



# Santa Cruz Consolidated Emergency Communications Center

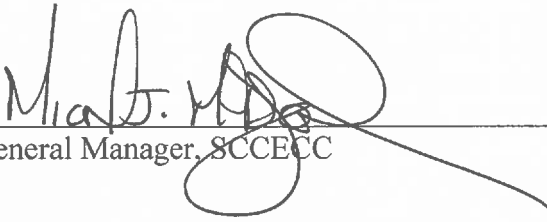
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**9-1-1**  
FIRE  
POLICE  
MEDICAL

## COMMUNICATIONS OPERATIONS EMERGENCY MEDICAL SERVICE POLICY/PROCEDURE

**Policy No.: 6405.80**  
**Date Issued: September 15, 1999**  
**Date Revised:**

APPROVED:   
General Manager, SCCECC

**SUBJECT: INFORMATION NECESSARY TO CREATE A MEDICAL INCIDENT**

### 1.0 Purpose

- 1.1 The purpose of this procedure is to define when, in the call taking process, a call taker has gained sufficient information to create an incident for dispatch.
- 1.2 By defining the amount of information needed to create an incident for dispatch, call takers will be able to more quickly create incidents.
- 1.3 By defining what information is needed to create an incident, other information, by default, will be added to the incident after it's been created. This will generate a comment flag and thus prompt the radio dispatcher to retrieve and relay the additional information.

### 2.0 Procedure

- 2.1 In accordance with the System Status Management (SSM) Plan, the information necessary to create an incident is that information, obtained by the call taker, which is necessary for an initial dispatch, specifically:

- Incident Type
- Age, Chief Complaint and any brief, emergent information (e.g., CPR in progress or infant not breathing)
- Location
- Scene Safety Information (if any)

2.1.1 The other information broadcast during an initial dispatch is provided by the computer aided dispatch system (CAD) and/or the radio dispatcher, specifically:

Designated Unit(s)  
Cross Streets  
Time  
System Status Moves

2.2 By default, any additional information must be added to the incident after it has been created. Examples of additional information include: “patient is conscious with shortness of breath”; “address is the second, unmarked driveway on the left”; etc.

2.2.1 By adding the additional information after an incident has been created, a comment flag is automatically created and the radio dispatcher will be alerted that additional information exists for a particular incident.

2.2.2 It is the responsibility of the radio dispatcher to read, relay and clear all comment flags for an incident.

2.3 Additional information will be relayed to responding unit(s) after they are en route to the incident.

2.3.1 Additional information for fire units responding to a medical incident will be broadcast by the Fire Dispatcher, after responding units are en route to the incident. It is allowable, given the current workload and by mutual agreement between the Fire and Ambulance Dispatchers, for the Ambulance Dispatcher to simulcast updates to the responding medical and fire units. The Fire Dispatcher is always responsible for the delivery of all updated information to the responding fire unit(s).

3.0 Examples of information not necessary to create an incident include, but are not limited to, the following: RP’s and/or patient’s name, directions to the address, location clarification (the cottage in the back), etc.

3.1 Call takers should always verify the incident address and caller’s phone number at the beginning of the call taking process.

3.2 Call takers must control the call taking process. If a caller begins to volunteer information not necessary to create an incident, before an incident is created, the call taker will, using appropriate techniques, focus the caller on the information necessary to create the incident. For example, “Ma’am, I’ll get to that. Right now I need to know exactly where it’s happening at.”