TEXAS A&M UNIVERSITY

EMERGENCY MEDICAL SERVICES

Emergency
Medical Services
STUDENT HEALTH SERVICES

COMMUNICATIONS DIVISION

STANDARD OPERATING PROCEDURES

Revised 8/2020

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P.1: Mission, Vision, and Core Values Statements

Mission:

The mission of Texas A&M Emergency Medical Services' Communications Division is to rapidly handle emergency medical requests for service for the Texas A&M University campus and surrounding communities and get emergency help where it is needed.

Vision:

The vision of Texas A&M Emergency Medical Services' Communications Division is to be a respected division of Texas A&M Emergency Medical Services and excel at high levels as an emergency dispatch center.

Core Values:

Respect, Urgency, Proficiency, Teamwork, Safety

P.2: Acknowledgment and Approval to Implement

This document, *Communications Standard Operating Procedures*, was:

Revised: 08/2020

Official Implementation: 09/2020

This document, *Communications Standard Operations Procedures*, was approved by the undersigned parties:

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Michael Middleton, EMT-P, EMS Manager

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Section 1: Employee Definitions

Section 1.1: Communications Officers' Duties

The Communications Department officers' duties are as follows:

Communications Coordinator:

1. Oversee Texas A&M EMS Communications operations.
2. Responsible for dispatch training program.
3. Liaison between Texas A&M EMS Communications Department and other communications departments (i.e. Facilities Services, UPD, CSFD, BFD, Brazos County 911, etc.).
4. Develop, implement, and maintain an effective quality assurance/improvement program for continuous system and patient care improvement.
5. Approve and remove any dispatchers as necessary.
6. Monitor radio traffic in order to evaluate dispatch trainees and general radio traffic.
7. Maintain, upgrade, and manage: telephones, Vesta 911 systems, computer systems, all radios to include console, and dispatch software to include RescueNet.
8. Develop, implement, revise, and maintain communications procedures.
9. Appoint Communications Training Officers.

Communications Coordinator Assistant:

1. Assist in oversight of Texas A&M EMS Communications Operations.
2. Assist in dispatch training program.
3. Assist in quality assurance/improvement program.
4. Assist in maintaining, upgrading, and managing: telephones, Vesta 911 systems, computer systems, all radios to include console, and dispatch software to include RescueNet.
5. Assist in development, implementation, revision, and maintenance of EMS communications protocols in conjunction with the Communications Coordinator.
6. Other duties as assigned by the Communications Coordinator.
7. Will report directly to the Communications Coordinator.

Section 1.2: Dispatcher

Adapted from Texas A&M EMS Standard Operating Procedures:

The dispatcher shall meet the following guidelines and responsibilities:

1. Will be approved by the Communications Coordinator.
2. May be removed from the position at any time by the Communications Coordinator, with the approval of the EMS Manager.
3. Will be responsible for knowing and following the Standard Operating Procedures.
4. Shall have completed Dispatcher-In-Training in-services and evaluations, as well as any other training set forth by the Communications Coordinator.
5. Will meet all criteria and training as set forth by the Communications Department.
6. Will be minimally certified in AHA CPR.
7. Shall be responsible for the relative status and location of all vehicles, on-duty personnel, and equipment used by EMS, as is considered practical and necessary for EMS operations.
8. Shall be responsible for notifying city, county, and state agencies of all activities of TAMU EMS in their jurisdiction.
9. Will be responsible for the capability and conduct of all communications involving TAMU EMS.
10. Shall be reasonably knowledgeable of all dispatch procedures, maps, emergency protocols, and common field practices.
11. Will be responsible for knowing the location of all parking tags, as well as ensuring that radio logs are current.
12. Will be awake and in the appropriate dispatcher uniform during Health Center business hours. Refer to *Policy 3.5: Uniform Requirements* in agency SOPs for dispatcher uniform.
13. Will be NIMS 100, 200, 700, and 800 compliant.
14. Have completed all required SSO training.
15. In order to operate any TAMU EMS vehicle, the dispatcher must have a valid Class C Driver's License. Refer to *Policy 8.2: Driver Training* in agency SOPs regarding dispatchers driving TAMU EMS vehicles.
16. Will contact the Communications Coordinator/Assistant Communications Coordinator or Administrator On-Duty as necessary.

Section 1.3: Communications Training Officer (CTO)

Adapted from Texas A&M EMS Standard Operating Procedures:

Communications Training Officers are individuals responsible for training individuals who are seeking the status of Dispatcher. They are responsible for overseeing a trainee that is on their shift and assisting them in learning Dispatch Protocols, agency SOP's and anything else pertinent to the job of a dispatcher as set forth by the Communications Department for the trainee to complete. A trainee must have a Communications Training Officer present while the trainee is on duty.

Communications Training Officers will be selected by the Communications Coordinator, must be a dispatcher for at least six (6) months, and must undergo any training deemed necessary before assuming this role. Communications Training Officer status may be removed by the Communications Coordinator.

A Communications Training Officer will meet the following guidelines:

1. Meet all guidelines for being a cleared dispatcher.
2. Be a cleared dispatcher for at least six (6) months.
3. Be in good standing with the department.
4. Complete training with Communications Coordinator.
5. Interview with Communications Coordinator prior to training DITs.

The following are duties of the CTO:

1. Complete all objectives laid out by the DIT binder.
2. Run test calls with the DITs.
3. Fill out DIT binder at the end of the shift.
4. Report problems to the Communications Coordinator regarding DITs.
5. Complete all objectives for the particular shift before sleeping or completing other tasks.

Section 1.4: Dispatcher in Training (DIT)

The position of Dispatcher in Training is a training position for Dispatcher. The Dispatcher in Training shall meet the following guidelines and have the following responsibilities:

1. Will be approved for or removed from position by the Communications Coordinator.
2. Will be responsible for knowing and following the Standard Operating Procedures.
3. Will meet all criteria and attend all training sessions as set forth by the Communications Department, unless otherwise excused.
4. Will minimally be certified in AHA CPR by the completion of their training.
5. Shall work with and be the responsibility of an approved CTO as set forth by the Communications Department.
6. Will be promoted upon meeting all qualifications as set forth by the Communications Department.
7. Will have filled out payroll forms.
8. Will have signed a confidentiality statement and completed HIPAA training.
9. The Communications Coordinator will have final discretion on the acceptance, training, and promotion of all Dispatchers in Training.
10. Will adhere to the guidelines set forth in the Standard Operating Procedures and Dispatch Standard Operating Procedures.
11. Will have completed NIMS 100, 200, 700, and 800 within a month of hiring.
12. Must work a minimum of 6 shifts prior to being promoted to Dispatcher.
    a. 2 shifts must be during normal business hours.
13. Pass all testing as set forth by the Communications Department:
    a. Map Test with a minimum of 80%.
    b. Protocol Test with a minimum of 80%.
    c. 805 Practical with a minimum score of 170 and no failed categories.
    d. Minimum of 3 Test Calls with a maximum number of 5 attempts.

Section 2: Training and Quality Improvement

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Section 2.1: DIT Training

It is the duty of the DIT to be proactive in completing their training; it is also the duty of the on-duty CTO and crew to train the on-duty DIT. This training should include, but not be limited to, the following:

1. Test Calls.
2. Learning and reviewing the Communications Protocols and ensuring that the DIT has a good working knowledge of them.
3. Ensuring that the DIT is familiar with the Texas A&M EMS SOP's to ensure a good working knowledge.
4. Ensuring that the DIT has a thorough working knowledge of all the dispatch equipment and software.
5. Ensuring the DIT has proper phone etiquette skills.
6. Map and building familiarization.

Every effort should be made to allow them to do as much as their skill level will allow.

Keep in mind that training is not option. It is a requirement. The expectation is that CTO's will put in the time and effort to be confident that the DIT has learned and acquired knowledge from the training they have received. Training should begin at the beginning of every shift, with expectations for the completion of normal operations. CTO's must sign off on each completed training task in the DIT's binder. If the CTO does not sign the page, the task must be repeated.

Section 2.2: Continuing Education

It is the duty of all dispatch personnel (both students and wage workers) to keep current with all changes within the Communications Division. In order to keep personnel up to date on changes and continue building on current skills, training is necessary. Both training and testing will be used to ensure that all dispatchers are prepared for any illness, injury, or disaster. Training helps keep all knowledge and skills up to date.

General Training Guidelines:

1. Training will take place, at minimum, once a semester.
2. Training will cover updates in equipment, computer programs, or skills.
3. Training will cover previously learned material to ensure all personnel are proficient at their duties.

Annual Testing:

1. Tests over SOPs, procedures, and dispatch knowledge will be administered, at minimum, once a year.
2. Tests will cover anything previously learned that a dispatcher is responsible for.
3. Scores below 80% are considered failing.
    a. If a dispatcher fails the first test, the dispatcher will be allowed to retest no less than 24 hours after the first test was administered. If the dispatcher is a CTO, they will be removed from that position until approved by the Communications Coordinator.
    b. If a dispatcher fails the second test, the dispatcher will be put into a remedial training program for a minimum of one shift.
    c. After remedial training, the dispatcher will be given a third test. If failed, the dispatcher will meet with the Communications Coordinator and EMS Manager to determine the next step.

Section 2.3: QA/QI Process

A quality assurance/quality improvement (QA/QI) program will be used by the Communications Division to ensure the effective operations of Texas A&M EMS Communications. The requirements of the QA/QI program will be set forth by the Communications Coordinator. The EMS Manager may place more specific requirements on the QA/QI program as they see fit. The QA/QI program will include:

1. Dispatch call reviews.
2. SOP training and testing, as laid out in *Section 2.2: Continuing Education*.
3. Annual performance evaluation of Communications Division Personnel

Every call taken by Texas A&M EMS will be reviewed for QA/QI purposes, in accordance with the Texas A&M EMS Call Review Standards. Texas A&M EMS dispatchers should, at minimum, consistently meet the following requirements:

1. Dispatchers shall meet the 95% ProQA compliance requirement, as set forth by the International Academy of Emergency Dispatch.
2. Dispatchers shall dispatch all requests for service within 60 seconds or less.
3. Dispatchers shall process all request for service in accordance with Texas A&M EMS Communications Protocols

Section 3: Staffing and Operations

Section 3.1: Daily Dispatch Duties

During Health Center business hours, 0700 to 1700 Monday through Friday, dispatchers must be awake and response ready.

The following will be done throughout the entire shift:

1. Completion of the Dispatch Check-Off Log at each shift change.
2. Monitoring the following agencies' radio traffic:
    a. University Police Department
    b. College Station Fire Department
    c. Bryan Fire Department
    d. All Hospital Radio Traffic
3. Keep the RescueNet CAD system updated with crew and vehicle status.

The following duties must be completed by the on-duty dispatcher by 0900 every morning:

1. Clean/Sanitize dispatch console and desk.
2. Straighten Communications Office.
3. Make dispatch bed.

The following duties must be completed by the on-duty dispatcher by 2100 every night:

1. Assist in vacuuming the squad rooms and Communications Office
2. Clean/Sanitize dispatch console and desk.
3. Empty all trash cans.
4. Assist in folding laundry.
5. Clean the dispatch bathroom sink and toilet.

Sleeping on shift:
So long as it is outside of normal business hours and all tasks and training have been completed, dispatchers are permitted to sleep on shift, as long as they can meet the following requirements:

1. Dispatchers must wake up to answer all phone calls, including 911 and Business Line calls.
2. Dispatchers must wake up to answer all Text-to-911 calls.
3. Dispatchers must wake up to answer radio traffic from Standby EMS or other agencies requesting TAMU EMS.

Sleeping on shift is NOT permitted:

1. During normal Health Center business hours
2. When the crew is out of the station for any reason

Section 3.2: Shift Change

It is encouraged for the on-coming dispatcher to arrive at least 15 minutes before the scheduled start of their shift. This allows the off-going dispatcher to leave on-time and includes moving vehicles, if applicable. The on-coming dispatcher shall obtain a report from the off-going dispatcher including the following information:

1. The location of all in-service units.
2. The status of all vehicles.
3. Number and types of calls received during shift.
4. The condition of all dispatch equipment (radios, terminals, computers, etc).
5. Any messages pending for personnel.
6. Any trips in Open Work in CAD.
7. Any duties not completed, and the reason for them not be completed.
8. Any problems or unusual occurrences encountered by the off-going dispatcher.

Upon receiving the End of Shift report, the on-coming dispatcher shall then go about their assigned duties, which include:

1. Logging into computer systems.
    a. The previous user must be logged out completely of the CAD and Facebook computers
2. Updating units as necessary.
3. Checking for calls in Open Work in CAD.
4. Checking operational status of dispatch equipment:
    a. Console
    b. Base radios
    c. Handheld radios
    d. Business phones
    e. 911 terminals
5. Checking status of EMResource and updating crew of any diversions or closures.
6. Logging into Higher Ground.

Dispatchers should acknowledge that they have done the above by completing the Daily Check-Off Log.

Section 3.3: Contacting Employees

Often personnel within the department will need to be contacted for different situations. The preferred method of contact is by email, unless it is a time sensitive matter or one of the mandatory notifications listed below.

When it is necessary to contact the AOD or other Officers the following methods should be followed in this order:

1. Page
2. Phone
3. Radio

All other employees should be contacted via page, then phone, as necessary for situations such as staffing additional personnel.

Mandatory Administrator Notifications

There are certain situations in which different personnel must be notified. This should be done by sending a page to the Emergency Administrator Group in RescueNet CAD, and the page should include a brief summary of the occurrence. Contacting personnel in these situations should come as quickly as possible but without interrupting emergency operations.

The following situations are considered Mandatory Administrator Notifications:

1. Any Cardiac or Respiratory Arrest.
2. Texas A&M EMS mutual aids for another agency.
3. Air Medical Provider responds to a request for service on campus.
4. Texas A&M EMS vehicle is involved in an accident.
5. Texas A&M EMS vehicle runs emergency traffic to one of the hospitals.
6. Whenever there is a major building fire on campus (possibly requiring multiple EMS units to respond).
7. Whenever there is a major HAZ-MAT situation on campus (possibly requiring multiple EMS units to respond).
8. Whenever there is a bomb threat on campus that requires a fire department response or large-scale evacuation.
9. Any other major incidents that occur in the community that might require large-scale EMS response.
10. Any incident that could possibly generate a media response.
11. Whenever the Health Center needs to be evacuated.

In the event of dispatch equipment malfunction, the Communications Coordinator needs to be notified. This includes, but is not limited to:

1. Any malfunction or break of communications equipment.
2. Incorrect or inaccurate information is mistakenly entered into CAD.
3. There is a fire alarm or power outage in the health center.

Section 3.4: Media Relations

Adapted from Texas A&M EMS Standard Operating Procedures:

The following guidelines will be followed for the request of any medical or call related information:

1. No personnel shall publicize or release confidential information (Refer to *Policy 9.10: Public Relations* in agency SOP's).
2. Non-confidential call related information which may be released to the Media, Resident Advisors, and Resident Directors includes only the following:
    a. Location of the call.
    b. Hospital to which the patient was transported.
    c. General condition (stable/unstable) of the patient as call was received.
    d. Number of confirmed patients.
3. Caution should be exercised to NOT disclose the following:
    a. Information concerning the patient, including assessment of injuries and treatment given.
    b. Information prejudicial to law enforcement investigations.
    c. Information not based on fact.
    d. Information which might be an invasion of privacy, such as a suicide, overdose (OD) psychiatric, etc. In cases of death, Medical Examiners will have to give the exact cause.

The following guidelines will be followed for request for media interviews:

1. Personnel shall refer requests for Media interviews to the Administrator On-Duty, or their delegate. In the event that the Administrator On-Duty is not on-scene or immediately available, ask for the media representative's name and telephone number. Advise the representative that a TAMU EMS representative will return the request as soon as possible.

The following guidelines will apply to all written materials concerning TAMU EMS:

1. Any articles, advertisements, or other written materials developed for publication in local, state, national, or international publications on any matter of this EMS service, or referencing this EMS service directly or indirectly, must have the approval of both the Operations Coordinator and the EMS Manager.
2. Written articles should be submitted to the Operations Coordinator and EMS Manager for editing, review, and approval prior to submission to the Media.

Section 3.5: Multiple Alarms

If multiple calls for service come in while 861 is on a call or unavailable, the dispatcher should receive complaint information as normal (i.e. entered into CAD and ProQA completed). For the additional alarms, use the following procedure:

1. If 862 or another campus ambulance is in service and available, dispatch them as normal.
    a. If additional personnel are available at the station to fully and appropriately staff an additional ambulance, and they are willing to respond, dispatch them to the call for service.
2. If 811 is in service and available, dispatch them to the scene.
    a. If additional staff are at the station and are willing to respond, which combined with 811 make up a full ambulance crew, assign the call to the additional ambulance and update the crew with 811 when both crews make scene. 811 should be then marked Out of Service on Ambulance (OOS - on Amb).
    b. If no additional staff are available to staff an ambulance (even with 811 dispatched to the call), contact CSFD for mutual aid as outlined in *Section 8.14: Requesting Mutual Aid*.
3. If 811 is on another call assisting a unit, determine if they are able to leave to respond to the additional call for service.
4. If any Texas A&M EMS ambulance is at the receiving facility and have called “partially available”, contact that unit to determine if they are able to respond to the additional call for service and dispatch them as normal.
5. If there are no available TAMU EMS units, contact CSFD for mutual aid as outlined in *Section 8.14: Requesting Mutual Aid*.

Each TAMU EMS unit responding needs its own run number. If another agency responds for mutual aid, the responding agency should have their own run number. This call should be cancelled in Open Work as “Call transferred to [Agency]”. If 811 is on scene and cancels the other responding units, cancel the call according to 811’s reason (patient refusal, GOA, etc.).

Never withhold dispatching a call for any reason, including emergency transfers.

