

*The Open ISES Project  
Presents*

# ***Emergency Medical Dispatch Guide Cards***

***Part of the Cards 911 Project***

***Draft Version 0.26.2  
Flip Card Format***



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# Important

This is the first draft set of the Emergency Medical Dispatch section of the Cards project. **As with any medical product or device, these protocols are only offered as a suggestion. You should consult with your local medical director, state regulatory office or other regulating body before using any of these protocols. They come with no guarantee as to the soundness/quality or accuracy of the protocols.**

The cards are based on the recommendations of the United States National Highway Traffic Safety Administration. Several different formats were studied in the creation of these card sets, and what we felt were the best ideas being incorporated into this set.<sup>1</sup> However, this is not set in stone.

Unlike other EMD protocol card sets, you can modify these to meet the needs of your agency. This EMD protocol set is released under the Creative Common license. Under the license for this protocol set, you can modify the protocols, create as many copies as you like and share the protocols with others. You are not allowed to sell them. You should make sure that The Open ISES Project is noted as the original author of the protocols. If you modify them you should also note that as well.

## Using the Cards in this Book

The cards in this book are designed to be printed out on a color printer using 8.5 x 11-inch paper. The paper is then folded in half and placed into a flip card holder.

When in use, the cards are read from top to bottom, with the Key Questions being asked first, then the proper dispatch code (Red or Yellow), followed by pre-arrival instructions to be given to the caller. There are Call-taker prompts to reinforce certain actions, and a short dispatch guide.

These cards are presented as a guide to help your agency get started in providing EMD services. Your agency must decide what questions to maintain, what questions to change. Your agency must decide how you wish to respond based on the answers you receive from the caller.

If you have any comments or suggestions concerning this card set, please drop us a line and let us know. Our goal is to make The Cards Project useful to as many PSAPs as possible. We can only do that through your help.

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<sup>1</sup> The New Jersey Office of Telecommunications (<http://www.state.nj.us/911/training.html>) EMD Card set (<http://www.state.nj.us/911/2006emdguidecard.pdf>) was a major influence in the development of this card set. Also, the Milwaukee County EMS Dispatch Guidelines (<http://www.milwaukeecounty.org/EMSDispatchGuideline10703.htm>) for a 3-Tiered Response with Pre-Arrival Instructions ([http://www.milwaukeecounty.org/display/displayFile.aspx?docid=10703&filename=/User/jspitzer/3-Tiered\\_Dispatch\\_with\\_Pre-arrival\\_3-31-05.pdf](http://www.milwaukeecounty.org/display/displayFile.aspx?docid=10703&filename=/User/jspitzer/3-Tiered_Dispatch_with_Pre-arrival_3-31-05.pdf)). Other web sites such as Dispatch Monthly (<http://www.911dispatch.com>), the National Academy of Emergency Dispatch (<http://www.emergencydispatch.org>) and the Association of Public-Safety Communications Officials (<http://www.apcointl.org>) provided additional information used in the development of this card set.

## **Introduction**

The following guide on Emergency Medical Dispatch (EMD) is designed as an introduction to this combination of EMS and emergency dispatch. Emergency Medical Dispatch is more than just reading cards, and simply downloading this set of cards alone is not adequate to implement an EMD program. These cards are just the beginning. This manual will review some of the common components of a successful EMD program.

This book was created by reviewing numerous sources of information related to EMD. We are grateful to the many agencies, state and local, that have made their material available. Like the card set, we have adapted what we believe are the best practices from all of these varied programs.

The other area that you should be aware of as you move forward to creating your own EMD program is the rules, regulations and laws that apply to your specific jurisdiction. You should research what is required for your area. You may find that there are few, if any, regulations concerning EMD. You may find that there are broad based state requirements, but nothing at the local level. You must comply with your local laws when instituting an EMD program. You may find that you need to craft your own EMD legislation.

## **EMD Program Components**

There are some common components in every EMD program. These components are necessary to create a successful program. We will highlight these components below, and explain a little about each of them.

### **EMD Protocols**

The EMD Protocol are probably the most visible component of any EMD program. It is the part the everyone seems to focus on first. The bulk of this book is dedicated to bringing you a set of EMD protocols. The protocols should be reviewed by your call takers, your EMS folks, and your medical director. You need to make sure that these protocols comply with your local regulations. In the end, they must be approved by your medical director before they can be used in a call taking situation.

### **EMD Training**

You simply can't put up a set of protocols and expect your call takers to use them without any training. There is more to using the EMD protocols than simply reading questions from a card. Your call takers need to understand why they are using the cards, what types of situations they can expect when using the cards, and how the EMD protocols fit in with the overall health care system. It is often forgotten that many people enter the health care system through their local EMS agency. As call takers, you open the door to their entry into the system.

### **Continuing Dispatch Education**

Once you train the call takers in the skill of emergency medical dispatching, you have only started the process. Like the EMT, Paramedic, Nurse and Physician, on going education is a must for the Emergency Medical Dispatcher as well. Medicine changes, and so does the need to keep up with these changes.

### **CQI Standards**

How do you as the director of a PSAP know that the protocols are being followed? Can you be sure that the protocols are being followed the same way at 1:00am and at 1:00pm? For care providers the most common form of review is retrospective chart review. Looking at what the provider has written indicating how they treated the patient. A similar process is conducted with the EMD protocols. It is a retrospective review of the emergency call for help.

