, and rate
🟩	Display compassion
🟩	Avoid gaps
🟩	Explain actions
🟩	Provided reassurance
🟩	Did not create uncontrollable expectations
🟩	Avoided prohibited behaviors

Overall Performance: Partial Compliance

Comments: This call was for a 58 year female that was stuck in a roasting pan on the floor. You remained polite and professional throughout the whole call evaluation. You made sure to reassure the caller that help was on the way and that she was doing a great job. Well done ▮▮▮▮

Legend:

51	🟩 Correct	0	🟨 Not As Scripted
5	🟧 Not Correct	0	🟥 Not Read
6	🟩 Obvious	19	⬜ N/A
		0	🟥 Input Error

COMMENTS

EDMO-2A25 is dispatched to a 59 y/o F pt for ETOH intoxication

O/A – EMS is greeted by niece at door – niece is visibly upset – stating that her aunt cant stay here, pt is found kneeling over cooking pot full of urine, not distress noted, no abnormal breathing noted, eyes open and tracking, skin pwd, no trauma noted, untidy environment, ETOH noted on scene, no bleeding noted, pt is obese

HxCC – pt states that she is having difficulty standing after kneeling down to urinate in pot, pt states she does not want to go to hospital, pt would like a ambulance ride home as she has no money for a cab

Tx – assessment, vitals, 4/12 lead – sinus tach, assisted pt to standing, pt refuses EMS care and transport, niece states she will pay for cab ride home, pt left in care of niece – will contact EMS is medical intervention is required

Questions / Discussion

Questions / Discussion

Round Table

Alberta Health Services

Emergency Medical Services