Section 3.6: Special Event Requests

On occasion people will contact Texas A&M EMS Communications requesting standby medical services for their event(s). Some callers will know exactly what services they desire while others will not. Below are general guidelines in advising personnel of the different services available and how to assist them if they wish to have Texas A&M EMS present at their event.

Different Services:

1. Texas A&M EMS:
    a. Ambulance: An ambulance staffed with two personnel, preferably with at least one paramedic. The unit can be dedicated and will not leave the event, or non-dedicated in which it will be at the event but will respond to other calls for service as necessary. Only a dedicated ambulance should be offered, unless told otherwise by the Texas A&M EMS Manager.
    b. Bike Team: A two bicycle unit with Advanced Life Support capabilities and preferably one paramedic.
    c. Squad: The Tahoe with one personnel, preferably a paramedic. Unit has ALS equipment and cardiac equipment.
    d. Foot Personnel: One personnel when Tahoe is already being used for another event. Will come with same equipment as Squad.
2. Texas A&M EMS Standby Medics: Provides first-aid teams to events. Will have at least one EMT and possibly several first-aid trained personnel with them. They can provide multiple teams and a medical gator when available.

If they request to use any EMS service for their event, direct them to the EMS website to fill out the online request form.

Section 3.7: Command System Procedures

At large scale special events (football games, Ring Day, etc.,) and in a mass casualty incident (MCI), an incident command system will be established. This may be for all of TAMU EMS territory or just the area immediately surrounding the event.

Incident Command will be responsible for dispatching and assigning units to calls for service. The final authority on all decisions related to the event will be Incident Command.

If a call for assistance comes through Texas A&M EMS Communications, the dispatcher should pre-alert and obtain the location, call back number, and chief complaint. The dispatcher should NOT tone out units. Instead, the dispatcher should alert Incident Command via the radio of the location and chief complaint, and then complete ProQA as normal. The dispatcher should then provide the secondary and any further information to the responding units on the appropriate channel.

During events such as football games, Command will have access to CAD and be able to manipulate it themselves.

Section 3.8: Recording System

Texas A&M EMS owns a recording system, Higher Ground, that records all phone lines, both 911 and non-emergency, as well as the active channel on the EMS1 and EMS2 radios located inside of dispatch. The software should be logged into at all times to allow the dispatcher to review any missed information.

It is required that all 911 calls are recorded, so any malfunction of this system should be immediately reported to the Communications Coordinator. The system allows the dispatcher to listen to any recording in the last 24 hours. Dispatchers should only listen to calls that they have taken, unless given permission by the Communications Coordinator or the dispatcher responsible for the call. Some calls have private information, especially those that are on non-911 lines. In the event that a dispatcher is caught listening to calls without permission, appropriate disciplinary action will be taken.

Due to the way the system operates, the EMS1 base radio should always be set to the primary channel that Texas A&M EMS is using, and it should not be scanning any channels. The EMS2 base radio should then scan all other Texas A&M EMS channels and the hospital channels. The volumes on these two base radios should not be adjusted. The recorder will only record the active channel of the radio, so if two secondary channels of Texas A&M EMS are being used at the same time, only one will be recorded.

Section 4: Telephone Guidelines

Section 4.1: Telephones

The dispatcher does not have to stay in the Communications Office, but they will be responsible for answering phones promptly (within three rings) and taking messages. There are four lines that have a ring down feature, which allows a call to ring on the next available line if one is busy. The following is a list of the telephone lines and the use of each:

1. 845-1525: This is the main EMS business line. Emergency calls from various University Departments, such as UPD and Rec Sports, are often received over this line. In addition, this is the line over which the various departments of Beutel Health Center request Emergency/Non-emergency transfers. This line can also be called by Brazos County 911 and College Station 911 to contact dispatch. If needing to call back any caller and Emergency Call Back feature does not work, this line should be used. When contacting any outside department this line should be used.
    - If you need to callback a long-distance number (non-979 area code), this line **must** be used.
2. 845-4321: This is University EMS's secondary business line. When 845-1525 is busy, this is the first line that calls will ring down.
3. 845-7948: This is another line used for answering incoming calls. Emergency calls can still come in over this line if the other lines are busy.
4. 845-4038: This is another line used for answering incoming calls. Emergency calls can still come in over this line if the other lines are busy.
5. 862-3450: This line is the fax line. The fax machine is located in the EMS office.

EMS staff may make personal local calls while on duty if the call does not impede the duties of the crew members.

All telephone lines are recorded.

Section 4.2: Incoming Telephone Calls

Keep in mind that emergency calls can come in over ANY phone line. Often UPD and Rec Sports requests for ambulances come in over 845-1525. It is imperative, therefore, that ALL phone lines are answered promptly within three rings. The priority for answering phone calls if multiple lines are ringing is as follows:

1. 911 UEMS1
2. 911 UEMS2
3. 911 Text
4. 845-1525
5. 845-4321
6. 845-7948
7. 845-4038

911 UEMS1, 911 UEMS2, and 911 Text will be answered as follows:

D: "University EMS, what is the exact location of your emergency?"

All other phone lines will be answered as follows:

D: "University EMS, this is (First Name)."

ALL incoming calls must be answered by the dispatcher or DIT on duty. If the dispatcher/DIT is busy answering another line, he/she may designate someone else to assist in answering phones. If the dispatcher is alone with multiple lines ringing, all incoming calls should be answered and handled in priority order.

If any non-911 phone line rings while the dispatcher is on either UEMS1 or UEMS2, the dispatcher should answer the line, "University EMS, is this an emergency?" If the call is not an emergency, ask them to call back later and hang up. If the call is an emergency, the call should be treated as a second, third, etc., alarm. When UPD calls regarding an alarm, they will state that “yes” it is an emergency, and the dispatcher will take the information from the UPD dispatcher to facilitate the alarm.

Section 4.3: Overview of Phone System Features

Texas A&M EMS has been equipped with a Norstar phone system. Because this phone system has many features that have been programmed for us, please do not tamper with the settings. The following is a brief list of some of the most important phone features:

Ringing/Incoming Calls:
The phone number of the person who is calling will be displayed on the LCD screen on the phone. To answer a line: pick up the handset, if the handset is already up press the button next to the line and answer it normally. To end a call, press the “Rls” button to hang up.

Placing a Call on Hold:
To place a caller on hold, simply press the "HOLD" button and either hang up the receiver or switch to another line by selecting the appropriate button to answer another call. When you want to talk to the caller again, press the button next to the line on hold. The hold button should never be used when taking a call for service.

Outside vs. Inside PBX Dialing:
If you wish to dial an off-campus number, dial 9 before the full phone number. However, if the off-campus number has a local area code, do not include the area code when dialing the number. Instead, dial 9 followed by the last seven digits of the phone number. When dialing any on-campus phone number, such as a 458-, 845-, or 862- exchange, simply dial the last 5 digits of the phone number.

Transferring a Call to Another Line:
To transfer a call to another phone line using Memory Dialing, press the "LINK" button. You will hear a continuous dial tone, then select the appropriate speed dial button. Once the line begins ringing, release the call by hanging up the handset or pressing “Rls”.

To transfer a call to another phone line that is not a Memory Dial option. You must select “Transfer” on the LCD screen and manually enter the phone number. Once the option is available, select “Join” on the LCD screen (this is NOT the green “Join” Memory Tile) and release the call by hanging up the handset or pressing “Rls”.

Remember, when transferring any call, the caller will not be able to hear you or the person you are transferring to until you release the line. This feature is used to transfer non-emergency calls from 845-1525 to other lines.

Use of the Speaker Phone:
To answer an incoming call using the speakerphone, press the button next to the line that is ringing and talk into the speaker, when the handset is on the cradle. To make an outgoing call using the speaker phone, again, press the button next to the line that you wish to use and dial the number without picking up the handset. To hang up the phone when using the speakerphone, press the "Rls" button once. This feature should never be used when answering 845-1525.

Use of the Intercom Feature:
It is possible to talk to another phone in our system using the intercom. To use the intercom, press the “Intercom” button followed by the three number designation of the extension that you wish to call.

Broadcast Feature:
To broadcast to all phones in the Health Center, press the “Feature” button and dial 61, then either dial another 1 or press the LCD screen button with “ALL” above it. This feature should rarely be used, but it is available when circumstances dictate.

Call Forwarding:
To program call forwarding, select the line(s) and dial 123, then dial the desired number; use only the last 5 digits for campus, or dial 9 for off-campus. Listen for a confirmation tone. To activate call forwarding, dial 121 on each line and listen for a confirmation tone. To clear the forwarding, dial 122 on each line as needed.

Section 4.4: Speed Dial Phone Numbers

The Norstar phones used in dispatch have 12 speed dial buttons on the top of the phone. These speed dial locations can hold up to 24 speed dial numbers (two per button). They are programmed to hold the most commonly used numbers by dispatchers during calls and other normal business. To use any of these speed dial numbers, select the desired line you wish to dial out on and press the appropriately labeled button. Each button holds 2 speed dial numbers. To dial the top number, use the procedure listed above. To dial the bottom number on a button, select the line, press the shift button (Grey Triangle Button) to the right of the speed dial buttons, then press the desired speed dial button.

Any other numbers needed that are not programmed on the speed dial buttons should be listed on the common phone number list on the wall in Communications, or the dispatcher reference sheet.

To transfer to a speed dial phone number, select the “LINK” button and then select the tile, using the shift button for the bottom phone number, as appropriate.

Section 4.5: Monitoring the Business Line

To allow another person to listen to a current phone call on the Norstar phone, in the event of DIT training or supervision, the JOIN button on the primary phone must be pressed. After this button is pressed, you will see “PRIVACY OFF” appear on the LCD screen. The line may then be selected on the second phone. When using two handsets, be aware that the caller on the other line can hear both operators on each phone.

When transferring a phone call that is being monitored, the monitoring line must be released before transferring the call.

Section 4.6: Use of the Telephone Device for the Deaf (TDD)

Business Lines:

In some cases, a deaf individual may call over a business line. If this is the case, they will be using the Telephone Device for the Deaf (TDD). The dispatcher will hear a series of quick tones. He/she should do the following:

1. Locate the TDD within dispatch. It should remain in the brown cabinet.
2. Plug the TDD into the nearest outlet. Place the handset securely on the two suction modules on the TDD in the appropriate direction. Turn on the power AND the printer on the TDD.
3. Dispatch the ambulance following normal alarm procedures and, if necessary, give pre-arrival and/or post-dispatch instructions using the TDD.

If the call is not an emergency, the TDD machine can still be used to communicate with the individual. When you finish typing a line of text, type "GA" (*go ahead*), this lets the caller know it is their turn to type. After all communication has ended, type "SKSK" (*stop keying*) to let the caller know you are hanging up.

The TDD has a print feature that records a transcript of the conversation. This should print automatically from the TDD and should be given to the Communications Coordinator whenever a TDD call is taken.

911 Lines:

Refer to *Section 6.10: Teletypewriter (TTY)*.

Section 4.7: Transferring Business Line Requests for Services

In certain situations, calls for service may come to Texas A&M EMS through a business line. If the call is in the Texas A&M EMS service area, the call should be treated as normal, whether our unit(s) respond, or we request mutual aid. In some cases, the call may not be in Texas A&M EMS territory; in this case the procedures listed below should be followed.

1. Obtain key information, as with any other call for service.
2. Advise the caller that you are transferring them and for them not to hang up, as they will not hear anything for a period of time.
3. Press the transfer button on the LCD screen or select the “LINK” button.
4. Dial the number of the agency to which you are transferring or select the speed dial for the agency. This puts the caller on hold.
    a. Refer to *Section 4.3: Overview of Phone System Features* for transferring instructions.
5. When the dispatcher answers, identify yourself and give the location, call back number, and type of problem.
6. Once information is given to the dispatcher, tell him/her that you are going to link the caller in.
7. Hit the join button on the LCD screen. NOT THE GREEN JOIN BUTTON. This links the other agency with the caller and places you off the call.

Section 5: Radio System

Section 5.1: General Radio Information

Texas A&M University utilizes a P25 700 MHz system for all of its radio operations. The P25 system allows for any P25 channel to operate off of any of the three radio towers in the county. The P25 system also allows for regional channels to be used on any P25 networked tower; there are currently multiple P25 systems in the state of Texas which will eventually be joined. Texas A&M EMS, University Police, and all other Brazos County first response agencies operate on the P25 system.

Texas A&M EMS has a console system to allow Texas A&M EMS Communications to communicate on all P25 channels that belong to Texas A&M University, as well as several designated city and county channels.

EMS Communications has four base radios that allow for communication on all P25 channels. Two of these radios are attached to the recording system and are used as back-ups if the console fails and one is used for the station PA system. These are the same radios that are fixed in the vehicles.

Communications also has two handheld radios for use when dispatch must be evacuated, to monitor a channel not on the console, or when other radios fail. This is the same type of radio carried by field staff.

Section 5.2: General Radio Traffic Guidelines

Texas A&M EMS personnel will at all times conduct radio traffic in such a manner as to uphold the professionalism that is expected of every Texas A&M EMS employee.

The main purpose for radio traffic is to relay important information between EMS units and dispatch. To ensure that all pertinent radio traffic is received and understood, excessive and non-pertinent radio traffic should be avoided. Any confidential information pertinent to a call, including but not limited to, patient name, UIN, or a facility gate code should not be relayed over the radio. Instead, this information should be included in a dispatcher's call notes or relayed to the crew over the phone as necessary.

To eliminate confusion to units monitoring radio traffic, only current EMS employees who are certified dispatchers or DITs and who are on duty at the time should conduct all radio traffic from dispatch. This includes all tone tests, routine traffic, and alarms. Dispatchers are not allowed to perform the duties of other personnel while on duty; likewise, other personnel will not be allowed to perform the duties of the dispatcher. If the dispatcher must leave their duties for a short period of time, another certified dispatcher who is not on duty can cover their duties.

Radio traffic relating to an emergency call should be appropriately acknowledged by the dispatcher with the unit and a time stamp, for example "861 obtaining patient refusal [time]". The dispatcher should be careful not to respond to a yes/no question with "Clear, (Unit #), (Time)" over the radio. Instead, he/she should use the appropriate "affirmative" or "negative" response. The reason for repeating traffic is to confirm what was said; if the unit that made the original statement notices an error, this allows them to correct it.

Non-emergent radio traffic does not require a time stamp but should still be repeated.

NIMS compliant radio traffic format should be used, which follows the “hey you, it’s me” format. This means that the unit being called should be the first unit voiced over the radio followed by the calling unit. This method is used as the standard because the format of voicing the name of the unit being called first yields a higher chance that the crew will notice the traffic on the radio if it begins with their number.

The following are examples of basic formats for all radio traffic. The unit numbers that are underlined can be replaced with any appropriate number

If EMS is trying to contact a unit:
D: "861, EMS”
861: "861"
D: Proceed with message

If a unit is trying to contact EMS:
861: “EMS, 861"
D: "861"
861: Proceed with message

If a unit makes a statement or is conveying information:
861: "861 en route to the station"
D: "861en route station [time]”

If a unit is trying to contact another unit:
861: "811, 861"
811: "861"
861: Proceed with message

Section 5.3: Important Radio Channels

The following is the list of important radio channels Texas A&M EMS may operate on and a description of their use.

700 MHz P25 system:

1. TAM EMS 1: Primary operational channel for Texas A&M EMS.
2. TAM EMS 2: Secondary operational channel for Texas A&M EMS.
3. TAM EMS 3: To conduct radio traffic unrelated to calls for service and unit movements.
4. TAM EMS S1: Primary operational channel for TAMU Standby Medics to contact EMS Dispatch for requests for service.
5. TAM EMS S2: Secondary operational channel for TAMU EMS Standby Medics
6. TAM EMS S3: Tertiary operational channel for TAMU EMS Standby Medics.
7. TAM CALL/TALK: For use by Texas A&M personnel when outside of the normal radio service area that has a P25 system in place, such as Fish Camp.

TAM EMS 1, 2, S1, and S2 are recorded on Higher Ground. TAM EMS 3 and S3 are not recorded.

Section 5.4: Radio Call Signs

Texas A&M EMS will use the following radio call signs for units and personnel:

Stations:

1. EMS – Dispatch
2. Command – Incident Command

EMS Officers:

1. 800 – Manager
2. 801A – Assistant Manager for Ambulance Division
3. 801B – Assistant Manager for Standby Division
4. 802 – Operations Coordinator
5. 803 – Assistant Operations Coordinator
6. 804 – Clinical Coordinator
7. 805 – Communications Coordinator
    a. 815 – Assistant Communications Coordinator
8. 806 – Training Coordinator
    a. 816 – Assistant Training Coordinator
9. 807– Apparatus Captain
10. MD1 – EMS Medical Director

Unit Call Signs:

1. 861 – Primary in-service ambulance
2. 862 – Second in-service ambulance
3. 863 – Third in-service ambulance
4. 864 – Fourth in-service ambulance
5. 811 – EMS Supervisor
6. 841 – Bike Team
7. 842 – Bike Team
8. 843 – Bike Team
9. 898 – Foot Medic
10. 899 – Foot Medic
11. 820-839 – Standby Medics

Section 5.5: Frequently Used Radio Codes

The following radio codes and terms are those which are most frequently used by this service.

1. **10-Codes** – Texas A&M EMS only has two approved 10 codes. These codes are used so that the person that it is referring to does not know when the dispatcher and crew are talking about them. In both instances, police should be contacted. If the dispatcher is on the phone with a caller, mute the microphone or avoid using words that indicate police are being notified.
    a. **10-96** – Psychiatric/Mental patient that could be harmful to themselves or others, thereby creating a scene safety concern – Contact Police
    b. **10-100** – Crew in distress – Contact Police
2. **In Service** – Available for Alarms
3. **Out of Service** – Unavailable for Alarms
4. **Affirmative** – Yes
5. **Negative** – No
6. **Public Service** – Call by Telephone
7. **Received/Clear** – Message understood, acknowledged
8. **Back at Station/Out at Station (BAS)** – At Post #1
9. **Available on Radio/Air** – In Service but Out of Station and able to be contacted via the radio
10. **Patient Released** – Patient care is transferred from TAMU EMS to other healthcare agency or hospital
11. **Partially Available** – Crew remaining at hospital, but they are available for calls

Other 10- codes should be avoided because they can cause confusion in mutual aid situations and are not NIMS compliant.