It should also not be understated that the CQI process should always be looking at how the system is performing, and how the system can be changed to bring about improvement. Fortunately using a system like Cards 911 you can make any changes to the system you wish. As an open source product, you have the freedom to try new ideas, new protocols, new techniques and not worry about violating anyone's license.

### **Policies & Procedures**

No program can function without the proper policies and procedures in place. The same is true for any EMD program. You should consider the policies necessary for the smooth implementation of the program.

### **Medical Direction**

Any EMD program is at its core a collection of medical protocols. When dealing with medicine, medical oversight by a physician is an absolute necessity. Your medical director should review the protocols, the instructions and all of the components of the EMD program. During this review process you should also make sure program meets all the requirements, rules and regulations of your local jurisdiction. Ultimately, your medical director has to authorize the use of the EMD protocols.

## **Records Management**

When you begin your EMD program, you also need to make sure you have a good records management system in place. Local, State and/or Federal regulations may dictate how long you need to keep your records on file. If you don't have a good records management system in place, now is the time to get one up and running. A lot of information is going to be created by any EMD program. You will need to secure this information, and have it available in the event of legal discovery, etc.

## Card Design

There are four basic designs used in the Card's EMD set. Each style is designed for a specific purpose. The current card styles are;

- All Callers
- Incident Cards
- Instruction (Sequential) Cards
- Instruction (Flow Chart) Cards

We will look at each type of card and the specific role each style of card will play in the set.

### All Callers

The first type is the “All Callers” card. It contains nine questions that every caller should be asked. The first two questions (“Where is your emergency?” and “What is the phone number you are calling from?”) need to have the answers confirmed. This is very important in case the caller becomes disconnected.

Question 3 shows the very first 'Jump' link. If the caller indicates that the emergency is a motor vehicle collision (MVC), the call taker should 'jump' to card T10 which is the MVC card. If you are using the Tickets version of the card set, you will notice that the card name (T10: MVC) is underlined and in blue (as seen in the graphic on the right). If you click on any of the underlined items, the card set will go automatically to that particular card. The Tickets card set works exactly like a web page utilizing hyperlinks.

ALL CALLERS INTERROGATION	
1. Where is your emergency ( <u>address or location</u> )	Confirm location
2. What is the <u>phone number</u> you are calling from	Confirm phone number
3. What is the <u>emergency</u> ?	If MVC jump to the <u>T10: MVC</u> Card
4. How many people are <u>hurt</u> ( <i>if not obvious</i> )?	
5. How <u>old</u> is the person?	
6. Is the person <u>conscious</u> ?	If No, Send a <u>Code Red Response</u> Advise Caller help has been dispatched
7. Is the person <u>breathing</u> ?	<ul style="list-style-type: none"> <li>• If Yes, Go to the <u>C6: Unconscious/Fainting</u> Card</li> <li>• If Uncertain, tell caller to Go and See if the chest is rising, then come back to the phone</li> <li>• If No, go to the <u>C1: Cardiac Arrest</u> Card</li> </ul>
8. Is the person <u>male</u> or <u>female</u> ( <i>if not obvious</i> )?	
9. What is your <u>name</u> ?	

Question 4 has the very first 'condition' statement. The question is asking “How many people are hurt?” followed by the conditional statement “*If not obvious*”. If the caller has already told you the number of people injured (for example “We have 6 people burned at the Gas Station” or “My mother is very sick”) then the question does not need to be asked. As a call taker, if there is any doubt in your mind as to how many people may be injured, always ask the question.

You will see other types of conditional statements in the card set. The most common are “*If Yes*” or “*If No*” in reference to a previously asked question. If we look at Question 8 on Card C6 we see the question reads “Does the person have a Medic Alert Tag?” If the caller answers “Yes”, then the conditional statement directly underneath would be asked “(*If Yes*) What does it say?”.

When all nine questions on the card have been asked you should be able to switch to the next type of card which is Incident card.

## Incident Cards

There are four different groups of Incident Cards. They are divided as follows;

- C: Critical Care Events (green banner)
- H: Hazardous Incidents (orange banner)
- M: Medical Incidents (blue banner)
- T: Traumatic Incidents (dark red banner)

These cards ask specific questions related to the incident. If at any time the call taker realizes they should be on a different card (the caller says something that clarifies the incident), the call taker should jump to that card.

Always use the card that best fits the perceived emergency.

The incident cards are used to determine the severity of the incident, to get the right equipment and personnel en route to the scene, and to offer aid instructions to the caller so that they can begin providing care prior to the first responders arriving on the scene.