Section 5.6: Console Operations

Texas A&M EMS currently operates a Motorola MCC 7500 console for radio operations as part of the Texas Wide Area Radio Network (TxWARN) Project 25. This console allows the dispatcher to operate and monitor multiple channels at the same time, as well as identify which units are transmitting when programmed to do so.

There are three tabs on the main screen which house three different groups of channels. Not all channels that are on the portable and handheld radios are available on the console.

Whichever channel has a green outline is the primary channel selected on that console. It plays out of one speaker while all other channels will play out of a separate speaker. The foot peddle, the talk button on the microphone, or the large lightning bolt near the top of the screen can be pressed to transmit on this channel.

The lightning bolt on any channel can be used to transmit on that channel, regardless of whether it is the primary channel or not. This can be used to transmit on a channel without switching to it.

Each channel can have a different volume set for it and each speaker can also be adjusted separately. All Texas A&M EMS channels should be set to a volume of 7, while all other channels should be set to 2, except TAM PD 1 and CCS FD 1, which should be set to 3.

During the day, the console speakers should remain turned up. At night, the speakers may be turned down to half volume to allow for sleeping with minimal interruption. However, the dispatcher is still responsible for monitoring traffic of surrounding agencies.

A patch can be applied between two separate channels so that anything transmitted on one is also transmitted on the other.

Multiple channels can be transmitted on at the same time by dispatch by creating a multi-select list and including all of the desired channels.

Instant Retrieval is a tool that can be used to more quickly replay radio traffic on the green outlined channel. It will log traffic for 72 hours. At no time should a dispatcher listen to the traffic of another dispatcher, unless approved by the Communications Coordinator or the dispatcher who took the call.

Section 5.7: Emergency Radio Button Activation

All Texas A&M EMS radios are equipped with orange emergency buttons. These are to be used when the crew is in distress and needs immediate assistance. The surrounding departments have these as well and will alert on our console system when anyone presses their emergency button. Due to the positioning of the button it may accidently be activated. The following is the procedure for handling any emergency activation by any agency on the console system.

1. The radio console is programmed to alert when an emergency button is pressed. This alert consists of a rapid beeping and the flashing of the channel that the radio with the emergency was on.
2. Be aware that our console will alert for all agencies' channels that are programmed into our console.
3. When an emergency alert comes over the console, click the drop-down arrow and select the red cross. Two options will appear:
    a. **Acknowledge:** This should be selected when the emergency alarm is on another agency's channel. It will silence the alarm on the console but not clear it for other agencies. The "End Emergency Tones" (hand in front of a stop sign) button on the top toolbar may also be used as a quicker method.
    b. **Knock Down:** This should be selected when the emergency alarm is occurring on a TAMU EMS channel. It will clear the alarm for all agencies monitoring the channel. Do not knock down an emergency alarm for another agency.
4. If the alert is for our agency, silence the alarm using the procedure as noted above and refer to *Section 10.10 Crew Distress* for how to proceed.

Section 5.8: Dispatch Tones and Pre-Alerts

Texas A&M EMS utilizes a tone system to alert the on-duty crews and other personnel of calls for service and other general announcements. There are two methods to broadcast tones when necessary: one is using the P25 console and the other is using the tone encoder. The following lists the procedures for both systems.

1. Console System
    a. **Alert Tone** – To advise units of a pending call or for general broadcast announcement
        i. Press the number **1** on the console
    b. **Dispatch Tone** – To send any unit to a call
        ii. Press the number **2** on the console
    c. In the event that the console is not working, the tone encoder by the EMS1 radio should be used.

2. Keypad Code Unit for Tone Encoder
    a. 00P Alert Tones, Response Fours
    b. 18P 811, On-duty EMS Supervisor/Paramedic
    c. 41P 841, Bike Team
    d. 42P 842, Bike Team
    e. 43P 843, Bike Team
    f. 61P 861, Ambulance
    g. 62P 862, Ambulance
    h. 63P 863, Ambulance
    i. 64P 864, Ambulance

Pre-alerts are necessary to alert the crew of an incoming call, and allow the crew to move towards the truck and/or campus if they are away from it at the time of the call. It should be used for every emergency incident, even if the crew is on a separate call or otherwise unavailable. The dispatcher can accomplish this by using the alert tone on the console. In the event of console malfunction, the dispatcher may use the tone encoder alert tones or simply transmit over the radio during entry questions, “EMS taking call”.

Section 5.9: Tone Tests

Tone tests are used to check the radios' working status. Although there are no definite times where a tone test is necessary, the crew, a supervisor, or incident command may request that dispatch complete one.

During special events such as football games when multiple radios are in use, it may be necessary to do radio checks on all units. The following format should be employed:

D: [Tones] Texas A&M University EMS checking all radios on [Specified Channel], 861?
861: 861, clear.
D: 862?
862: 862, clear.
D: 811?
811: 811, clear.
etc.

If all units were clear and answered during the radio check,
D: Texas A&M University EMS clear with all units at [Time].

If one or more units did not answer or were unclear,
D: Texas A&M University EMS clear with all units except for [Units] at [Time].

If a unit does not answer during the tone test, you may repeat its radio number to see if it answers on the second try. If the unit still does not answer, continue to the next unit and attempt to contact the unit not responding by page.

Section 5.10: Agency Alert Notification

An alert serves to notify all on-duty personnel of 911 standby situations for CSFD, BFD, etc., as well as the divert status of any hospital, and can be used to alert both on-duty and off-duty personnel to potentially serious or disastrous situations. The format for toning out an alert is as follows:

D: All units, all listening stations, (Read one of the following)

1. University EMS is on/off 911 standby for (Department).
2. Be advised (Hospital) is on divert status from (Time Beginning) until (Time Ending).
3. The National Weather Service has issued a (Watch, Warning, etc.) for Brazos County until (Time Ending), (Repeat), (Time).

If the alert involves off-duty personnel as well as the ambulance crew, the same statement should then be sent over the alphanumeric paging system to all appropriate personnel.

Section 5.11: Base and Handheld Radio Operations

The **base** radios are those that sit on the desk in the Communications room and are also the same ones installed on the vehicles. These radios have a speaker and a microphone that can be connected and disconnected. The channel displayed on the screen is the one that will be transmitted on. To transmit, the lightning bolt on the microphone should be pressed while talking. The channel can be changed by adjusting the knob on the right hand side of the radio. To change the volume, adjust the knob on the left hand side of the radio. There are also several soft keys on the front of the radio which have their functions displayed above them. To switch through these, use the arrow pad on the right side of the radio. The different functions are explained below.

1. **ZNUP** – Goes in ascending order through banks.
2. **ZNDN** – Goes in descending order through banks.
3. **PROG** – Allows you to program what channels are scanned.
4. **NUIS** – Allows you to mute a scanned channel.
5. **SCAN** – Turns the scan feature on.
6. **VIEW** – Shows you what channels are scanning.

The **handheld** radios are those that are carried by the field crew and there are also two located on chargers in dispatch. The channel displayed on the screen is the one that will be transmitted on. To transmit, press the large button on the left side of the radio while talking. The channel can be changed by adjusting the knob in the center of the radio. To change the volume, adjust the knob on the left hand side of the radio. “Keypad/Control Lock” can be turned on and off by adjusting the switch at the bottom of the channel knob. There is an “A B C” selector switch on top of the radio to quickly switch through banks A, B, and C. The purple button on the left side of the radio will illuminate the screen. There are also several soft keys on the back of the radio which have their functions displayed above them. To switch through these use the arrow pad in the middle of the radio. The different functions are explained below.

1. **ZnUp** – Goes in ascending order through banks.
2. **ZnDn** – Goes in descending order through banks.
3. **Batt** – Shows you the battery life for the attached battery.
4. **Clck** – Allows you to program the clock.
5. **Scan** – Turns the scan feature on.
6. **ScnL** – Allows you to edit the list of channels being scanned.
7. **Mute** – Allows you to mute the radio.
8. **MyID** – Allows you to turn you radio ID on and off.
9. **Prfl** – Different preset arrangements of radio styles.
    a. Default – No changes to radio functions.
    b. Surveillance – Turns off backlight and button tones.
    c. Loud Audio – Increases the standard volume output.
    d. Option 1 – Noise canceling function when speaking into the mic.
10. **ChSr** – Allows you to search all available channels programed into radio.

Section 5.12: Radio System Malfunctions

Occasionally, the radio systems used by Texas A&M EMS fail or are brought down intentionally for maintenance. There are multiple back-ups and systems in place in case either one of these situations occurs. The following is the procedure in case the system fails, beginning with the use of the console.

1. If the console malfunctions (due to software or hardware issues), it will beep and display red circles with white X's on the channels. If Bank A is still operational (base radio does not say site-trunking), the dispatcher should:
    a. Turn up the volume on the base radio
    b. Use the encoder box to tone units
    c. Use the "L" shaped microphone attached to the base radio to transmit
2. Site-trunking means a particular bank has gone down and presents the same as a console software malfunction. The base radio will also say "Site-trunking". In the event Bank A goes into site-trunking, the dispatcher should:
    a. Zone Down to Bank 1 – Hensel
    b. Tell the crew to operate on the different bank
    c. Turn up the volume on the base radio
    d. Use the encoder box to tone units
    e. Use the "L" shaped microphone attached to the base radio to transmit
3. If Bank 1 goes down as well, radio traffic should be handled on direct, line-of-sight channels. In addition to the above procedure for site-trunking, the dispatcher should:
    a. Zone down to Bank 79 or Bank 80 (does not matter which as long as the crew is on the same bank)
4. If the entire radio system fails, the dispatcher should communicate with the crew via phone or page.

In any situation where any part of the radio system fails, page the Emergency Administration Group immediately. UPD should also be contacted to determine if they are experiencing the same issues.

In the event the console shuts down, the computer should be restarted. The computer tower and keyboard are located within the blue cabinet (you can also use the on-screen keyboard). The login information is:

Username: **tamop3**
Password: **Motorola11**

After logging in, the **Elite Dispatch** software should be launched. Ensure that all channels/volumes are set accordingly on each tab. Open the activity log by selecting "View" at the top and then "Activity Log". Lastly, ensure Instant Retrieval is open.

*** Note: Due to how it operates, the console may display that it is not connected to channels for several seconds, then begin functioning normally. The dispatcher should follow the above procedure, but should allow a couple of minutes before contacting anyone to determine if this is the problem. However, if this issue persists, or if the console ever shuts down, 800 & 805 should be contacted immediately. ***

Section 6: 911 System

Section 6.1: General Policies Regarding 911 Computers

Texas A&M EMS has two 911 systems that are property of Brazos County 911 District. These systems include: two computers, two monitors, two mice, two keyboards, two Genovation keypads, and two 911 phones with their respective SAM boxes and speakers, as well as all of the accompanying wires.

As a general rule, one of the computers should be logged into the user's account at all times. When an on-coming dispatcher needs to login, they will bring up the out-of-service terminal and login to their own account. Once the on-coming dispatcher is logged in, the off-going dispatcher may log out.

No changes should be made to the system without the prior approval of the communications department and/or Brazos County 911 District. This includes but is not limited to: setting alterations to layout, additions to speed dial, etc.

The 911 computers are for the explicit use of answering emergency calls. No programs should be added or downloaded. No disks should be inserted into the drives. Nothing should be plugged into the USB drives, including phone chargers.

Clean screens only with a clean, dry cloth. Do not use water, alcohol, glass cleaner, etc.
Keep all food and drinks away from workstation.

The 911 computers are highly sensitive. They are the property of Brazos County 911 District. The utmost care must be displayed around and with them.

Section 6.2: Logging into the Vesta 911 System

The on-duty dispatcher must always be logged into one of the two 911 terminals. During shift change the on-coming dispatcher is to log into the out of service terminal, leaving the off-going dispatcher logged into the in-service terminal. Once the on-coming dispatcher is appropriately logged in, the off-duty dispatcher may then be logged out. This is to ensure that no calls for service are missed during shift change. It should be noted that the system will not allow you to be logged into more than one terminal at any given time.

To log into the Vesta 911 system:

1. Double-click the Vesta icon on the desktop to bring up the login screen.
    a. If the desktop icon is not present go to the Start Menu, select “all programs” and select “Vesta”.
    b. Double click “console” to bring up the login screen.
2. Input your personal username and password.
    a. Username: first initial followed by your last name. ex: jsmith
    b. Password: Last four digits of your UIN
3. Select “use my default profile”.
    a. If you work for another agency as well, do not select “use my default profile”. Go to the next screen to select your TAMU_CT profile.
4. Ensure your terminal is set to the green “ready” (a phone must be plugged into the appropriate jack).
5. Log off of the off-going dispatcher’s terminal, if desired.

When logging into the system, there is a “details” button on the log-in screen. By selecting this, you can ensure all of the components required for the system to work are being properly launched. If for any reason you are unable to log into the system, you will need to click “details” to show the reason. Some of the reasons may include: incorrect password, SAM not connected, or other network connections unable to function. See *Section 6.4: Status Bar*.

If you do not remember your password or accidently type it in incorrectly, you will have two more attempts before you will have to close the program. The program will never lock you out completely, but only temporarily after three attempts. Each time the program is closed and brought back up you will have three attempts to correctly enter your username and password.

Section 6.3: Readiness of Vesta 911 System

When you log in to the Vesta System you will need to ensure that your terminal is set to the green "ready". If it is not, simply click the red "ready" button to place the terminal in the ready state. By being ready, you are capable of answering any calls that are received over the 911 terminals. If your terminal is placed in the red "ready" state, you will be able to see and hear 911 calls being received but may be unable to answer the calls until the terminal is placed back into the ready state.

Section 6.4: Status Bar

At the bottom of the screen, there is a small bar that stretches the length of the screen. This status bar will allow you to monitor the status of the terminal and the network system.

There are four important connectivity statuses that can be checked:

1. Error Messages: Errors messages will appear in the bottom left hand corner of the status bar. These messages may include details such as “unable to place call on system hold”.
2. Time/Date: the current time and date will appear in the right hand corner of the status bar.
3. Connectivity: The three computers icon on the status bar will give connectivity information about the system as a whole. You will see three types of connectivity:
    a. Data Distributive Service (DDS) which is a redundant server that allows all of Brazos County and College Station to receive 911 calls.
        i. There are two DDS servers: A and B. “A” will normally always be active and “B” will usually be inactive. Should server “A” go down, server “B” will automatically launch in its place. Calls for service will not be affected if the servers switch.
    b. Media Distribution Service (MDS) which provides telephone services that allows the interfaces between public telephone systems and the 911 system.
        i. There are two MDS servers: A and B. “A” will normally always be active and “B” will usually be inactive. Should server “A” go down, server “B” will automatically launch in its place. Calls for service will not be affected if the servers switch.
    c. Sound Arbitration Module (SAM) which is a Vesta Communication product that manages the audio and sound equipment for the system.
        i. If the SAM is not connected for your terminal, you will automatically be logged out of the system.
        ii. Should this happen, immediately launch the system on the out-of-service terminal.
        iii. Attempt to re-launch the program on the affected terminal. If SAM still will not connect, contact the Communications Coordinator.
4. Information: The small “i” towards the right hand corner of the status bar will tell you which agency you are currently logged into, the name of the dispatcher currently logged into the system, and the position number (each terminal has its own unique number).

It is important to note that the network connectivity is never to be changed. This is simply an update to tell us if we are working off of Bryan or College Station. If there is ever a switch from Bryan to College Station (from DDSA to DDSB or MDSA to MDSB) the system will do it automatically and not affect the functioning of the system. If both Bryan and College Station connections were to ever go down at the same time, the Communications Coordinator would need to be notified immediately.

Section 6.5: 911, Callback, and Personal Call Lines

Call lines allow a call taker to answer, place, and act on administrative/911 calls. There are three types of lines: 911 Call/Text, Callback, and Personal Call Lines.

911 Call Lines:
The 911 Call Lines are the four 911 lines found in the upper portion of the screen. The top two lines will ring with any incoming 911 calls and appear red in color. The third line will ring with any incoming 911 texts; the fourth line is used for any texts that have been abandoned. After a call is picked up on the 911 Call Line, the call will appear green in color and take up a Personal Call Line, where the call is handled.

The expander in the bottom right corner of an incoming call will allow you to take action:

1. **Answer**: If the 911 call has not been answered by another dispatcher on another terminal, then the expander will show "answer" as the only option.
2. **Join**: If the 911 call has been answered by another dispatcher on another terminal, then the expander will show "join" as the only option.

If you are the one that answered the call, then there will no longer be an expander available.

Callback Lines:
The Callback Lines are used when the specific terminal phone number is dialed, not 911. Typically, this occurs due to telemarketers attempting to contact the terminals. The incoming call will appear blue/purple in color and have a different ringer than an incoming call in a 911 Call Line. This call should be answered with the standard 911 greeting ("University EMS, what is the exact location of your emergency?"). In most cases, the caller will hang up immediately, but if they don't, politely explain that these phone numbers are assigned to 911 terminals and are only used for emergency call-taking.

Personal Call Lines:
The Personal Call Lines are the calls that you are currently handling. You can take up to three personal calls at one time. Any time you add another agency to a 911 call, you are using a separate Personal Call Line (Ex: if you answer a 911 call and add UPD to the call, you are using two of your three personal call lines). After you answer a call from the 911 Call Line, the Personal Call Line is connected and all call handling functions become available.