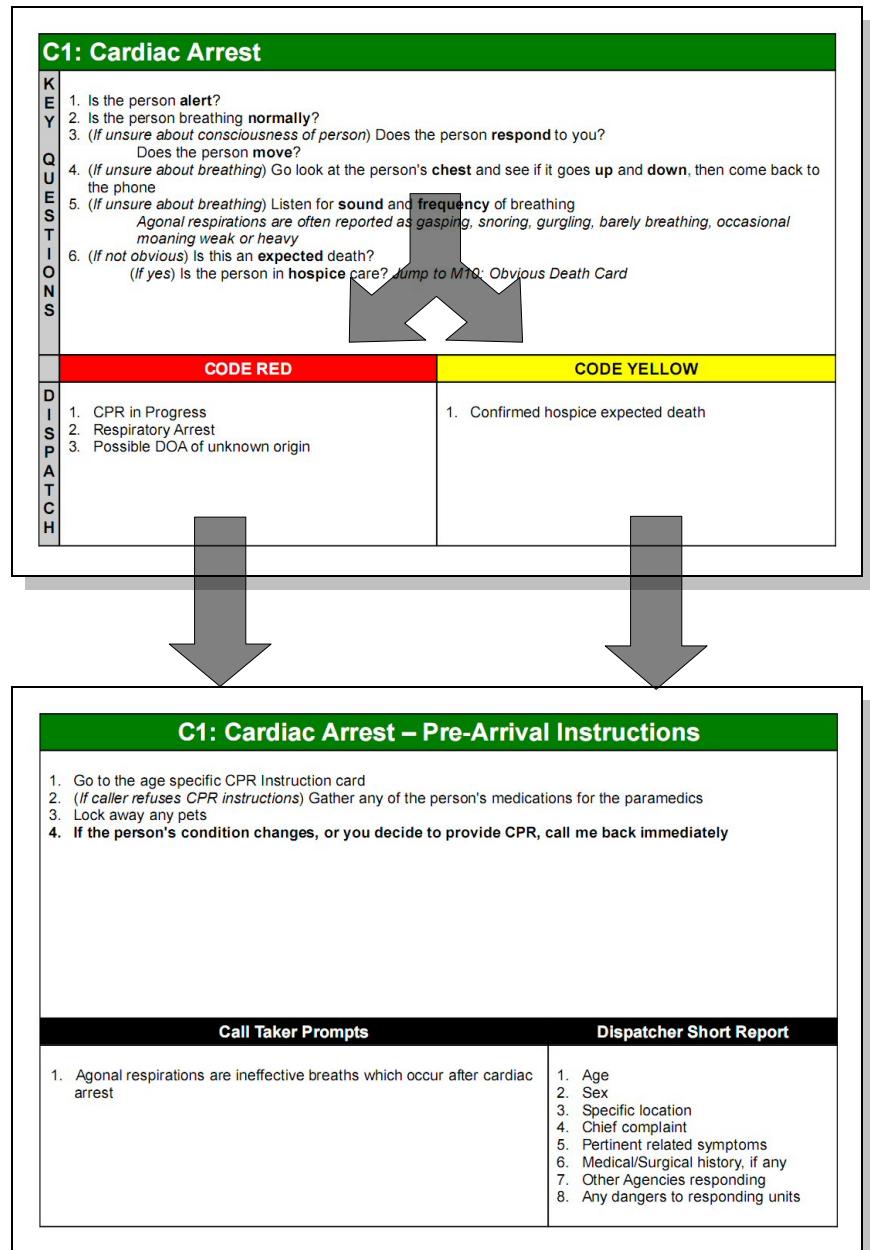
The cards are designed to flow from top to bottom. You select the card that best fits the 'emergency' the caller described during the All Callers Interrogation. The card is identified by a letter, a number and a color.

### Key Questions

Then you proceed to ask caller all of the 'Key Questions'. The number and types of questions will vary depending on the type of incident. It is important that all of the questions be asked exactly as written (regardless of who writes the questions). The answers are used to determine the type of dispatch.

### Dispatch

There are two categories of dispatch; Code Red and Code Yellow. Code Red incidents are generally the higher priority incidents, and would require Advanced Life Support intervention. Code Yellow incidents are typically the lower priority incidents and generally require on Basic Life Support interventions. It is important that all of the Key Questions are asked so that you can properly determine which dispatch category to classify the incident.



*Pre-Arrival Instructions*

The second card in the set begins with the Pre-Arrival Instructions (PAIs) at the top. Depending on the nature and severity of the incident, you may have to go straight to the Instruction cards (such as the CPR instructions specified in item 1 above). Most of the instructions are basic information to help the caller prepare for the arrival of the emergency responders.

*Call Taker Prompts*

At the bottom of the card is a section marked Call Taker Prompts. This area will contain information for the call taker and/or dispatcher to consider while using the specific card. In our example on the previous page, it reminds the call taker that agonal respirations are ineffective breaths that occur after cardiac arrest. If the caller is describing breathing that appears to be agonal, the call taker can use that information to better guide the caller in providing care and dispatching the proper units.

*Dispatcher Short Report*

The Dispatcher Short Report is an outline of the information that should be relayed to responding units. The list contains basic information about the patient and the incident. This type of information will help the responding units better prepare for the patient.

**Note:** *It is ultimately the agency's responsibility how they use the EMD Cards. The agency can modify the cards in any way that they choose. They can change any of the Key Questions, the Pre-Arrival Instructions, the Dispatch Report or the Call Taker Prompts. Further, the agency needs to determine what type of response they will send on every incident.*

*These cards are merely guidelines. ALWAYS follow the guidance of your local medical direction.*

## Instructional Cards

The instruction cards are designed to help the caller give life saving aid in the minutes before help arrives. These cards are different from the Pre-Arrival Instructions. The instruction cards are used for critical care events such as cardiac arrest, choking, and child birth.