The expander on Personal Call Lines will allow you to take action on any call you are currently on**:**

1. **Local Hold:** See *Section 6.17: Placing 911 Calls on Hold*
2. **System Hold:** See *Section 6.17: Placing 911 Calls on Hold*
3. **Release:** See *Section 6.16: Answering and Releasing 911 Calls*
4. **Flash:** See *Section 6.18: Transferring 911 Calls*

Section 6.6: Multiple Call Appearance (MCA)

This appearance, “Multi Calls”, is found in the bottom left hand corner of your screen. MCA displays the call count and the wait time of the oldest call for individual 911 queues. When you answer a call on an MCA, the call moves to the Personal Call Line where you handle the call. When there are no more calls in the queue, the MCA returns to its idle state.

To answer the longest ringing call on the MCA, click “multi calls” at the top of the MCA.

By simply clicking “answer” on the Genovation keypad, you will answer the longest ringing call on the MCA; this means that you will answer the longest ringing 911 call over a new incoming 911 call.

Section 6.7: Call Information Display (CID) Window

The call information display window provides call takers with information about emergency calls and displays the caller's Automatic Number Identification/Automatic Location Identification (ANI/ALI). Previous call information can be retrieved from this window.

CID Assets:

1. Call Information Display Area: This area, located on the left hand side, displays all of the ANI/ALI information available for the call.
2. Current/Manual/Recent/Monitored: These buttons are found in the top left hand corner of the CID window. They will display various call records.
3. Call Type Indicators: These indicators are located in the upper right hand corner. Indicators include: emergency call, wireless call, text call, TTY call, abandoned calls, abandoned call callbacks, and monitored calls.
4. Manual Request: This button allows you to manually request location information based on a phone number. This button can only be utilized in three legal ways: for training, for life and death emergencies, and for amber/silver/blue alert.
   It should be noted that illegal usage of this feature can result in serious consequences.
5. Update: This button will update the location for a current 911 call, if feasible, to phase 2, meaning a more accurate coordinate-based location.
6. Clear: The button clears the location information from the CID window.
7. Incorrect Location: This button allows you to launch the "Incorrect Location Information Report". This form is to be filled out when a landline 911 call has a number with the incorrect ALI. By law, the address for that phone number must be changed within 72 hours upon being brought to attention. This includes the changes needed to be made by the phone companies.
   a. Anytime this form is filled out, the Communications Coordinator should be notified. Also it should be noted that the form will be sent to Brazos County 911 offices.
8. Update CAD: This button updates the caller's location in CAD by sending ANI/ALI directly to the CAD computer from the 911 terminal. However, this feature is not currently enabled in our system.

Section 6.8: Dial Directory Window

The Dial Directory window allows you to dial a phone number by clicking a button rather than by typing the phone number, much like speed dial. From this window, you will be able to search for a contact within a group, dial a contact that is preprogrammed, manually enter and dial a phone number, and display multiple windows.

Assets of the Dial Directory Window:

1. Group Members: These are the tiles displayed in the top of the Dial Directory Window. Each tile may be associated with multiple phone numbers for that group. The Hospital group contains the phone numbers to all of the hospitals in the area.
    a. If there is a gray arrow to the left of the tile, then there are more contacts “behind” that tile.
    b. By clicking on a contact from this window you will open up a new call in the Personal Call Appearance and that number will be called.
    c. If the contact has a double pound icon at the top right hand corner of the tile, then that person or agency has multiple phone numbers. By simply clicking on the tile you will call the default phone number.
        - To view the details of a contact, select “contact details” at the bottom of the window.
    d. If the contact has a paper clip icon at the bottom right hand corner of the tile, then that person or agency has notes associated with it.
        - To view the details of a contact select, “contact details” at the bottom of the window.
2. Search Field: This field is found at the top of the Dial Directory Window above the Group Members. This field will search contacts and groups belonging to the group that is currently displayed in the Dial Directory.
3. Breadcrumb Navigation: This is found above the Search Field. This shows the group and each of the subgroups you are currently in. By clicking on any breadcrumb, you will be taken to that previous group.
4. Manual Dialing Box: This is located underneath the Group Members. This box allows you to manually dial any number.
    a. Dial: Found directly to the right of the Manual Dialing Box. This dials the digits entered into the Manual Dialing Box.
        - If the phone number is a non-979 area code, a 1 must be placed before the phone number.
    b. Clear: Found to the right of the Dial button. This clears the digits dialed in the Manual Dialing Box.
5. Dial Directory Toolbar: This is found directly beneath the Manual Dialing Box. The buttons in this toolbar are used to transfer text calls, display a keypad for dialing, create conference calls, and flash transfer.

Section 6.9: Contact Search

The Contact Search window can be found beneath the Dial Directory tab underneath the Dial Directory Toolbar. This window can be used to search all contacts within the system.

To search for a contact, simply type the contact you are looking for in the search field. Keep in mind some individuals or agencies may have multiple phone numbers or notes associated with them. To call the default phone number, select the contact you wish to call and click “dial” at the bottom of the window. To call a number other than the default phone number, or to view the notes, select the contact and click “details”.

Section 6.10: Teletypewriter (TTY)

The TTY allows you to communicate with hearing and speech-impaired callers. This feature is found in a tab underneath the Dial Directory Toolbar. When any TTY 911 call is received, the system will automatically bring up the TTY functions. If you hear a silent 911 call or a series of tones and the TTY functions have not turned on, by law you must attempt to make contact with the caller by using the "Detect TTY" button found on this tab. This button will send a message to the caller's TTY machine in their home that will turn it on and start the conversation. Since we are a secondary PSAP we may be brought into a pre-existing TTY call from Brazos County.

Assets of the TTY Window:

1. Detect TTY: Automatically sends a message to the caller and will turn on their TTY machine if necessary.
2. Voice: If, while you are having a TTY conversation, someone else gets on the phone and starts to speak to you, you can switch back to voice mode using this button. This will suspend the TTY conversation.
3. Mode: This will alter the way you communicate with the caller. You can switch to the following modes:
    a. Hearing Carry Over (HCO): allows speech-impaired callers to hear you while they type their messages to you.
    b. Voice Carry Over (VCO): allows hearing-impaired callers to talk to you while they receive typed messages from you.
4. Session Control: By selecting session control on a TTY, you have control over features such as transmitting characters, switching modes, and changing from TTY to Voice. If there is more than one call taker on the session, you can give up control so the other call taker can gain control of the session. This may happen when you are transferring a 911 call to another agency or if you receive a TTY transfer from Brazos County or CSFD.

In the top right hand corner of the TTY window, there are groups of preprogrammed questions. These groups include general questions, fire, EMS, police, and American Sign. By double clicking on these messages you can send the message to the caller.

If you need to type out a message you can use the text box. Keep in mind that when you are typing a message it is being sent at the same time so you should avoid backspacing at all costs. If you need to "erase" something, type "XXXX" and continue on with the message. The "Characters Pending" counter increments to show the number of characters sent to the caller. To clear the text box, hit "enter". This will not affect the transmission of the message in any way.

Refer to the Appendix for approved TTY abbreviations.

Section 6.11: Text-to-911

The Vesta terminals cannot initiate text conversations, they can only receive them. The terminals allow for simultaneous handling of voice calls and text calls. The 911 text line has a different ringer than the other two 911 lines, and will ring for 5 minutes before becoming abandoned. After a text call is picked-up, there is a tone for each subsequent message.

The Text Conversations window is used for responding to 911 text calls. The window can only be used after a text is answered from the text line within Shared Call Appearances, and it will open automatically. ANI/ALI will appear in the CID window as normal.

For an active text, the bar at the top of the window will appear green, display the caller's number, and show the status as "Connected". At the end of this same bar, there is a "Release" button, only to be used once the text call is completed.

Underneath this bar, a window will open and display messages between the caller and dispatcher. All previous messages within the past hour will be transferred from the primary PSAP to UEMS and will be visible in this window; likewise, if the text is transferred to another agency from UEMS, that agency will receive the entire text conversation from the past hour.

At the bottom of the messaging window, there is a text box used for free-typing as well as preprogrammed responses. Keep in mind while free-typing that many phone carriers have limits on the amount of characters per message. "Send" and "Clear" buttons are located to the right of the text box. The preprogrammed questions/responses are found within multiple tabs at the bottom of the Text Conversation window; these responses include General Questions, Entry Questions, Key Questions, PDIs, and Caller Safety. At the end of this bar, there is a "…" button which provides minimal questions in Spanish. By selecting a preprogrammed response, the message will appear in the text box and will be sent only after hitting "Send"; double clicking on a preprogrammed response will automatically send the message to the caller.

There is a "time-out" timer with text calls that lasts 20 minutes. After 20 minutes of inactivity, the text conversation will be released and any future messages from the caller will be routed to the primary PSAP again.

Once a text call is released, you cannot initiate a text conversation with that caller. A text call should only be released once the crew has called "Patient Contact". If you need to contact them again, you will have to call their number via 845-1525. However, if the disconnected caller texts 911 again within 1 hour, the previous conversation will be shown again.

Answering and Releasing 911 Text Calls:

To answer an incoming 911 text:

1. Use the expander on the line ringing and select “pick-up”.
2. Hit the orange bar at the top of the line ringing.

To release a 911 text:

1. Select the “Release” button in the top right hand corner of the Text Conversations window.
2. Use the expander on the active text and select “release”.

The Genovation keypad and Multi Calls button are NOT compatible with text calls. You cannot use the keypad to answer, release, or transfer a text

Text Call Transfers:

To transfer an active 911 text, open the Dial Directory window and select the button “Text Call Transfers” from the bottom tool bar. Only agencies with text-to-911 capabilities will appear in the Dial Directory window. After selecting the tile of the desired agency, the text will transfer and no longer be active on the UEMS terminal.

Abandoned Text Calls:

The 911 text line will ring for 5 minutes before becoming abandoned. Once a text is moved to the abandoned line, it cannot be picked-up. The dispatcher should then make three attempts to call the phone number. Refer to the abandoned calls procedure in *Section 6.12: Abandoned Calls*.

Section 6.12: Abandoned Calls

This window is found in a tab underneath the Dial Directory Toolbar. This window displays all abandoned calls that have not yet been called back. Abandoned calls are 911 calls that are received but the caller hangs up before the dispatcher is capable of answering the call. Since we are a secondary PSAP, we will not see this often, but it is possible. This would be due to the use of a different kind of transfer on behalf of the primary PSAP where they would transfer the call before making contact with the caller. If the caller disconnected before a dispatcher answered the line, the call would present as an abandoned call.

On our consoles, there are two areas you will see that we have an abandoned call. If you have an abandoned call, you will hear a low chiming every 10 seconds.

1. Abandoned Calls window – a red circle with a number will appear next to the window tab.
2. Priority Abandoned Callback button – a red circle with a number will appear in the upper right hand corner.

The numbers will match the number on your abandoned callback button and window. These numbers indicate how many abandoned calls you have.

How to callback a priority abandoned number:

1. Select the Priority Abandoned Callback button which will call back the highest priority abandoned call (aka, the longest waiting call) **OR**
2. Open Abandoned Calls window, go to the Queued tab, and select a line and hit dial or double click a line. Calling back from this option allows you to choose which number to call back, but our agency is required to call the longest waiting call.

Navigating the Abandoned Calls window:

1. There are two buttons labeled “Queued” and “Called” on the opened window which will take you to different lists of calls.
    a. The queued button will refer to all abandoned calls you have waiting to be called back.
    b. The called button will refer to the abandoned call you have called back. Calls move from queued to called.
2. On the lists, you will have information available about the call(s):
    a. Indicator for the type of call.
    b. Date/Time the call came in.
    c. CPN (phone number).
    d. Location (if available).
3. By selecting a line on the list, you can dial the number or view in the CID.
4. Double clicking a line will call that number.
5. If a previously abandoned caller has called back before we make contact, the system will recognize their number. Therefore, the number of waiting abandoned calls will decrease and the call will move from the queued to the called section on the Abandoned Calls window.

Handling an abandoned call:

1. If you realize you have an abandoned call, you need to call back the number.
2. Once you connect with the caller, let them know who you are, what agency you are with, and that you received a 911 call from their number. Ask them if there is an emergency, and if so, determine their location. From here, proceed with the call as a normal 911 call.
3. If you do not get an answer from the caller, you need to attempt three times to get a hold of your caller.
4. If after the third time you cannot get a hold of the caller due to disconnections or it continues to go to voicemail, call UPD and tell them you received an abandoned call and cannot get a hold of your caller. Provide them with the number and any information you have. This information should pertain to anything in regards to the calls being disconnected or going to voicemail and that you are unaware of the emergency status of the caller. You are requesting that UPD help investigate the status of the caller to determine if anyone is in distress.
5. As for the crew, you are not to tone them out unless you have confirmed at a minimum that the scene is safe and they are indeed proceeding to a medical call. Otherwise, if you receive an abandoned call, you can inform your crew that you are working to call back the caller to determine if there is a request for service. This is not a tone out and you are not sending your crew anywhere.
6. If your caller calls back, treat the call as a 911 call. Confirm the number by both asking the caller what their phone number is during your entry questions and by looking at ANI/ALI to make sure the numbers match. When you have time, let UPD know that you have made contact with your caller if UPD is unaware of the caller's status.

Section 6.13: Recent Calls Window

This window is found in a tab below the Dial Directory Toolbar. This window displays information regarding the most recent 100 calls. There are two categories within this window: inbound calls and outbound calls. Inbound calls are all the calls received by a particular terminal. The outbound calls are the out-going calls made from a particular terminal. You may also divide the calls between admin, emergency, text, and voice calls. Since we do not receive administrative calls over the 911 terminals, this will not need to be used.

Assets of the Recent Calls window:

1. Call Type Indicators: These indicators are found in the “view list” with each call they are associated with. Indicators include: emergency call, wireless call, text call, TTY call, abandoned calls, abandoned call callbacks, and monitored calls.
2. Dial: This button will call back the number currently selected in the Recent Calls window.
3. View in CID: Displays previous ANI/ALI information for a recent call in the CID window.
4. Emergency Callback: Automatically calls back the most recent inbound emergency call.

Section 6.14: Agents Window

This window is found in a tab underneath the Dial Directory Toolbar. This window lists all call takers that are logged into our agency and Brazos County 911, and lets you place calls to these call takers.

For training purposes, this window also allows a CTO to monitor a cleared DIT's calls by selecting the DIT's name in the window and selecting "Monitor". While the DIT takes calls on one terminal, the CTO can monitor from the second terminal. While the CTO is monitoring, their terminal will remain "Not ready". If the CTO needs to respond to multiple alarms, they must unselect "Monitor" or select "Ready" to place their terminal in-service and answer a call.

Section 6.15: Master Volume Window

This window is used to adjust the volumes of a call. There are three groups: jackboxes, IRR Playback, Aux Audio.

1. Jackboxes: This tab contains sliders for volume levels for handsets connected to the individual console jackboxes. Our consoles have two jackboxes each.
    a. Mute Mic: this box can be checked for each handset plugged into the jackbox. When mute is applied, a red LED light will appear on the muted mic on the jackbox itself. This can be useful during training of DITs.
    b. Each handset's volume can be adjusted by using the "handset #___ receiver." This adjusts how loud or soft you hear the caller.
    c. The "All handsets mic" adjusts how loud or soft the caller hears us.
2. IRR Playback: This is to never be used.
3. Aux Audio: This is to never be used.

Section 6.16: Answering and Releasing 911 Calls

To answer an incoming 911 call:

1. Hit “answer” on the Genovation keypad, which is the preferred method.
2. Hit the red bar at the top of the line ringing.
3. Use the expander on the line ringing and select “answer”
4. Use the Multiple Calls Appearance.

When answering a 911 call, the dispatcher should say: “University EMS, what is the exact location of your emergency?”

To release a 911 call:

1. Hit “REL” on the Genovation keypad.
2. Use the expander on the Personal Call Appearance and select “Release”.
3. Use the “Release” button in the bottom left hand portion of the screen.

When releasing an emergency call, the dispatcher should ensure the caller has disconnected first unless there is reason for an urgent disconnect. If the caller needs to be called back, either because more information is needed or the caller disconnected before all information was obtained, simply hit “Call Back” on the Genovation keypad to call back the most recent 911 call, or go to the “Recent Calls” window and select the desired inbound 911 call and redial.

Section 6.17: Placing 911 Calls on Hold

If multiple calls are received while only one dispatcher is available, then calls may need to be placed on "hold". It should be noted that calls should never be on hold for longer than 10 seconds unless under extenuating circumstances.

There are two ways to place a call on hold:

1. System Hold: This places the call on hold but allows a second in-service terminal in the system to take the call off of hold. When the caller is placed on system hold, they will hear a hold tone. To place a call on system hold, either push "Hold" on the Genovation keypad, select the "System Hold" button in the bottom left portion of the screen, or use the expander on the Personal Call Appearance and select "System Hold".
    a. It should be noted that conference calls and console-to-console calls cannot be placed on system hold.
    b. Call takers can place multiple calls on system hold.
    c. This will be the preferred method of placing 911 calls on hold for our agency.

2. Local Hold: this places the call on hold but only the call taker that placed the call on hold can retrieve the call off of hold. To place a call on local hold, use the expander on the Personal Call Appearance and select "local hold".
    a. This method is not the preferred method and should never be used for a 911 call.

Section 6.18: Transferring 911 Calls

Sometimes 911 calls may be transferred to Texas A&M EMS that are in another agency's territory or another agency should take lead due to the type of incident such as fire or police. If this is the case, the following guidelines will be used when the call is received via a 911 line.