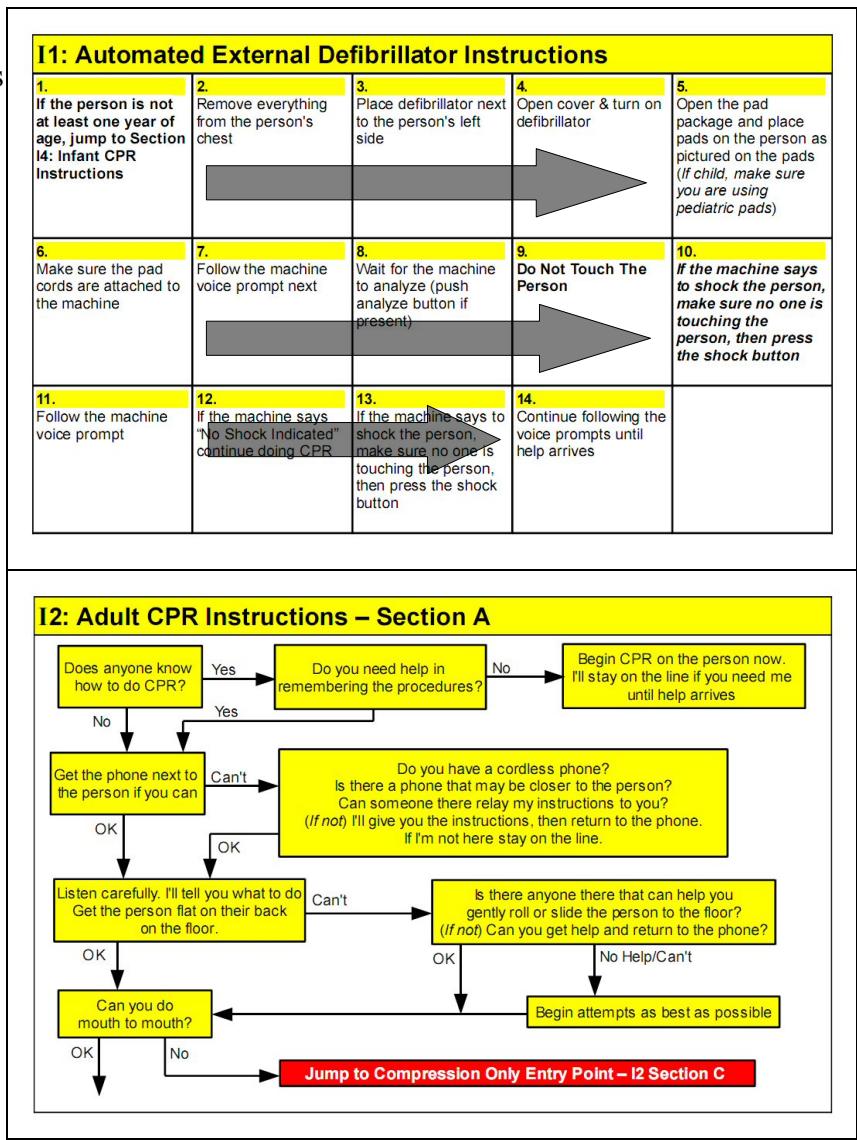
### Sequential Cards

There are two styles of instruction cards. The first style is sequential. The cards are sectioned off into blocks and the blocks are numbered in order. The call taker would start with block one and continue through each block in order. This style of card is used for the AED and bleeding control.

### Flow Chart

The second style of instructional card is the flow chart. In the flow chart the call taker gives the caller an instruction. If they can comply, they follow the Yes line, and if they can't they follow the No line. This allows instructions to be given that are flexible to meet the current situation.

Like the sequential cards, the call taker should make sure that the caller has completed the instructions in the current section before proceeding to the next section..



## **Creating Your Own EMD Cards**

There are two components involved in creating your own EMD Cards;

- The medicinal logic behind the questions asked
- The actual creation of the cards and the tools used

We will begin by discussing the logic behind the cards, and the types of things to consider as you create your own EMD cards.

### **Card Categories**

One of the first things to consider when creating your own EMD Cards is how to categorize them. All callers will go through an initial screening process. In this set it is called the 'All Callers Interrogation' card. This card helps you ascertain the location of the incident and any immediate life threatening conditions. It also acts as a form of initial triage. The categories are important in conducting the initial triage during the phone interview. The categories help get you quickly to the card within the category that best matches the incident the caller is describing. The NHTSA EMD Managers Guide talks about the two major types of medical categories;

- Individual Chief Complaints
- Traumatic Incident Types

The guide also talks about a subset call Time (Life) Critical Events.<sup>2</sup>

The Cards 9-1-1 EMD Project uses similar categories. The *Critical Care* events are the equivalent to the Time (Life) Critical Events. The *Traumatic Incidents* are the same. The *Medical Incident* is the equivalent of the Individual Chief Complaint. We have added an additional category called *Hazardous Incidents*.

#### *Critical Care Events*

These are the cards in the green section. Critical Care Events are those incidents where time is of the essence. Medical care needs to be given immediately in order to effect a positive outcome. These cards include

- Cardiac Arrest
- Choking
- Drowning
- Electrocution
- Childbirth
- Unconscious

With each of these cards there is typically a need to deliver instructions to the caller. The critical care instructions are located on the yellow Instruction section. These instructions are given until the first responders arrive on the scene.