1. Collect the following information from the caller:
    a. Exact location
    b. Call back number
    c. Reason for calling 911
2. Tell the caller you will be connecting them and they will hear someone else begin to speak, but not to talk until you tell them to do so.
3. Select the appropriate agency to transfer to from the Dial Directory.
4. Identify yourself to the other dispatcher and tell them the reason for transferring the call.
5. Then tell the caller to go ahead and speak.
    a. If connection was lost with the caller provide the other dispatcher with location, callback number, and reason for 911.
6. Disconnect once you confirm the caller is talking to the other dispatcher or until you have provided all information to the other dispatcher if the caller disconnected.
    a. If you need to stay on the line because our unit(s) will be responding as well, do not interrupt the other dispatcher to ask questions. You may ask EMD questions once they are done.

To transfer the call:

1. Simply select one of the agencies on the Genovation key pad.
    a. This will flash transfer the caller to the selected agency. ANI/ALI will also be transferred. The caller will be able to hear you and the other dispatcher at all times until you release the call.
2. Select the tile of the agency you wish to transfer to from the Dial Directory.
    a. This will flash transfer the caller to the selected agency. ANI/ALI will also be transferred. The caller will be able to hear you and the other dispatcher at all times until you release the call.
3. Select "flash" from the bottom of the dial directory and dial the console extension you wish to transfer to.
    a. Console extensions are four digit numbers.
    b. This method should never be used if the other methods are available.
    c. You may also flash transfer to an outside phone number by dialing the number in the manual dialing box.
        i. This should never be used unless under extreme circumstances.

Section 6.19: Computer Failure

In the event that a 911 computer were to fail, the dispatcher should go through the following process:

1. Immediately log into the out-of-service, if it is not already logged in.
    a. If a previous dispatcher is still logged in, do not log them out. Operate on their account until the failed computer is usable again.
2. Attempt to restart the computer if possible and ensure that all cables and wires are appropriately attached to the computer. Ensure SAM is operational and handsets are properly plugged into the jackboxes.
3. Notify the Communications Coordinators and EMS Managers.

In the event that both 911 computers fail, the dispatcher should go through the following process:

1. Attempt to restart the computers if possible and ensure that all cables and wires are appropriately attached to the computers. Ensure SAM is operational and handsets are properly plugged into the jackboxes.
2. Notify BC911, CSFD, & UPD that the 911 terminals are not functional and all 911 calls should be forwarded to 845-1525. Request IT help from BC911 at their earliest convenience.
3. Notify the Communications Coordinators and EMS Managers.
4. Once the terminals are in-service again, contact BC911, CSFD, & UPD to update them.

Section 7: CAD Operations

Section 7.1: General Information

Texas A&M EMS utilizes RescueNet by Zoll Data for vehicle and call for service tracking. The software is also used to bill patients as necessary. Texas A&M EMS Communications has the ability to track all activated units, as well as update what personnel are assigned to these units. It is also used to build calls for service as requested, as well as scheduling pre-planned calls. RescueNet allows for pre-built personnel or groups to be contacted via an alphanumeric paging system. Vehicles with GPS information transmitted to the system can also be tracked on the software's map.

The on-duty dispatcher, or their trainee if they are cleared to take calls, should be logged into the CAD system.

All active units should always be listed in the CAD system, even if they are operating out of the normal Texas A&M EMS service area.

All calls for service should be inputted into CAD, even if they were originally recorded on paper.

RescueNet Dispatch Log:

Located in the top toolbar in CAD, the dispatch log may be used to add relevant notes, such as:

1. Command established/terminated.
2. Requests to be placed on standby from another agency.
3. Severe weather advisory.
4. Code Maroon situations.
5. Any information the on-duty dispatcher feels is pertinent.

Section 7.2: RescueNet Dispatching Windows

There are multiple windows used to perform actions within RescueNet Dispatch. These protocols will give a brief overview of the windows and their uses, for more detailed information refer to the RescueNet user guide.

1. Call Taking: Add pre-scheduled trips or edit the details of any trip.
2. Emergency Call Taking: Create trips for requests for service.
3. Open Work: Lists all trips not assigned to a unit.
4. Vehicle Information: Lists active vehicles to include their location, crew members, and status. Also shows active calls for units, as well as canceled and completed calls when enabled.
5. Trip Summary: displays essential information to include pick-up and drop-off locations, call priority, and medical complaint for the trip that is currently selected in the Open Work, Vehicle Information, or Trip Scheduling modules.
6. Map: displays an interactive map of the service area, including the locations of vehicles, posts, facilities, and trip addresses.

Section 7.3: Recording Calls for Service

All pertinent details of a call for service must be recorded in RescueNet (The computer aided dispatch system). All information entered to RescueNet is an official legal copy of the events on an emergency call. All information entered must be accurate. No information, under any circumstances, is to be fabricated about any emergency call.

If you make a mistake while entering information into RescueNet and cannot correct it, immediately contact the Communications Officer with the incorrect information, what the correct information should be, and the run number of the call, so the information can be corrected.

The current on-duty dispatcher, or trainee if cleared to take 911 calls, should be logged into the RescueNet system, as whoever is logged in at the time of an alarm is recorded as the call taker by RescueNet. If for any reason a dispatcher or trainee takes a call on any account other than their own, a trip note should be added to state who took the call and recorded it into RescueNet.

Dispatchers should also keep information in RescueNet current and up to date (such as available units and unit crew members) to be prepared for emergency calls.

Requests for service should be entered through the Emergency Call Taking interface, unless it is a prescheduled request such as a standby event; these can input through the Call Taking interface.
The minimum required information for an alarm is the time the alarm was received, the location of the call, and one chief complaint, though every attempt should be made to gather all of the information available.

A determinant is required for every run number unless the call was canceled before the crew makes scene. If the crew makes patient contact before all of the information was obtained, a determinant must still be provided. Mark remaining ProQA or EMD card questions as unknown before closing the call.

The ProQA tool should be used on ALL alarms. This includes requests from UPD, Standby Medics, and the Health Center. You are not required to go through the ProQA sequence on the phone / radio with callers from these agencies, except the Health Center. However, once the alarm has been dispatched, go through the sequence and click the appropriate response and enter as much information as is known. This will often warrant many “Unknown” or “Unable to Assess” responses.

Call notes should be included with every call; refer to *Section 8.12: Trip Notes* for further information.

All requests for service must be entered into CAD, even if the call was logged on paper.

Section 7.4: Inputting Locations

There are multiple ways to input incident locations into the RescueNet CAD system. Listed below are the different methods.

1. If provided with a facility name, this can be input into the facility field and the appropriate facility selected from the list. This list will only search the beginning of facility names, so if the second word is input for a facility without the first word of the name, then the facility will not display. This system also works for parking areas by typing "PA", then the appropriate number.
2. Speed codes, typically the four-digit building number, can also be input into the facility field to generate the facilities location. Note that not all buildings may have this in place.
3. The street address can be input into the address field.
4. Intersections can be input into the address field with an "&" separating the two streets.
5. Other locations can be input into the address field. Select cancel in the popup window to continue processing the call if the location is not a physical address for the facility or previously built in CAD.
6. The map can be used by double-clicking a location, which places a tack, then by right-clicking the tack and selecting "Create New Trip."

Be aware that CAD recognizes "&" as an intersection in the address field. Roadways such as "F&B Road" should be input as "F and B Road", otherwise CAD will look for the intersection of "F Road" and "B Road."

It should be noted that when looking for a location in CAD by facility name, you may need to look up the building number elsewhere, such as AggieMaps or the Map Book, if the facility does not come up in the alphabetized list. This may be due to the building being in CAD under its full name rather than a common name used by students.

If CAD provides you with a facility alert, this alert will also be available to the crew via the MDT. Private information, such as gate codes, should never be transmitted over the radio.

Rolodex:

Located in the top toolbar of CAD, the Rolodex feature may be used to locate items within CAD, such as facilities and EMS personnel. If a location is not found in CAD, check the Rolodex first to ensure the building is not in CAD under a different name. If the building is still not found, then notify the Communications Coordinator.

Section 7.5: Creating Scheduled Events

It may be necessary for the dispatcher to add pre-planned events into the CAD; these include events such as standbys, vehicle maintenance, building tours, etc.

Follow the instructions listed below to add pre-scheduled events:

1. Open the Call Taking module.
2. Select the New Name button. Type one of the following depending on the situation and select it.
    a. Building tour
    b. Vehicle maintenance
    c. Athletics
    d. The first letters of the requesting group
    e. Or "?" if a search does not reveal a match
3. Select the date of the event on the calendar.
4. Select Add Trip on the right-hand side of the module.
5. Input the location of the event into the Pick-up facility.
    a. For vehicle maintenance input Transportation Center.
    b. If it is not an existing facility, enter the address manually.
6. Add comments as necessary in the "Dispatch Comments" box.
7. Enter the time the unit needs to arrive at the event into the "Appointment" field.
8. Enter a time 1 hour before the arrival time of the unit into the Pick-up box.
9. For dedicated standbys type "46", and for non-dedicated standbys type "47" into the "Nature" field, then press tab.
10. Select save on the right-hand side of the module to complete your work.

Note that building tours and vehicle maintenance should always be canceled in open work and not assigned to a unit.

Section 7.6: Uncanceling Runs

There may be a time for a dispatcher to uncancel a call.

The following procedure should be used for uncanceling a trip:

1. You must use the Call Taking module to uncancel trips. In the Customer Trip Summary section, select the trip you want to uncancel and press CTRL-T.
2. Open the Trip tab and hover over Call Taking, then select “Uncancel”.
3. Choose an uncancel reason and, optionally, add comments.
4. When you uncancel a trip, its new status depends on the canceled status it had and when you cancel it, for example:
    a. If you uncancel a trip that is in Canceled Open, Canceled Assigned, or Canceled Assigned/Confirmed status on its original trip date, it is changed to the Open status. The trip is then displayed in the Open Work module when its pick-up time is within the Open Work Lead Time.
    b. If you uncancel a trip that is in Canceled Complete status on its original trip date, it is changed to the Complete status.
    c. If you uncancel a trip that is in any of the canceled statuses before Canceled Open (for example, Canceled Will Call or Canceled On Hold), it is changed to the associated active status (for example, Will Call or On Hold).
    d. If you uncancel a trip that is in any status after its original trip date, it is changed to the Complete status.
5. Then either cancel the call in open work or reassign it to a unit and complete it, or cancel it in the appropriate state.
    a. Correct call times as necessary.

Section 7.7: Mobile Data Terminals

Texas A&M EMS vehicles have been equipped with Mobile Data Terminals (MDTs) as a tool for logging information regarding operations. This equipment will log call data based off of commands entered by the crew once a call has been assigned to a unit.

When the dispatcher assigns a run to a unit with an MDT, the status on the dispatcher's CAD computer for that unit will show "Dispatched." When the crew goes en route, they will press the button for "En Route" on their screen; the time and mileage will automatically be captured and loaded into CAD and the vehicle status on the dispatcher's screen will automatically update.

The same goes for "On Scene," "Transporting," "At Destination," and "Available." The crew will still need to call "Patient Contact" and "Patient Release" over the radio.

In the event that the crew fails to keep their MDT updated or the server fails, times, statuses, and mileages can still be manually changed in CAD.

Information entered into the comments section of Emergency Call Taking and the trip notes will appear on the screen for the crew to view on their MDTs. Facility alerts that appear in CAD will also appear on the MDT.

The MDTs also have the capability of using latitude and longitude coordinates to track incidents and units. When a facility or location that has been geocoded is entered into CAD and assigned to a unit, the MDT will show said facility on the mapping screen.

MDT traffic does NOT need to be repeated to the crew over the radio.

MDTs also allow for the vehicle position history and current position to be viewed on the dispatch CAD computer.

Section 7.8: Paging System

The CAD system allows for pages to be sent to individuals or group. Personnel can receive the messages by e-mail or by text message. Crews responding to a call will automatically receive pages for call assignments, when the call receives a determinant, once they are partially available, or if the call is canceled.

Pages to a group of personnel do not require express approval if they are for EMS business. However, overuse of the paging software limits its usefulness. Pages requesting relief or coverage of a shift should be sent when the on-duty personnel or the shift coverage is for someone that is unable to come in for the next shift.

Except in the case of an emergency or urgent EMS business, pages should not be sent between the 2230-0800 hours. In the event that the dispatcher is called and asked to send a page, they have the right to refuse to send pages that are personal in nature and non-essential to daily operations.

Paging Groups:

1. **ADMINISTRATOR EMERGENCY PAGE –** Used for admin notifications.
2. **All Dispatchers** – for all Texas A&M EMS dispatchers.
3. **All EMS** – for all Texas A&M EMS employees.
4. **All Field Staff** – for all Texas A&M EMS field personnel.
5. **Paramedics** – for all Texas A&M EMS paramedics.
6. **Officers** – for all Texas A&M EMS Officers.
7. **Customers** – For all Texas A&M EMS customers. This group should never be used; it is required due to billing needs.

Section 7.9: CAD Failures

The CAD system may fail for multiple reasons, including but not limited to, a software or hardware issue causing problems. There are several steps that should occur in either situation; in both the Communications Officers and Administrator on Duty should be notified immediately. Follow the procedures below for the specified circumstance.

Software Failure:

1. Ensure there is a network connection.
2. Shutdown the software and attempt to restart it on the normal CAD computer.
3. Restart the computer and attempt a relaunch of the software.
4. Use the alternate computer located in dispatch. ProQA will not work on this computer, therefore EMD cards should be used and determinants will need to be entered manually.
5. Begin paper logging if the software will not function.

Hardware Failure:

1. Ensure all cables are connected to computer correctly.
2. Attempt to restart the machine.
3. Use the alternate computer located in dispatch. ProQA will not work on this computer, therefore EMD cards should be used and determinants will need to be entered manually.
4. Begin paper logging if the software will not function.

If paper logging is performed at any time, this information must be entered into CAD with appropriate information and times once it is fixed.

Section 8: Requests for Service Guidelines

Section 8.1: Receiving a Request for Service

Emergency calls will primarily come over 911; however, keep in mind that emergency calls can come in over any of the phone lines. The dispatcher is responsible for answering emergency lines at all times. Any on-duty dispatcher not answering an emergency line shall be subject to dismissal. If, when the 911 line is answered, you hear another dispatcher talking, do not interrupt the other dispatcher. Get any information you can from listening and then question the caller when the other dispatcher is through.

Once it is determined that a request for service is being made, complete the following procedure:

1. Create a new call in CAD or on the paper log.
2. Get the location, call back number (verify), and a chief complaint.
3. Dispatch the unit through a primary tone-out.
4. Complete ProQA questioning.
5. Once determinant and priority have been determined, advise the crew of this information and deliver secondary, giving pertinent patient information.
6. Complete any further questioning if necessary.
7. Give Post-Dispatch Instructions (PDIs) and Pre-Arrival Instructions (PAIs) as applicable.
8. Close the call in CAD once all information has been obtained and all instructions given.
9. Enter trip notes pertaining to the call as necessary. Refer to *Section 8.12: Trip Notes*.
10. Continue to update the call as units advise.

The location of the emergency is the most important information to get. If the caller does not know this, use the ANI/ALI screen to identify their location by building number, if it is a landline. For wireless calls, attempt to use RapidSOS or nearby landmarks to locate a caller. Due to accuracy, ALI coordinates should be used as a last resort. If a call is received over a business line and the caller is not sure of their location, ANI/ALI and RapidSOS will not work, and the dispatcher will need to ask for surrounding buildings, street signs, or landmarks. If this does not help, obtain the phone number at the caller's location, call UPD, and have UPD trace the call to a location. There is also a manual ALI search available on the 911 computers that is not to be used unless the situation is life or death. This requires that the caller provide the phone number at the location of the emergency. The procedure for accessing this search is described later.

For each call, a call back number should be verified twice. If the stated number given by the caller matches the ANI information on the terminal, this serves as double verification. If the ANI information does not match, do not repeat a number back, but instead, verify the number by asking the caller again.

In the event that the caller does not know an answer to a ProQA question, the dispatcher should simply click the “unknown” button to that question or type unknown in free text boxes, to include items such as age and gender. The dispatcher should not waste time questioning the caller further if they do not know the answer to a question. This can cause the caller to give an answer that they are not sure about, and this will result in an incorrect determinant and priority.

Under no circumstances should medical advice be given over any phone line. The only instruction a dispatcher should give to a caller is the information written on the EMD cards (e.g. Post-Dispatch Instructions or Pre-Arrival Instructions) and only after an ambulance has been sent.

Section 8.2: Dispatching an Alarm

It is the duty of this service to get help where help is needed. Therefore, one of the top priorities of Texas A&M EMS Communications is to dispatch the ambulance as soon as possible after the call is received, after ensuring the information is accurate. The goal of this service is to dispatch every emergency call in under one minute.

There are many extra steps we do when dispatching an alarm. Do not let these steps distract you from the main purpose of dispatching, which is to get an ambulance to the patient as soon as possible. In potentially life-threatening situations, keep in mind that there is nothing you can do for the patient over the phone that is more important than what the crew can do on scene.

When dispatching units, the following format should be used:

1. Ask the caller to hold while you send the ambulance. Remind them not to hang up.
2. Dispatch the ambulance in the following manner:
    a. (Tones) “Units, Priority 1, Chief Complaint, Location, Building Number, Map Page, [Repeat], Time Out (Time).”
3. If staging the crew for a dangerous scene, dispatch the ambulance in the following manner:
    a. (Tones) “Unit, Stage for a Chief Complaint, Location, Building Number, Map Page, [Repeat], Time Out (Time).”

All calls will be dispatched as emergencies except for non-emergency transfers from the Health Centers, or when UPD or Standby Medics request a non-emergency response, regardless of CAD recommendation. If the crew needs to be staged for a possibly dangerous scene, the priority is omitted and left up to crew discretion. When in doubt, the call should be sent emergency.

Secondary Format

Once the determinant and priority have been determined, and all questioning has been completed, use the following formats for a secondary:

1. If the call is to be maintained in priority, use the format of the following example:

    861, maintain priority for a Charlie-level Overdose. You are responding to a 19-year-old male who is conscious and breathing. [Finish with all pertinent information obtained from ProQA, including flagger information.]
        a. If ProQA prompts the dispatcher to downgrade the call to priority 2, the dispatcher should treat priority 2 as priority 1, and not downgrade the crew. Refer to *CG 6* and *CG 40* of the SDO’s.