When creating/modifying these Critical Care Event cards, you need to consider how it will impact the Instruction cards. These two sets of cards work together to create a seamless effort to discern the nature of the emergency and then to provide life saving instructions to the caller until help arrives.

#### *Traumatic Incidents*

There are ten traumatic incident cards in this set. These protocols are used when someone is injured. There are two instruction cards that may be used in conjunction with this section;

- Trauma Airway Control
- Bleeding Control

Most of the time you will simply want the caller to make sure the injured person is not moved and no additional injuries occur. Most trauma incidents make it .....

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<sup>2</sup> EMD Program Implementation and Administration, Manager's Guide, NHTSA 31 August 1995, Page A-3

When creating/modifying these cards, you need to consider what information is needed to determine what is the cause of the injury, and what equipment should be sent. Is the trauma related to criminal action (law enforcement involvement) or a hazardous environment (perhaps a structure collapse).

#### *Medical Incidents*

Medical incidents are perhaps the most common request for 9-1-1. Here the type of calls for assistance run the range from the proverbial “stubbed toe” to the person having chest pain. It is also not uncommon for a person to have a combination of medical conditions. There may also be problems with misunderstanding of common medical terms.

When creating a medical incident card, be aware of what you are trying to find out. Is a difference between two medical conditions important enough that it will affect the type of unit/response that is sent to the patient.

#### *Hazardous Incidents*

These are incidents that tend to deal with probability that multiple patients will be encountered. There is also the probability that the responders will be facing a much greater degree of hazard to themselves. These calls may overlap with other trauma related incidents.

Keep in mind the idea behind hazardous cards is that the incident will most likely effect more than just the immediate patient. It may also involve more than a primary medical response.

#### *Critical Care Instructions*

The Critical Care Instructions are given when there is an event that requires immediate care to be rendered. These are often high stress situations. They are typically being given to someone who has little to no medical training. And they did not want to learn to perform the skill today. The good news is that most life saving techniques are very simple to perform.

When creating Critical Care Instructions it is important to break the skill down to very small, simple steps. Make sure the call taker is telling the caller to do primarily one thing at a time. The caller may have to put the phone down and move to where the patient is located. You don't want them to have to remember too many things or they will forget everything.

### **Sample Authorization**

None of the EMD cards should be used until they have been reviewed by the appropriate medical authority. Many jurisdictions consider EMD call taking questions and instructions as medical protocols. Being considered medical protocols they need to be approved by a physician. This activity will typically be performed by your local agencies medical director. Some jurisdictions may require approval not just at the agency level, but may require authorization/approval at the local or state level.

Below is a sample authorization statement that you can use on the EMD card set.

## **Emergency Medical Dispatch Card (Protocol) Authorization**

I, \_\_\_\_\_ as the Medical Director of the \_\_\_\_\_ Public Safety Answering Point do hereby authorize the use of the Emergency Medical Dispatch Cards (protocol) as contained in this document. I verify that these cards have been reviewed for medical accuracy and to assure compliance with all Federal, State and Local rules and regulations. Further these protocols shall be reviewed a minimum of every two years to assure compliance with all Federal State and Local rules and regulations.

**These protocols are to be used only by personnel who are trained and certified in their use.**

**Approved by:** Medical Director (Print): \_\_\_\_\_

Medical Director (Signature): \_\_\_\_\_

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

# Card Sets

<b>C: Critical Care Events</b>		<b>M: Medical Incidents</b>
C1	Cardiac/Respiratory Arrest	M1 Abdominal Pain
C2	Choking	M2 Allergies/Stings
C3	Drowning	M3 Back Pain (Non-traumatic)
C4	Electrocution	M4 Breathing Problems
C5	Pregnancy/Childbirth	M5 Chest Pain/Heart Problems
C6	Unconscious/Fainting	M6 Diabetic Problems
<b>H: Hazardous Incidents</b>		M7 Headache
H1	Aircraft/Terrorism	M8 Health Care Provider Requests EMS
H2	Carbon Monoxide/Inhalation/HazMat	M9 Home Medical Equipment
H3	HazMat Incident Guidelines	M10 Obvious Death
H4	Helicopter Guideline	M11 Overdose/Poisoning/Ingestions
H5	Industrial Accident	M12 Patient Assistance
<b>I: Instructions</b>		M13 Psychiatric/Behavioral Problems
I1	Automated External Defibrillator	M14 Seizures/Convulsions
I2	Adult CPR Instructions	M15 Sick Case
I3	Child CPR Instructions	M16 Stroke/CVA
I4	Infant CPR Instructions	M17 Unknown/Man Down
<b>T: Traumatic Incidents</b>		
T1	Animal Bites	
T2	Assault/Domestic Violence/Sexual Assault	
T3	Bleeding/Laceration	
T4	Burns	
T5	Eye Problems/Injuries	
T6	Fall person	
T7	Heat/Cold Exposure	
T8	Stabbing/Gunshot person	
T9	Traumatic Injury	
T10	Motor Vehicle Collisions	

# ALL CALLERS INTERROGATION

<ol style="list-style-type: none"> <li>1. <b>Where</b> is your emergency (<i>address or location</i>)?</li> <li>2. <b>What</b> is the <b>phone number</b> you are calling from?</li> <li>3. <b>What</b> is the <b>emergency</b>?</li> <li>4. How <b>many</b> people are <b>hurt</b> (<i>if not obvious</i>)?</li> <li>5. How <b>old</b> is the person?</li> <li>6. Is the person <b>conscious</b>?</li> <li>7. Is the person <b>breathing</b>?</li> <li>8. Is the person <b>male</b> or <b>female</b> (<i>if not obvious</i>)?</li> <li>9. What is your <b>name</b>?</li> </ol>	<p><i>Confirm location</i></p> <p><i>Confirm phone number</i></p> <p><i>If MVC jump to the <a href="#">T10: MVC</a> Card</i></p> <p><i>If No, Send a <b>Code Red Response</b> Advise Caller help has been dispatched</i></p> <ul style="list-style-type: none"> <li>• <i>If Yes, Go to the <a href="#">C6: Unconscious/Fainting</a> Card</i></li> <li>• <i>If Uncertain, tell caller to Go and See if the chest is rising, then come back to the phone</i></li> <li>• <i>If No, go to the <a href="#">C1: Cardiac Arrest</a> Card</i></li> </ul>
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## C1: Cardiac Arrest

KEY QUESTIONS	<ol style="list-style-type: none"> <li>1. Is the person <b>alert</b>?</li> <li>2. Is the person breathing <b>normally</b>?</li> <li>3. (<i>If unsure about consciousness of person</i>) Does the person <b>respond</b> to you? Does the person <b>move</b>?</li> <li>4. (<i>If unsure about breathing</i>) Go look at the person's <b>chest</b> and see if it goes <b>up</b> and <b>down</b>, then come back to the phone</li> <li>5. (<i>If unsure about breathing</i>) Listen for <b>sound</b> and <b>frequency</b> of breathing <i>Agonal respirations are often reported as gasping, snoring, gurgling, barely breathing, occasional moaning, weak or heavy breathing.</i></li> <li>6. (<i>If not obvious</i>) Is this an <b>expected</b> death? (If yes) Is the person in <b>hospice</b> care? <a href="#">Jump to M10: Obvious Death Card</a></li> </ol>
DISPATCH	<a href="#">Index</a>

	CODE RED	CODE YELLOW
DISPATCH	<ol style="list-style-type: none"> <li>1. CPR in Progress</li> <li>2. Respiratory Arrest</li> <li>3. Possible DOA of unknown origin</li> </ol>	<ol style="list-style-type: none"> <li>1. Confirmed hospice expected death</li> </ol>

# C1: Cardiac Arrest – Pre-Arrival Instructions

1. Go to the age specific CPR Instruction card
  - o [Adult CPR Instructions](#)
  - o [Child \(1-8 years\) CPR Instructions](#)
  - o [Infant \(0-1 years\) CPR Instructions](#)
2. (*If caller refuses CPR instructions*) Gather any of the person's medications for the paramedics
3. Lock away any pets
4. **If the person's condition changes, or you decide to provide CPR, call me back immediately**

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## Call Taker Prompts

1. Agonal respirations are ineffective breaths which occur after cardiac arrest
2. Law enforcement notified?

## Dispatcher Short Report

1. Age
2. Sex
3. Specific location
4. Chief complaint
5. Pertinent related symptoms
6. Medical/Surgical history, if any
7. Other Agencies responding
8. Any dangers to responding units

# C2: Choking

K  
E  
Y  
  
Q  
U  
E  
S  
T  
I  
O  
N  
S

1. Is the person **alert**?
2. Is the person breathing **normally**?
3. **Describe** the breathing?  
*Does the chest rise? Does air enter freely?*
4. Is the person able to **speak** (cry)?
5. Is the person turning **blue** (changing color)?

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## CODE RED

## CODE YELLOW

D  
I  
S  
P  
A  
T  
C  
H

1. Unconscious
2. Not breathing normally
3. Unable to talk/cry
4. Turning blue (changing color)

1. Able to speak or cry
2. Exchanging air with no breathing difficulty
3. Airway cleared, assist person

## C2: Choking – Pre-Arrival Instructions

1. Go to the age specific Choking Instruction card
  - o [Adult Choking Instructions](#)
  - o [Child \(1-8 years\) Choking Instructions](#)
  - o [Infant \(0-1 years\) Choking Instructions](#)
2. (*If caller refuses choking instructions*) Gather any of the person's medications for the paramedics
3. Lock away any pets
4. **If the person's condition changes, or you decide to provide care, call me back immediately**

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### Call Taker Prompts

### Dispatcher Short Report

1. A previously healthy child who is suddenly found to be not breathing/cardiac arrest is considered to be a foreign body airway obstruction until proven otherwise

1. Age
2. Sex
3. Specific location
4. Chief complaint
5. Pertinent related symptoms
6. Medical/Surgical history, if any
7. Other Agencies responding
8. Any dangers to responding units

## C3: Drowning (Possible)

**K  
E  
Y  
Q  
U  
E  
S  
T  
I  
O  
N  
S**

1. Is the person **alert**?
2. Is the person breathing **normally**?
3. Has the person been **removed** from the water?
4. (*If yes and not obvious*) Is the person on **land** or in a **boat**?
5. How **long** was the person **underwater**?
6. What was the person doing **before the accident**?
7. (*If not obvious*) Is this a **scuba** diving accident?