2. If the call is to be downgraded, use the following format:

    861, downgrade priority for an Alpha-level Sick Person. You are responding to a 19-year-old male who is conscious and breathing. [Finish with all pertinent information obtained from ProQA, including flagger information.]

If at any point it is determined that the crew should stage before they arrive on scene, the crew should be advised to stage and why. UPD or CSFD should be contacted immediately to clear the scene.

Section 8.3: Night Alarms

If an alarm is received between the hours of 1700 and 0700, and any member of the crew is asleep in the bunk room, turn on the lights and/or bells in the sleeping quarters. The switches for the bunk room lights are on the east wall in dispatch. In the event that the crew is obviously not awake within 60 seconds of the call being dispatched, the bells may be rung once briefly. Do not use the alarm bell if the crew is awake.

Do NOT wait for the crew to leave the squad room to tone out the ambulance if you are ready and have gotten the information you need. This delays dispatch times. As soon as you are ready to dispatch an alarm, tone out the crew without hesitation. Remember that the crew has 2 minutes to call en route if they are not at the ambulance when you tone them out.

Section 8.4: Receiving a Request for Service via Text-to-911

Emergency calls will primarily come over 911 lines or business lines; however, requests for service can come in over the 911 text line. Keep in mind, the Genovation keypad cannot be used when handling 911 text calls.

Once it is determined that a request for service is being made, complete the following procedure:

1. Create a new call in CAD or on the paper log.
2. Get the location, call back number (verify with ANI/ALI), and a chief complaint.
3. Dispatch the units through a primary tone-out.
4. Ask the text caller if it is appropriate for you to call them. If so, contact them via 1525 and proceed with the call as outlined in *Section 8.1: Receiving a Request for Service*.
    a. Reasons to text may be: scene safety, loud environment, limited call service, or hearing/speaking impaired callers
5. If it is not appropriate, complete ProQA questioning using pre-programmed questions or free-typing as needed.
6. Once determinant and priority have been determined, advise the crew of this information and deliver secondary, giving pertinent patient information.
7. Complete any further questioning if necessary.
8. Give Post-Dispatch Instructions (PDIs) and Pre-Arrival Instructions (PAIs) as applicable, using pre-programmed messages or free-typing as needed.
9. **Do not release the text on the 911 terminal until the crew has called Patient Contact.** Close the call in CAD once all information has been obtained and all instructions given.
10. Enter call notes pertaining to the call as necessary.
11. Continue to update the call as units advise.

Keep in mind that if it is determined unsafe for the dispatcher to call the caller, there could be a potential scene safety concern. If this is the case, the crew should be staged and UPD contacted.

If a text is not answered after 5 minutes, the call will go abandoned. After 20 minutes of inactivity, the text conversation will “hang up” and the caller will be disconnected. Because the terminals cannot initiate a text conversation, further contact with the caller must be over a phone line in both of these cases.

Section 8.5: Radio Request for Service

When contacted by the Standby Medics to respond to a call where they have initiated patient care, some differences in call taking and dispatch will occur. Standby Medics or Athletics will contact dispatch via phone or radio, and should be handled as follows:

1. Obtain location of the emergency, general illness or injury and patient report.
    a. Patient report should include conscious and breathing status, age and sex of the patient and any other permanent information.
    b. If they are off campus, the crew will not be dispatched. Instead, the appropriate agency should be contacted following the mutual aid protocol (ex: Spirit Ice Arena would be CSFD).
2. Dispatch crew or notify the appropriate agency. Input information into ProQA as normal. Put unknowns for any field in ProQA that was not given.
    a. If they are off campus, gather the information as normal, build the trip and call the appropriate agency to send an ambulance.
    b. Common locations that Event Medics staff off-campus are built into CAD as facilities. If the facility is not in CAD, the dispatcher must obtain the address of the location from the Event Medic requesting an ambulance.
3. Give secondary to crew as normal if Standby Medic has not already done so.
    a. A secondary must be given to the responding units on our channel. Notify them that there is a Standby Medic on scene and relay any information previously given.
4. Proceed as normal.
    a. If another agency was contacted, cancel the call as “Call transferred to ___” after adding appropriate trip notes.

If the Standby Medic requests a non-emergent response, dispatch the crew priority 3. If they do not specify, use whatever CAD determines.

PDIs/PAIs do not need to be given to on duty personnel as they are trained to treat the patient and have equipment. If the personnel are off duty, the call should be treated like a normal 911 call.

Section 8.6: Emergency and Non-Emergency Transfers

Medical Facility Transfers:

On occasion, a Medical Facility (examples include Beutel Health Center, the Human Clinical Research Building, an urgent care) will request that one of their patients be transported to one of the local emergency rooms for a higher level of care. These transfers will fall into one of two categories: emergent or non-emergent.

Below are the procedures for answering calls for service from Medical Facility employees:

1. Obtain key information as you would with any call.
    a. If you have the caller's name or the department name in the facility, you do not need to ask for call back number as it is already in dispatch.
2. In addition to the first three questions, ask the caller "Is this call a result of an evaluation by a nurse or a doctor?"
    a. If yes, select the **Transfer/Interfacility/Palliative Care (33)** card.
    b. If the patient has not been evaluated by a nurse or doctor, treat the call as a normal 911 call, selecting a chief complaint from cards 1-32, giving PDIs/PAIs, as appropriate.
3. Dispatch unit as normal.
4. Attempt to give unit secondary information as soon as possible, especially if they are responding to Beutel from the station, as they will have a short response time.

Questions relating to name of doctor and phone numbers do not need to be asked or entered as information is already on hand.

If in-service units are unavailable and a call is received for a non-emergent transfer, advise the caller that units are unavailable and determine if the patient can wait. The caller should then advise whether the patient can wait or if an emergency response is needed. If so, CSFD should be requested for mutual aid.

Be aware that even if the Medical Facility staff is requesting a non-emergent response, ProQA questioning may cause the request for service to be an emergent response. In this case follow ProQA and send an emergent response.

In the event that the facility staff will not answer the questions asked, write an incident report and contact 805 after the call.

Section 8.7: Code Blue Procedures

When a code blue is called at the Health Center, this means that there is a medical emergency requiring the response of a pre-designated team to respond. Some of these instances will require an EMS response. If the situation does, the Health Center staff will contact Texas A&M EMS Communications placing a request for service. When this occurs, the call should be processed as normal using the **Transfer** determinant. In the event that no information is provided, but EMS is requested to respond, use the **Unknown Problem** determinant. If the request is for a known arrest, the appropriate **Cardiac Arrest** determinant may be used.

If a Texas A&M EMS ambulance is available, dispatch them as normal to respond to the Health Center.

If a Texas A&M EMS ambulance is not available, contact CSFD for a response as normal, and dispatch 811 if they are in service and available.

Section 8.8: Requests for Service at Standby Medic Events

When Standby Medics are at an event, it is possible for a request for service comes in by 911, UPD, or some other reason that is not from the standby unit.

In these cases, handle the call as normal. After dispatching, attempt to contact the on-scene standby medic and have them attempt to make contact before the crew. If they advise the crew to downgrade or cancel, mark this in trip notes and cancel as “Disregarded per other EMS unit”.

If at any time the dispatcher feels that an ambulance response will be necessary regardless of standby units going to the incident, the ambulance and any other applicable units should be sent.

Section 8.9: Request for Service at Texas A&M EMS Standby Event

When Texas A&M EMS is staffing a standby event instead of a Standby Medic, it is possible for a request for service to come in from a 911 line, UPD, or some other source. In these cases, the EMS units at the standby should be advised of the incident and the specific location. Information should be obtained as normal, or until the units arrive on scene. There is no need to send additional units to the location unless requested to by the units on scene, or if they are already with one patient and another request for service comes in.

Standby units will need a trip separate from their standby trip for every patient they treat. For example, if the units treat two patients, there should be three run numbers total: two for the patient and one for the standby. Units should advise Texas A&M EMS Communications every time they need an additional trip and what the nature of the incident is, as well as approximate time stamps for the call. Every patient needs a determinant that relates to their chief complaint. If not given by the units, complete ProQA with unknowns.

If the standby ambulance is not dedicated, it may transport a patient. However, if the standby ambulance is dedicated, an additional ambulance will need to be requested to transport the patient. The crew should advise Texas A&M EMS Communications every time they need an ambulance for transport, at which time an ambulance from the proper jurisdiction should be sent. If the Texas A&M EMS unit is operating on the Texas A&M campus, another Texas A&M EMS ambulance may be sent; if operating in either city or the county, the appropriate agency should be contacted and their ambulance sent. When patient care is transferred to another unit, the trip should be cancelled as “Care transferred” to that agency.

It should be noted that if the patient requires an emergent transport, the standby ambulance may transport, regardless if dedicated or not. If the standby is meant to be dedicated, another ambulance should be dispatched to attend the standby until the original ambulance returns from the hospital.

Section 8.10: 811 Tone-outs

Occasionally, 811 is staffed in addition to a primary ambulance. If a request for service is received, the ambulance should be dispatched as normal. If the dispatcher feels that the call will merit first responder assistance, dispatch 811 along with the ambulance. Or, if 811 is not initially dispatched, they may come over the radio and request to be added to the call. In this case, 811 does not need a separate tone-out; simply copy the trip without assignment and drop it on 811 so the first responder has their own run number.

If the primary ambulance is not in service, dispatch 811 as normal and request mutual aid. Advise 811 which unit will respond and give both units a secondary on TAM EMS 1.

Texas A&M EMS Ambulance and 811 on same call and another request for service comes in:

1. Contact 811 and see if they can respond to a separate call.
2. If they can, clear them off their original call and begin processing second call.
3. Dispatch 811.
4. Contact CSFD for mutual aid.
5. Continue call as normal.
6. Keep 811 responding priority 1 regardless of CAD recommendation. The mutual aid agency should respond priority 1 regardless of the nature of the call.
7. Advise 811 which units will respond.

In the event that two different requests for service come in at the same time with both 861 and 811 available, the ambulance should be sent to the higher priority and 811 to the second call along with a mutual aid ambulance.

In the event 861 and 811 are already on scene when a separate request for service comes in, pre-alert as normal to notify units of a second call. When ready, cancel 811's initial call and dispatch to the second call, requesting mutual aid as appropriate.

Regardless of the priority of the call, if another agency is on scene and the incident is in Texas A&M EMS territory, 811 should be sent. If 811 arrives on scene and determines that transport is not necessary, they may cancel the responding units.

Section 8.11: Status Checks

Status checks are to be performed during calls to ensure crew safety and to make sure the crew did not forget to update Communications, or that the update was missed. Status checks also help to remind the crew of how long they have been treating the patient. The following guidelines and times should be used for status checks:

1. 2 minutes after the tone out if the unit has not called en route.
2. 5 minutes after the unit has been on scene if the unit has not called “Patient Contact.”
3. 20 minutes after the last transmission received for medical calls.
4. 15 minutes after the last transmission received for trauma calls.
5. 10 minutes after the unit has arrived at the receiving facility and not called “Patient Released.”

Section 8.12: Trip Notes

Trip notes should be entered for every call for service regardless of the outcome of the call. Each call should receive trip notes about information pertinent to the call that is not already recorded elsewhere in CAD. The trip notes feature has a character limit when exporting the information to anything but CAD; the dispatcher should be aware of this and limit the length of their trip notes. The notes should be completed as soon as possible.

Trip notes should include items such as the following:

1. Which line the call was received on.
2. If ANI/ALI was used to verify the phone number.
3. Any delays experienced by the responding units.
4. Any radio traffic given by the crew besides information marked elsewhere (ex: not time stamps or transport location)
5. When and what other agencies were requested, if applicable.
6. When other agencies arrive on scene, if known and applicable.
7. Anything else the dispatcher feels pertinent.

Things that should not be in trip notes:

1. Patient contact time.
2. Where the ambulance is transporting to and mileage.
3. When things go as normal, such as asking entry questions without any changes.

If the dispatcher feels there is important but sensitive information pertaining to the call, this should be entered into the trip notes while the crew is still en route. For example, gate codes or RapidSOS information should not be given over the radio. Instead, input them in trip notes and advise the crew to check their MDT.

Section 8.13: Cancelation Reasons

Calls should be canceled in CAD anytime a unit does not transport a patient to the hospital and transfer patient care to the hospital. There are some situations in which the call will be canceled in open work before ever being assigned to a unit. Below is a list of all of the active cancelation reasons in CAD and a description of when to use it.

1. 811 response/assist: Anytime a Texas A&M EMS unit responds and makes scene with another Texas A&M EMS unit, but does not get a refusal themselves.
2. Bike team assist: Anytime a bike team makes scene on a call and does not get a refusal.
3. Call transferred to BFD: Anytime a call is transferred to BFD.
4. Call transferred to CSFD: Anytime a call is transferred to CSFD; this includes if 811 responds with them on campus and they take over patient care from 811.
5. Call transferred to Other: When the call is transferred to any other agency.
6. Caller canceled response: When the patient cancels the responding units before they make patient contact.
7. Canceled by Law Enforcement: When a law enforcement agency cancels the EMS response.
8. Data entry error: When a call is created in error.
9. Dead on Arrival: When the crew states they have a dead on arrival or dead on scene and will not be preforming interventions.
10. Disregard per other EMS Agency: When another agency cancels Texas A&M EMS's response to the call for service.
11. Disregard per other EMS Unit: When any Texas A&M EMS unit is canceled by any other unit, to include another Texas A&M EMS unit.
12. EMS Standby: For standby calls when Texas A&M EMS is staged at an event.
13. Field Termination: When the crew has performed CPR but is terminating care and not transporting to the hospital.
14. Fire/HAZMAT Standby: When units stage at a fire, HAZMAT, or bomb threat situation. This is just for the standby and not calls created for patient care.
15. GOA – Unable to Locate: When the units make scene but find no patient.
16. Mechanical Problems: When a unit cannot respond or transport the patient due to mechanical issues with the unit.
17. Other: Any cancelation that does not fit any other situation. Describe the reason in the notes section.
18. Patient Refusal: When the unit makes contact and the patient does not wish to go to the hospital.
19. Public Relations Event: When a unit is sent to a public relations event.
20. Scheduled Vehicle Maintenance: For calls created for vehicle maintenance. These should be canceled in open work and not assigned to units.
21. Test Call: Anytime a training call is performed.

Note that when multiple units make scene for one patient, only one unit will receive a patient refusal cancelation reason, and others will receive the applicable assist reason.

Section 8.14: Dealing with Distraught Callers

In some cases, the caller may be distraught. It is the duty of the dispatcher to make every effort to calm the caller down to a point where information can be obtained. Never should a dispatcher withhold emergency aid even if the caller is unhelpful.

Advise the caller that you need them to calm down so that you can help them in the best possible way. Try using a calm voice—a worried, hurried, or angry voice will may only make the situation worse. In the event the caller does not calm down, do your best to get as much information as possible. If possible, request to talk to somebody else on scene who may be more helpful.

Send UPD and stage the crew if you feel that the scene is not safe.

Section 8.15: Requests for Service not in Territory

Requests for service that are not in the Texas A&M EMS service area, that are not mutual aid requests, may be received by Texas A&M EMS Communications. These calls may be received by 911 or over the business line. When such a call is received, the following procedure should be used:

1. Obtain the location, call back number, and chief complaint.
2. If the request for service is in close proximity to Texas A&M EMS territory, dispatch units as normal to the call.
3. Contact the agency that has jurisdiction over the area.
    a. Advise them that Texas A&M EMS has units en route and ask if they would like us to continue to the location.
    b. If advised to continue, treat the call as normal and log if other units from other agencies arrive on scene as able in the trip notes.
    c. If advised to cancel, then cancel the units as “Call transferred to [other agency]”.
4. If the request for service is not in close proximity to Texas A&M EMS territory, do not dispatch the crew. Instead, follow the protocols for transferring the call to the appropriate agency.

It is up to the dispatcher that takes the request for service to determine what is close proximity to Texas A&M EMS territory. All requests for service on roads bordering campus should have a Texas A&M EMS unit dispatched due to the proximity of the units.

If no Texas A&M EMS units are in service when a request for service is received, obtain the location, call back number, and chief complaint, and transfer the call to the appropriate agency. Advise them that the call is in their territory and there are no Texas A&M EMS units available to assist.

Remember that any calls transferred to Texas A&M EMS via 911 have already had a delay in response by initial questioning by another agency. Therefore, Texas A&M EMS should send a unit when possible, when the request is in close proximity to Texas A&M EMS territory, so that patient care can begin, especially in the case of a critical patient. Patient care should always be placed first regardless of jurisdiction.

Any time a request for service is received, regardless of whether or not it is in Texas A&M territory, a call should be created for record keeping purposes. If no Texas A&M EMS unit is dispatched, this should be cancelled in open work.

Section 8.16: Callers not with the Patient

It may be the case that a request for service comes into Texas A&M EMS Communications where the caller is not with the patient. The following guidelines should be used in such cases:

1. Attempt to move the conversation to another phone. To do this, NEVER disconnect with the caller. Instead, call their cell phone over 1525 or have somebody with them call another a business line with their cell phone. If there is a landline near the patient, have the caller send somebody to call 1525 using that landline. Only when it is confirmed to be the same caller can the original call be disconnected.
2. If that cannot be done, depending on the distance that the patient is from the caller, tell the caller the priority symptoms you need to assess, and have them go check the patient and return to answer them. You can advise them to have anyone present with the patient to watch them closely, open their airway, etc.
    a. If the patient is not critical, it is preferred to maintain communication with the caller as much as possible. It is appropriate to ask the caller questions and accept answers based on last known patient status instead of having them run back and forth between the landline and the patient. For example, “Was the patient breathing the last time you saw them?”
3. In the case of a critical patient, not alert, unconscious, or abnormal breathing, send responders immediately and advise the caller to go and provide airway care and/or start chest compressions if cardiac arrest is suspected.