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### CODE RED

### CODE YELLOW

**D  
I  
S  
P  
A  
T  
C  
H**

1. Unconscious
2. Not breathing normally
3. Scuba diving accident
4. Diving accident (consider c-spine injury)
5. Person still submerged

1. Person not submerged with no critical symptoms
2. Person coughing
3. Other injuries without critical symptoms
4. Minor injuries (lacerations, etc)

## C3: Drowning (Possible) – Pre-Arrival Instructions

1. Do not attempt to rescue the person unless you are trained to do so
2. Do not move the person around
3. Keep the person warm
4. Gather any of the person's medications for the paramedics
5. Lock away any pets
6. **If the person's condition changes, or you decide to provide care, call me back immediately**

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### Call Taker Prompts

1. If unconscious and not breathing, go to the age appropriate CPR card
  - o [Adult CPR Instructions](#)
  - o [Child \(1-8 years\) CPR Instructions](#)
  - o [Infant \(0-1 years\) CPR Instructions](#)
2. If unconscious, go to the [C6: Unconscious/Breathing Normally/Airway Control card](#)
3. Is Rescue needed?
4. Are boats needed?
5. Is Scuba Team needed?
6. Should the Diver's Alert Network (DAN) be notified?  
+1-919-684-8111 and +1-919-684-4DAN (-4326)
7. Law enforcement notified?

### Dispatcher Short Report

1. Age
2. Sex
3. Specific location
4. Chief complaint
5. Pertinent related symptoms
6. Medical/Surgical history, if any
7. Other Agencies responding
8. Any dangers to responding units

## C4: Electrocution

**K  
E  
Y  
Q  
U  
E  
S  
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1. Is the person still in **contact** with the source?
2. Is the person **alert**?
3. Is the person breathing **normally**?
4. (*If household electrocution*) Did the person contact a dryer, stove or other **220-volt** source
5. Are there any other **injuries**?  
(If yes) What are they?

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1. Unconscious
2. Not breathing normally
3. Decreased level of consciousness
4. Burns to airway, mouth or nose
5. Burns over 20% of body surface area
6. Burns from contact with 220-volt source or higher
7. Reported DOA until evaluation by responsible party
8. Multiple persons

1. Household shock without critical symptoms

## C4: Electrocution – Pre-Arrival Instructions

1. Beware of ground moisture
2. Do not touch the person if still in contact with the source of electricity
3. Beware of liquid spills that may conduct electricity
4. If safe to do so, turn off the power.
5. Gather any of the person's medications for the paramedics
6. Lock away any pets
7. **If the person's condition changes, or you decide to provide care, call me back immediately**

**Index**

### Call Taker Prompts

### Dispatcher Short Report

<ol style="list-style-type: none"> <li>1. If unconscious and not breathing, go to the age appropriate CPR card           <ul style="list-style-type: none"> <li>o <a href="#">Adult CPR Instructions</a></li> <li>o <a href="#">Child (1-8 years) CPR Instructions</a></li> <li>o <a href="#">Infant (0-1 years) CPR Instructions</a></li> </ul> </li> <li>2. <a href="#">If unconscious, go to the C6: Unconscious/Breathing Normally/Airway Control card</a></li> <li>3. Is Rescue needed?</li> <li>4. Is Fire Department needed?</li> <li>5. Law enforcement notified?</li> <li>6. Is the power company needed?</li> </ol>	<ol style="list-style-type: none"> <li>1. Age</li> <li>2. Sex</li> <li>3. Specific location</li> <li>4. Chief complaint</li> <li>5. Pertinent related symptoms</li> <li>6. Medical/Surgical history, if any</li> <li>7. Other Agencies responding</li> <li>8. Any dangers to responding units</li> </ol>
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## C5: Pregnancy/Childbirth

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| <b>K<br/>E<br/>Y<br/><br/>Q<br/>U<br/>E<br/>S<br/>T<br/>I<br/>O<br/>N<br/>S</b> | <ol style="list-style-type: none"> <li>1. Is she <b>alert</b>?</li> <li>2. Is she breathing <b>normally</b>?</li> <li>3. How far along is she?</li> <li>4. Is she having <b>contractions</b>?</li> <li>5. Is there a strong urge to <b>push</b>?</li> <li>6. Can you see the <b>baby's head</b>? <i>Is the baby coming out?</i></li> <li>7. Is this her <b>first pregnancy</b>?</li> <li>8. Are any <b>complications</b> expected?</li> <li>9. Has her <b>water broke</b>?</li> <li>10. Is she <b>bleeding</b>?</li> <li>11. Has she had a <b>seizure</b>?</li> <li>12. (<i>If post delivery</i>) Is the <b>baby breathing</b>?</li> </ol> |
|---|--|