Remember, getting as much info based on the protocol is usually the best way to handle things correctly. Coding as “unknown” is the last resort in the absence of a reasonable effort to get real information.

Section 8.17: Requesting Mutual Aid

On occasion, Texas A&M EMS will receive a call for service when there is not a Texas A&M EMS ambulance available to respond to the call. Texas A&M EMS will then request mutual aid from CSFD, though a BFD ambulance may respond.

The following procedure will be used for requesting mutual-aid:

1. Obtain location, call back number, and chief complaint.
2. Contact CSFD and notify them you are requesting mutual aid
    a. Provide them with the location.
    b. The chief complaint should be relayed as “Campus Medical Alarm”.
    c. Ask the dispatcher for the responding unit's numbers
    d. Have their units respond on TAM EMS 1.
3. Process that call as you normally would by running it through ProQA.
4. CSFD will dispatch their units. Monitor their radio traffic.
5. Give responding units a secondary on TAM EMS 1. Do not give priority as they will determine their own priority. Notify the responding unit if other Texas A&M EMS units are responding.
6. If another Texas A&M unit is responding or on scene, notify them of their assisting units.

If no Texas A&M EMS unit is responding, cancel the trip as “Call Transferred to CSFD” without assigning it to any unit. If a Texas A&M EMS unit is responding, assign it to them. If the agency that responds takes over patient care, cancel the trip as “Call Transferred to CSFD.” A separate run does not need to be created for CSFD if Texas A&M EMS units are responding.

Calls for service should not be held. If Texas A&M EMS is already on standby for either department or on a call for them, after obtaining the first three questions contact CSFD to see if any other ambulances have gone in service to respond to the call. If no units are in service, notify the on-duty Texas A&M EMS units that there are calls for service holding and no ambulances available.

Section 8.18: Paper Logging

In the event that the CAD system cannot be used, all information will be logged on paper. There is a logbook to track all operational changes such as shift changes and vehicle posting. There are also run sheets to enter all call related information. Once CAD is operating again, all call information must be inputted into CAD as well as any significant activity noted in the dispatch log.

Anytime paper logging is started, the log should have what staff members are on duty in what position and vehicle they are on.

The logbook is located in the dispatch fire bag, along with spare paper run sheets.

Section 8.19: RapidSOS Portal

To assist with the location of patients, Texas A&M EMS has access to a software called RapidSOS, which is real-time tracking of any active 911 request for service.

To access RapidSOS:

1. On the secondary computer, open a web browser and navigate to rapidsosportal.com/login.
2. There is a sticky note on the secondary computer with the login information.

To use RapidSOS during a call:

1. Obtain first three question information and dispatch the crew, as normal.
    a. RapidSOS should be used as a supplemental tool and **should not** delay tone out. This tool should be used post-dispatch to determine patient location as necessary.
2. Type the caller's 10-digit phone number into the box that says, "Search for Phone Number" and click "Search".
3. The caller's location should appear on the map. RapidSOS has Google Maps integrated with street view, which can be used to get a look at the surroundings near the patient's location. It will also give coordinates and an approximate address which can be used in the tone-out in the event the caller does not know their location.
    a. If there is any information under the "Additional Data" tab, it should be documented in Trip Notes while the crew is still en route so that is available to the crew before they make patient contact. This information should **not** be relayed over the radio.
4. Upon completion of request for service, document utilization of RapidSOS in Trip Notes

RapidSOS only works when there is an active 911 call that has been received on UEMS-1 or UEMS-2. It will not work for requests for service over the business line, as they are not 911.

Not all phones are able to transmit data to RapidSOS, even if the call originated as 911. In these cases, the inputted phone number will not be found, and all location should be determined via caller information or ANIALI.

To ensure caller privacy, dispatchers are required to clear all data once the crew has made patient contact. This is done by clicking the red "Clear All Data" button of the RapidSOS window.

Section 9: Other Agencies

Section 9.1: Communications with Other Agencies

As a Texas A&M EMS dispatcher, you are often the main representative of Texas A&M EMS to other agencies as you will often be communicating with them. Because of this, the utmost amount of professionalism should be taken when communicating with these agencies, no matter the situation.

When communicating with other emergency services and medical care agencies, certain leeway can be given to the caller. If trained medical personnel are already on scene, it is up to the dispatcher's discretion whether or not to provide medical assistance instructions (PAIs/PDIs), though in most circumstances this is not necessary.

If the caller is not with the patient but is in contact with a medic or officer on scene by radio, it may be difficult and time-consuming to communicate in such a second-hand manner. Furthermore, the crew is often able to contact such units directly by radio. In such cases, as always, the dispatcher should obtain as much information as possible while keeping in mind the importance of not delaying ambulance transport to definitive care.

When at all possible, entry questions should be asked of every caller. For common fourth party agencies (UPD, CSFD, BC911, and standby medics), the call back number does not need to be obtained, as it is already posted in dispatch references. Attempts to obtain information beyond entry questions should be employed as available, however do not ask key questions. If more information is not obtained, answer all applicable EMD questions as unknown.

At minimum, ascertain the following:

1. Location
2. Chief Complaint
3. Conscious/Breathing Status

Section 9.2: University Police Department

The University Police Department (UPD) is the law enforcement agency responsible for all Texas A&M University – College Station property. They act as any other law enforcement agency with their operations tailored to the needs of the university. They conduct regular patrols of campus by vehicle, foot, and bicycle; they are also at all varsity level sporting events and many other large-scale events on campus. Often because of their patrols and the events they are at, they can encounter people having medical emergencies before EMS is notified. In most cases their officers will communicate the need for EMS to their dispatch who will then contact EMS, for whichever service area they are in.

University Police Department phone number: (979) 845-2345

When taking a call for service from UPD obtain the following.

1. Exact location.
2. Chief complaint.
3. Conscious status.
4. Breathing status.
5. Any other available information.

There are also mandatory UPD notifications:

1. Alcohol related calls.
2. Illegal drug use.
3. Intentional drug overdoses.
4. Suicide ideation or attempts.
5. Traffic collisions.
6. Assaults both sexual and physical.
7. Crew safety concerns.
8. Fires.
9. HAZMAT situations.
10. Bomb threats.
11. Medical helicopter response to campus
12. CPR in progress.
13. Drowning.
14. Dead persons.
15. Bicycle collisions with other bicycles or pedestrians.
16. Any situation the dispatcher feels a police report may need to be generated.
17. Any situation where scene and crew safety may be an issue.

Section 9.3: Environmental Health & Safety

Texas A&M Environmental Health & Safety (EHS) responds to all fire alarms, fires, HAZMAT incidents, large amounts of blood, and any other potentially hazardous situation on the Texas A&M University Campus. They also perform building inspections and inspect all fire and safety equipment on campus. EHS might be contacted any time there is a fire or HAZMAT incident on campus, or large amounts of bodily fluids are present on a scene. The crew should notify the dispatcher if they need EHS to respond.

Contact EHS:

1. During normal business hours at (979) 845-2132
2. After hours at (979) 862-1111

Section 9.4: Transportation Services

Transportation Services is responsible for all parking lots and garages, parking enforcement, traffic management, controlled access gates, vehicle maintenance, and bus operations for Texas A&M University. If any of Transportation Services field personnel, including bus drivers, encounter an emergency, they will typically contact their dispatch center who will then contact Texas A&M EMS Communications. Any problems experienced with traffic control gates, including damage either caused by Texas A&M EMS vehicles or observed by Texas A&M EMS staff, should be reported to Transportation Services.

Transportation Services Phone Numbers:

1. Parking enforcement, including traffic control gates: (979) 845-0057
2. Bus Operations: (979) 847-7433
3. Transportation Center, for vehicle maintenance: (979) 845-7121

Section 9.5: College Station Fire Department

College Station Fire Department (CSFD) is responsible for all fire, HAZMAT, EMS, and Police operations within the city of College Station, and for all fire incidents on the Texas A&M campus that are within College Station city limits. Texas A&M EMS and CSFD have a mutual aid agreement, where one agency's units can respond to a call in the event the other agency has no available units.

CSFD serves as the primary HAZMAT team for the county, if an incident were to occur. During football game operations, CSFD provides an ambulance and a medical gator to assist Texas A&M EMS, as well as an engine, fire gator, and battalion chief for operations on and around Kyle Field.

CSFD Dispatch Number: (979) 764-3600

Section 9.6: Bryan Fire Department

Bryan Fire Department (BFD) is responsible for all fire and EMS operations within the Bryan City limits. BFD is the lead for all water and technical rescues within Brazos County. If any BFD resources are needed for an incident on campus inside CSFD territory, CSFD should be contacted, and they will dispatch the appropriate BFD and CSFD units as needed. BFD is dispatched by Brazos County 911 District (BC911).

BC911 Dispatch Number: (979) 361-3888

Section 9.7: Brazos County Volunteer Fire Departments

Brazos County has four precincts, each with their own volunteer fire departments. These departments only have firefighting apparatus, and EMS response is provided by the closest 911 ambulance. These departments will occasionally respond to the cities for brush fires, as they have multiple apparatuses for this. They may also cover city stations if requested to by the city. All four precincts are dispatched by Brazos County 911 District (BC911).

BC911 dispatch number: (979) 361-3888

Section 9.8: Texas A&M Athletics

Texas A&M Athletics employs athletic trainers, nurses, and doctors; they are based out of the Bright Complex and in the training facility located at the Johnson Track & Field Complex. Some of the trainers are students while others are full time personnel. Trainers are at all varsity team practices and events; they are also at any NCAA event that has non-Texas A&M teams playing. Athletics has made emergency action plans for all of their facilities, which in part show which way the ambulances should enter to each facility. In the event that athletics needs an EMS response, they will advise via the business line or radio.

It should be asked which entrance they wish the ambulance to use, as some facilities have multiple entrances. Keep in mind, there is an Athletics Emergency Plan binder within dispatch that should be used in cases such as these.

Section 9.9: Standby Medics

Standby Medics staff all of the events around campus that do not need an ALS standby. They staff the medic offices associated with the Student Recreation Center, to include the Rec, Penberthy North & South, PEAP, and Reed Arena. They also staff athletic events to include tennis, soccer, baseball, football, basketball, equestrian, and any other special events for the corps, sports clubs, or any other entity on campus as requested. These medics will typically call for requests for service over the radio but will also contact our dispatch over the phone if they do not have a radio. See *Section 8.5: Radio Request for Service*.

The phone numbers to the different medic offices are:

1. Rec Center: (979) 862-4145
2. Reed Arena: (979) 862-5617
3. Tennis Complex: (979) 458-4607
4. Penberthy: (979) 845-9655
5. PEAP: (979) 845-8717

Section 10: Special Situations

Section 10.1: Fire Alarm/Bomb Threats at the Health Center

Adapted from TAMU EMS Standard Operating Procedures.

In the event of a Code Red (Fire Alarm) or Code Black (Bomb Threat) announcement, all TAMU EMS personnel will immediately follow these Evacuation Plans for their position. The dispatcher should:

1. Log out of each 911 Terminal.
2. Log out of CAD and secondary computer.
3. Program and forward all business phone lines to appropriate agency where you will be relocating.
4. Take the fire bag, EMD cards, SOP's, map book, both dispatch handheld radios, and a radio charger to appropriate dispatch location.
5. Notify on-duty staff immediately, including AOD and the Communications Coordinator, of Code Red/Black if they are not at the Health Center.
6. Contact CSFD to notify them that they will temporarily be responsible for our territory while we relocate/evacuate.
7. Contact Brazos County 911 to request that they forward all of our calls to CSFD.
8. Contact UPD to notify them that we will be relocating.
9. Once relocated, the dispatcher will notify all agencies and officers of the change.
10. Follow the same procedure for relocating to the Health Center, unless other personnel are able to return to Health Center and restore services while still operating out of the station.

To save time, it is acceptable to notify Texas A&M EMS administration and other agencies via personal cell phone as you leave the station.

All calls received will be recorded on paper run sheets and input into CAD upon returning to the Health Center. If the dispatcher has the ability, they may remote into CAD and input runs that way.

Section 10.2: Calling Air Ambulance Transport

Requests for an Air Medical Provider (AMP) will be initiated by the responding units. 811 or the In-Charge will provide you with the landing zone and patient information. Be aware that specific standby events may require different air medical utilization procedures.

The Texas A&M EMS dispatcher should obtain the following patient report from the responding units requesting AMP activation, if available:

1. Age of patient
2. Type of injury or illness
3. Care provided by on scene personnel

For contacting AMP, be sure to use the 1525 line. The following are phone numbers for the closest AMP:

1. PHI Air Medical (Multiple Locations)
   (877) 435-9744
2. REACH Air Medical (Brenham)
   (800) 338-4045
3. Hermann Life Flight (Northwest Houston is closest, but others in Houston area)
   (800) 392-4357
   (713) 704-4357

The following information should be provided to the dispatcher:

1. Identify yourself (Name, Texas A&M EMS in College Station, TX).
2. Advise the dispatcher that you will need AMP activation.
3. The location of the helicopter's landing zone (hover over location on CAD map for coordinates).
4. A call number: (979) 845-1525.
5. Radio channel for the helicopter to respond on (TAM EMS 1 preferred, back-up is BRZ VFD 1).
6. Who the ground contact will be (Radio Call Sign, typically 861).
7. Patient report.

Obtain from the AMP dispatcher the following and relay to crew:

1. AMP Unit Responding.
2. ETA of AMP.
3. Any other pertinent information.

Once crew has been notified of AMP status, the following steps should be taken:

1. Contact UPD and have them respond to the Landing Zone to secure it. They may wish to know the original location of the call to have an officer respond there as well.
2. Contact CSFD to respond to the Landing Zone for landing zone safety.
3. As soon as possible the dispatcher should page the Emergency Administration group notifying them of AMP activation and the location. This is so those personnel can assist with the operation.

When call is complete, the run for the responding ambulance should be canceled as “Call Transferred to Other”. Any other units should be cancelled as an assist.

Section 10.3: Bodily Fluids

In situations where there are bodily fluids on scene that the crew cannot clean up, due to size or patient care, they will advise dispatch. Before contacting any departments, determine the exact location of the fluid as well as an approximate size. Then follow the below procedures:

1. If it is any fluid other than blood, contact Custodial Services.
2. If it is a small amount of blood, contact Custodial Services.
3. If it is large amount of blood, contact Environmental Health & Safety.

Environmental Health & Safety's phone numbers:

1. During business hours (0800-1700 hrs.): 845-2132
2. During non-business hours, weekends, or holidays: 862-1111
    a. If EHS cannot be contacted at this number, contact UPD. Be sure to advise them that it is for an EHS response and not an officer.

Facilities Services/Custodial Services number:

1. 845-4311 (Radio Room)

Section 10.4: Hazardous Material Incidents

Texas A&M EMS may be required to respond to Hazardous Material (HAZMAT) incidents on and around the Texas A&M University Campus. These incidents may be in relation to chemistry and biology labs, gas lines, vehicles and trains carrying hazardous materials, the Cyclotron and nuclear reactor, or many other incidents.

Texas A&M EMS will respond to all of these incidents when available. The primary job of Texas A&M Communications is to ensure crew safety in these responses.

The following are the guidelines to be followed when responding to HAZMAT situations:

1. If receiving request for service from reporting party:
    a. Determine: location, call back number, and problem.
    b. Then transfer to CSFD if call is on campus or appropriate agency as necessary.
    c. Build call in CAD using fire standby determinant.
    d. Dispatch Texas A&M EMS units to respond, advising them of need to stage until cleared in by HAZMAT Team.
    e. Contact UPD to advise them of situation and need for officers and EHS to respond.

2. If requested by other agency for response:
    a. Determine: location, incident radio channel, and location for units to respond.
    b. Build call in CAD using fire standby determinant.
    c. Dispatch Texas A&M EMS units to respond advising them of need to stage until cleared in by HAZMAT Team.
    d. Monitor incident channel for status of Texas A&M EMS units.

Be aware that these situations are dynamic and may be constantly changing, requiring continuing communication between Communications and field units, and between Texas A&M EMS and other agencies.

This is a mandatory administrator notification.

Section 10.5: Calling CHEMTREC

This is reserved for HAZMAT emergencies only. Texas A&M EMS will likely not need to contact CHEMTREC (Chemical Transportation Emergency Center), as the responding HAZMAT team will do this. As a preliminary source for information regarding the hazardous nature of spilled substances, consult the 2012 North American Emergency Response Guidebook in the Communications Office.

Telephone number: 800-424-9300

1. When to call CHEMTREC:
    a. Unfamiliar materials
    b. Unidentified materials
    c. Unidentified shipper
    d. Verification of technical information
    e. Incident of significant proportions, danger to property and/or life
2. Information required by CHEMTREC
    a. Accurate name of the products(s):
        i. Quantity
        ii. Container type
        iii. Mixed or single load
    b. Problem:
        i. Type of accident
        ii. Time incident occurred
        iii. Number and type(s) of injuries
        iv. Threat to environment
    c. Contact information:
        i. Caller name and organization
        ii. Call-back number and location
        iii. Location (City/State)
        iv. Weather and temperature conditions
        v. Populated or open area
    d. Shipper:
        i. Carrier and mode
        ii. Rail-car number
    e. Other:
        i. When the shipper or hazardous material is unknown, provide information on any labels or placards, any identifying markings, container shapes, and any names or numbers on the containers.

Section 10.6: Emergency Ambulance Service and Repairs

On some occasions, Texas A&M EMS vehicles may experience mechanical failure or have flat tires. If this is the case, the crew will contact the dispatcher and advise them of the situation. The dispatcher needs to obtain the following information about the unit's condition:

1. What the problem with the vehicle is.
2. The exact location of the vehicle.
3. Any information which the crew believes is pertinent.

Once this information is known, the dispatcher will call the Transportation Center if the difficulties occur between 0800 and 1700. If the difficulties occur after business hours, the dispatcher will call BDS Towing & Recovery (979) 218-3862. In either case, the dispatcher should identify themself (Name, TAMU EMS), request assistance, identify the exact location of the ambulance, and describe the problem.

This is a mandatory administrator notification.

If a mechanical failure occurs while the crew is responding to a call, and it will significantly delay or prevent the crew's arrival on scene, send the next available unit, or if one isn't available, immediately notify CSFD for mutual aid. If the mechanical situation is quickly resolved and the crew wishes to continue en route to the scene, and CSFD is not yet on scene, notify CSFD, at the crews' discretion, that their ambulance can disregard the alarm.

Section 10.7: Procedures for Electrical Brown or Black Out

In the event of an electrical issue at Beutel Health Center, there are measures in place to try to maintain normal communication operations and not impair EMS function.

Red power outlets are connected to a backup generator. The generator may take up to a minute to engage once power is lost. Essential equipment must be connected to these outlets. The Brazos County 911 computers are connected to a battery back-up unit. This unit provides auxiliary power until the back-up generator activates. This unit should allow for no loss of service.

Dispatch can continue to function at the Health Center as long as the 911 computers and all phone lines are still active. Should the 911 computers fail, the dispatcher must contact the surrounding agencies and advise that all emergency calls be forwarded to 845-1525.

If the 911 computers and all business lines fail, the dispatcher should immediately initiate the evacuation procedure. Refer to *Section 10.1: Fire Alarm/Bomb Threats at the Health Center*.

Section 10.8: Critical Incident Response Team Procedures

Critical Incident Response Team (CIRT) is a university department that responds to incidents to aid students. It is our duty at Texas A&M EMS to contact CIRT in situations where a student will benefit from their aid. To ensure that CIRT is contacted at appropriate times, they have laid out general guidelines for the type of incidents they respond to. When needed, our contact point is UPD dispatch. They have the ability to activate CIRT. The following are guidelines of when to call and how to activate CIRT:

1. Situations to Contact CIRT:
    a. Death of a student.
    b. Ideation of or attempted suicide.
    c. Life threatening illness or injury.
    d. Sexual assault.
    e. Psychiatric crisis.
    f. Drug/Alcohol incidents.
    g. Fire/Explosion with injury or damage.
    h. Hate/Bias incidents.
    i. Transportation accidents including, but not limited to, automobiles, airplanes, trains, and buses.
    j. Any incident the dispatcher deems appropriate.
    k. Any incident the medic crew deems appropriate.

2. In the event CIRT is required, the crew should be the one to activate them. If the dispatcher is required to activate CIRT, do the following:
    a. Obtain the UIN and name of the patient over the phone or from the crew in person; this information should not be gathered over the radio. Ensure that the crew is not bothered while on-scene if at all possible. This takes the crew away from patient care.
    b. Call UPD and advise that our ambulance is on a call that needs CIRT activated. Give the UPD dispatcher the UIN and name, along with the status of the patient and where they are being transported. Without this information, CIRT may not be able to respond.
    c. It is not mandatory for UPD to respond to all incidents requiring CIRT. When contacting UPD, make sure that their dispatch is fully aware of what is requested.

Section 10.9: Mass Casualty Incidents

Mass Casualty Incidents (MCI's) may occur on the Texas A&M Campus. In these situations, the first arriving units will declare an MCI and an Incident Command should be established. Responding resources will then be under the control of the Incident Commander and cannot be tasked for other assignments unless authorized by the Incident Commander. The Incident Commander may request additional resources, if needed. Depending on the situation and the on-duty staff, either Texas A&M EMS personnel or Fire Department personnel will become the Incident Commander of the medical section of the incident.

The following procedures should be used in the case that an MCI occurs on campus:

1. Dispatch units as available and as requested.
    a. A determinant that matches the primary problem (fire, shooting, CBRN, structure collapse, etc.) should be used for every unit that responds, regardless of transport or refusal.
    b. A separate run number should be generated for each patient treated. They should all have this same determinant.
2. A page should be sent to the Emergency Administrator group.
3. Contact UPD if they have not already been notified, as there will likely be a need for screen control and CIRT activation.
4. Contact CSFD for additional resources, if needed. They can automatically dispatch BFD if their resources are needed.

Due to the fire department possibly having incident command, be prepared to monitor the fire department's channels to keep track of Texas A&M EMS units.

If needed, create a run in CAD and make call notes for all other units that respond/assist that are not Texas A&M EMS units. This would not be assigned to a unit and should be cancelled in Open Work and cancelled as "Call Transferred to [Agency]".

Section 10.10: Crew Distress

Crew safety is the top priority of dispatch. In the event that a crew is put in a dangerous situation, they have two options of notifying dispatch. The first option is to voice over the radio "10-100"; the other option is to depress the orange emergency button located at the top of the radios. In the event that one or both of these occur, the dispatcher will stop whatever they are doing and focus attention on sending aid to the crew. The following are the procedures for this type of incident:

1. Depending on the type of notification, do the following:
    a. If 10-100 is verbalized, acknowledge the crew stating, "Clear 10-100, (Time)."
    b. If Emergency Button activation, follow the procedure in *Section 5.7: Emergency Radio Button Activation*.
2. Call UPD and advise the location of the crew and state that they have signaled they are in distress and need immediate assistance. Provide all known information about the call the crew was sent on if applicable.
3. Page the Administrator Emergency group, giving location of crew and stating they are in distress.

Section 10.11: Requests for Mutual Aid and Standby

Be aware that Bryan Fire Department or College Station Fire Department might request our mutual aid if all of their ambulances are out of service. If given time, they will typically call and notify us to be on standby for the next call in the city/county, but this may not happen in some circumstances.

If Texas A&M EMS is placed on standby, do the following:

1. Notify the crew and advise them of what department placed them on standby.
2. Once cleared from standby, notify the crew again.

If Texas A&M units are being sent to a call, do the following:

1. Obtain the following information from the CSFD/BC911 dispatcher:
    a. Exact Location.
    b. Cross Streets.
    c. Patient Information.
    d. Other responding units.
    e. Channel to respond on.
2. Build a call as normal for our units.
3. Dispatch our units as normal, using the above information, but be sure to include the response channel.
4. Monitor both TAM EMS 1 and the channel the units are responding on to monitor their status.
5. Page the Administrator group to notify them that we are responding.

In some circumstances, Texas A&M EMS units will already be operating on College Station or Bryan Fire Department channels. In this case, TAMU EMS units will be dispatched to a request for service directly by the other agency, and TAMU EMS Communications will likely not be notified. In these situations, the dispatcher will need to monitor all radio traffic and obtain dispatch information from the radio information and build trips as necessary. Depending on the situation, the crew may advise over Texas A&M EMS channel all of the needed information. If anything is missed, the Texas A&M EMS dispatcher can always contact the agency that sent the Texas A&M EMS units on the call to obtain the necessary information.

If it is CSFD requesting mutual aid, the dispatcher may be able to obtain call information from the College Station MDT. ProQA is not necessary in this case; instead, copy the determinant from the MDT into both the nature and determinant field of the CAD Emergency Call Taking window, and click “Save and Continue”.

Section 10.12: 911 Verbal Patient Refusals

There are certain cases in which an ambulance does not need to be sent, even if the call came in over a 911 line. It is important to remember that the dispatcher should never suggest that the patient does not need an ambulance, nor encourage them in any way to refuse the ambulance if they are undecided.

If the patient decides they do not need an ambulance, use the following guidelines:

1. As with any other call, gather from the caller the standard pieces of information and ask the key questions off the appropriate EMD card.
2. The following are mandatory responses; units should be sent, along with UPD:
    a. The caller or patient are under the influence of alcohol or any illegal drug.
    b. The call is a psychiatric emergency.
    c. The call is for an assault (physical or sexual).
3. Once it is determined that the call for service does not require a mandatory response, the dispatcher must speak with the patient directly to cancel the units. The dispatcher must verbally confirm twice that the patient does not want an ambulance response.
    a. If the caller is not the patient, and you are unable to talk to the patient, units should still be sent.
    b. If the request for service is via 911 text, the dispatcher should still call and speak with the patient.
4. Once confirmed that the patient does not want an ambulance, the call should be canceled as “Caller Canceled Response” in CAD.

If needed, the dispatcher can advise the patient of the number to Dial-A-Nurse (979) 458-8379 for medical advice, or direct them to local clinics and emergency rooms.

If the dispatcher is ever in doubt over whether to dispatch units, they should send units and handle the call as normal.

Section 10.13: Working Codes

A working code refers to a CPR in progress. The responding units to the scene will advise "Working Code" or "CPR in Progress" in the case that they begin performing CPR. There are multiple functions that then must be performed by the Texas A&M EMS dispatcher for situations such as these.

The following procedures must be performed for every Working Code incident:

1. Time stamp the incident in CAD.
2. Tone-out 811, if not already responding.
    a. If it was a non-ambulance unit that called the code, dispatch an ambulance as well.
3. Contact UPD and request that officers respond.
4. Page the Administrator Emergency group with a dispatch statement.
5. Keep time record of resuscitative efforts:
    a. When "Working Code" or "CPR in Progress" is called, the dispatcher should acknowledge this traffic and begin timing the crew until patient care is transferred or resuscitation attempts are terminated. This time is to be recorded in trip notes.

Depending on the circumstances, other steps may need to be performed as well. These should be done only at crew request:

1. Contacting CSFD for an engine response for manpower.
    a. In the case our ambulance is on scene and needs additional personnel, an engine may be needed to assist them. CSFD needs to be advised that only an engine is needed and not an ambulance.
2. Time stamping procedures for on scene units.
    a. Due to the complexity of patient management during a code, the units caring for the patient may ask dispatch to add interventions to the trip notes as they do not have the time to write them down. Even if the dispatcher does not know the intervention, it should be added to the call notes for the units to retrieve later in writing their reports.
3. Notification of the hospital.
    a. Depending on the situation, the units may advise for dispatch to contact the hospital they will be transporting to so that the hospital can prepare for their arrival. When doing this, the dispatcher should advise as much information that they know, but make sure the hospital knows that they are the dispatcher and not those actually treating the patient.

In the case that the crew terminates resuscitative efforts on scene, the call is to be canceled as **Field Termination.**

Section 10.14: Hospital Divert

Due to hospital crowding, the local hospitals may place themselves on divert. This means that the hospital will still accept patients, but every attempt should be made to take the patient to a different hospital. Sometimes these diverts will only be for a specific type of patient or they will be a general divert. The hospitals should keep their status updated in EMResource and should contact dispatch when they go on divert and for how long they will be on divert.

If a hospital goes on divert, the following steps should be followed:

1. Notify the on-duty personnel, whether on a call or not.
2. Add the diversion notice in CAD.
    a. Select “View” on the taskbar.
    b. Select “Diversions.”
    c. Select “Add.”
    d. Enter the appropriate information.
3. Once the hospital diversion is over, delete the entry in the “Diversions” window.

Section 10.15: Campus Housing Calls

In the event that a call occurs in a residence hall on campus and the crew cannot make entry into the room, the following procedures should be used:

Non-Corps Dorm or University Owned Apartment:
Contact Commons Front Desk or the Northside Residence Hall and inform them that an ambulance is en route to whichever hall and room number.

They will page the RA on duty to meet the crew. Advise them that they will need keys as the crew is unable to enter the room.

Commons (Southside) Front Desk Phone Number: (979)-862-1429
Northside Front Desk Phone Number: (979)-845-4768

Corps Dorm:
Contact the Corps Guard Room and have them contact the Commandant's Duty Officer to meet the ambulance. Advise them that they will need keys as the crew is unable to enter the room.

Corps Guard Room Phone Number: (979)-845-6789

Do not give any details or patient information to either entity, unless it is a potentially dangerous situation for the RA or CDO. Just inform them that Texas A&M EMS is responding to a medical call and will need assistance entering the room.

Section 10.16: Out of District Units

Due to the needs of Texas A&M University and the State of Texas, it may be required for Texas A&M EMS units to operate out of the local area, often without radio communications to Texas A&M EMS Communications. These units will still be listed in CAD when active. These units will also need trips created in CAD whenever they treat a patient. Due to there not being radio communications, the trip cannot be updated like normal. It may be the case where the personnel contact Communications after they are done treating the patient. In this case the location and chief complaint should be obtained to create a determinant. The personnel should advise of the closest possible times for the dispatcher to input into CAD to reflect their treatment times. The dispatcher should still input trip notes using available information.

Section 10.17: Severe Weather

In the event that thunderstorm or tornado activity is active in Brazos County, the following procedures will be used. When a bad weather watch or warning is issued, all on-duty staff, including Standby medics, will be notified.

Texas A&M EMS does not go out of service unless there is imminent danger to the dispatcher or crew. If the station must be evacuated, follow *Section 10.1: Fire Alarm/Bomb Threats at the Health Center*.

Section 10.18: Code Maroon

In the event that a Code Maroon is issued for Brazos County or the Texas A&M University campus, the dispatcher should log this and advise all units. In any of these situations, the information should be input into the dispatch log with advisory time and when the advisory is cleared, if applicable. When there are units not at the station, the information should be broadcast on all appropriate radio channels to keep units informed.

Appendix

Appendix A: TTY Abbreviations

ACK	acknowledge	DOC, DR	doctor
AG	again	EDUC	education
AM	morning	EMPL	employment
AMBO	ambulance	ENUF	enough
ANS	answer	FIGS	figures
ASAP	as soon as possible	FM	from
ASST	assistant	FONE	phone
B4	before	**GA**	**go ahead**
BDAY	birthday	**GA SK** -or- **GA to SK**	**completing all messages and getting ready to hang up**
BIZ	business		
BLDG	building	GM	good morning
BSY	busy	HD, HLD	hold
BYE	goodbye	IMPT	important
CD, CLD	could	INC	incomplete
CLR	clear	INFO	information
CMMTY	community	LIL	little
CUD	could	LN	line
CUL	see you later	LTRS	letters
CUZ	because	MIN	minutes
DIFF	different	MISC	miscellaneous
DOB	date of birth	MO	month

Adapted from BC911 *TTY Abbreviations*

MSG, MSGE	message
MSGS	messages
MTG	meeting
NBR	number
NITE	night
NP	no problem
NU	number
NXT	next
OIC	oh, I see
OK	okay; alright
OPR	operator
PH	phone
PH NBR	phone number
PLS	please
POSS	possible
PRBLM	problem
PRO	professional
Q	**?**
R	are
RDY	ready
REC	receive
RM	room
RPT	report
SD	should
SERV	service
SHD, SHUD	should
SK	**stop keying; bye; end of conversation**
SKSK	**hanging up**
STA	station
SVC	service
TDD	telecommunication device for the deaf
THRU	through
THX	thanks
TMR, TMW	tomorrow
TT	text telephone
TTY	teletypewriter
U	you
UR	your
URS	yours
WUD	would
XXX	mistake, misspelling, or change in thought process

Appendix B: COVID-19 Dispatch Protocols

Due to the emergence of the COVID-19 (Coronavirus) Pandemic, the Texas A&M EMS Communications Division has to adjust its operating method to ensure our crews are not exposed to COVID-19 unnecessarily and prevent hospital overcrowding. In order to do this, TAMU EMS has activated both the Pandemic Protocol (36) in ProQA and the EIDS Tool to reflect the screening requirements for COVID-19.

Encompassed in this Appendix are the Requirements for Dispatch using the Pandemic Protocol as well as the EIDS tool. This change is indefinite, and this protocol should be followed until further notice.
A brief summary of the overall operating methods are described below:

Sanitizing the Dispatch Office:

- At every shift change, it is the duty of the on-coming dispatcher to clean and sanitize the entire dispatch office, including the dispatch bathroom.

COVID-19 Symptom Tracking/Reporting for Employees:

- At every shift change, it is the duty of the on-coming dispatcher to take their temperature and SpO_2 reading, and record their results in the COVID-19 Employee Reporting Form in Aladtec.
- If a dispatcher begins to exhibit COVID-19 symptoms at any time before, during, or after their scheduled shift, they should immediately notify both 805/815 and AOD.

Dispatching Requests for Service using Protocol 36: Pandemic Card & EIDS Tool:

- The following Chief Complaints shall be dispatched using Protocol 36 instead of their usual assigned Protocol.
    - **Breathing Problems, Chest Pain, Headache, and Sick Person**
        - For Triage Level 1: Dispatch should be DELAYED until a determinant is reached.
            - For **ALPHA level determinants**, an ambulance should not be sent. Instead, follow instructions given in the Procedure attached to refer them to a telehealth option.
            - For **CHARLIE and DELTA level determinants**, an ambulance should be sent, and crew should be advised that the patient is "EIDS Positive".
                - The chief complaint in the primary tone-out and secondary should reflect the original chief complaint (breathing problems, chest pain, headache, sick person) instead of "Pandemic".
            - For cases that shunt back to the original chief complaint card, an ambulance should be dispatched immediately upon shunting back.
                - For example, if Protocol 36 shunts you to Protocol 10, you would dispatch upon arriving at the first Protocol 10 question. Do not wait until a Protocol 10 determinant is obtained.
        - For Triage Level 0: Dispatcher should utilize Protocol 36 as above, but a response will be sent regardless of determinant. Do not delay dispatch.
- For all other chief complaints, use the EIDS Tool. Advise your findings (EIDS Positive/Negative) to the responding TAMU EMS units in your secondary.
- For UPD or Mutual Aid calls, request a screening from the dispatcher. For more information, follow the guidance on the Dispatch Console. Do not ask 4th Party callers the ProQA questions.
- **A COVID-19 screening is required for every request for service.**

Consult 805 or 815 with any questions on this protocol.