**Index**

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<b>D I S P A T C H</b>	<table border="1"> <tr> <td style="width: 50%; vertical-align: top;"> <ol style="list-style-type: none"> <li>1. Unconscious</li> <li>2. Not breathing normally</li> <li>3. Decreased level of consciousness</li> <li>4. Imminent delivery or delivery</li> <li>5. Syncopal episode</li> <li>6. Prior history of complicated delivery</li> <li>7. Bleeding &gt;20 weeks pregnant</li> <li>8. Premature active labor, &gt;4 weeks premature</li> <li>9. Abdominal injury &gt;20 weeks pregnant</li> <li>10. Seizure</li> <li>11. Multiple births</li> </ol> </td><td style="width: 50%; vertical-align: top;"> <ol style="list-style-type: none"> <li>1. Delivery not imminent</li> <li>2. Vaginal bleeding without fainting &lt;20 weeks pregnant</li> <li>3. Abdominal injury &lt;20 weeks pregnant</li> <li>4. Water broke</li> <li>5. Pregnant &lt;20 weeks or menstrual with any of the following           <ul style="list-style-type: none"> <li>● Cramps</li> <li>● Pelvic pain</li> <li>● Spotting</li> </ul> </li> </ol> </td></tr> </table>	<ol style="list-style-type: none"> <li>1. Unconscious</li> <li>2. Not breathing normally</li> <li>3. Decreased level of consciousness</li> <li>4. Imminent delivery or delivery</li> <li>5. Syncopal episode</li> <li>6. Prior history of complicated delivery</li> <li>7. Bleeding &gt;20 weeks pregnant</li> <li>8. Premature active labor, &gt;4 weeks premature</li> <li>9. Abdominal injury &gt;20 weeks pregnant</li> <li>10. Seizure</li> <li>11. Multiple births</li> </ol>	<ol style="list-style-type: none"> <li>1. Delivery not imminent</li> <li>2. Vaginal bleeding without fainting &lt;20 weeks pregnant</li> <li>3. Abdominal injury &lt;20 weeks pregnant</li> <li>4. Water broke</li> <li>5. Pregnant &lt;20 weeks or menstrual with any of the following           <ul style="list-style-type: none"> <li>● Cramps</li> <li>● Pelvic pain</li> <li>● Spotting</li> </ul> </li> </ol>
<ol style="list-style-type: none"> <li>1. Unconscious</li> <li>2. Not breathing normally</li> <li>3. Decreased level of consciousness</li> <li>4. Imminent delivery or delivery</li> <li>5. Syncopal episode</li> <li>6. Prior history of complicated delivery</li> <li>7. Bleeding &gt;20 weeks pregnant</li> <li>8. Premature active labor, &gt;4 weeks premature</li> <li>9. Abdominal injury &gt;20 weeks pregnant</li> <li>10. Seizure</li> <li>11. Multiple births</li> </ol>	<ol style="list-style-type: none"> <li>1. Delivery not imminent</li> <li>2. Vaginal bleeding without fainting &lt;20 weeks pregnant</li> <li>3. Abdominal injury &lt;20 weeks pregnant</li> <li>4. Water broke</li> <li>5. Pregnant &lt;20 weeks or menstrual with any of the following           <ul style="list-style-type: none"> <li>● Cramps</li> <li>● Pelvic pain</li> <li>● Spotting</li> </ul> </li> </ol>		

## C5: Pregnancy/Childbirth – Pre-Arrival Instructions

1. Do not allow her to use the toilet
2. Have her lie down on their left side
3. Keep her warm
4. Do not flush toilet or dispose of any used pads
5. Gather any of her medications for the paramedics
6. Lock away any pets
7. **If her condition changes, or you decide to provide care, call me back immediately**

**Index**

### Call Taker Prompts

### Dispatcher Short Report

- |   |   |
|---|---|
| <ol style="list-style-type: none"><li>1. Imminent and post delivery, <a href="#">Jump to I8: Childbirth Instruction card</a></li><li>2. If unconscious and not breathing, go to the age appropriate CPR card<ul style="list-style-type: none"><li>o <a href="#">Adult CPR Instructions</a></li><li>o <a href="#">Child (1-8 years) CPR Instructions</a></li><li>o <a href="#">Infant (0-1 years) CPR Instructions</a></li></ul></li><li>3. If unconscious, <a href="#">go to the C6: Unconscious/Breathing Normally/Airway Control card</a></li></ol> | <ol style="list-style-type: none"><li>1. Age</li><li>2. Sex</li><li>3. Specific location</li><li>4. Chief complaint</li><li>5. Pertinent related symptoms</li><li>6. Medical/Surgical history, if any</li><li>7. Other Agencies responding</li><li>8. Any dangers to responding units</li></ol> |
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## C6: Unconscious/Fainting

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1. Is the person **alert**?
2. Is the person breathing **normally**?
3. Is this the first time today that the person has been **unconscious**?
4. (*If not obvious*) Have you tried to wake the person up?
5. Do you know if the person is taking any **drugs**? Drinking **alcohol** (*alone or with the drugs*)?
6. What was the person doing **before** they became unconscious?
7. Did the person have any **complaints** before they went unconscious?
8. Does the person have a **Medic Alert Tag**?  
(*If yes*) What does it say?

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| <ol style="list-style-type: none"><li>1. Unconscious</li><li>2. Not breathing normally</li><li>3. Decreased level of consciousness</li><li>4. Combined drug and alcohol overdose</li><li>5. Fainting associated with;<br/>Headache, Chest Discomfort, Diabetic, GI/Vaginal Bleeding, Abdominal Pain, Sitting/Standing or Continued Decreased Level of Consciousness</li><li>6. Single fainting episode &gt;50 years of age</li><li>7. Alcohol intoxication and cannot be aroused</li></ol> | <ol style="list-style-type: none"><li>1. Unconscious but now conscious with no critical symptoms</li><li>2. Unconfirmed 'slumped over the wheel'</li><li>3. Conscious with minor injuries</li><li>4. Alcohol intoxication but can be aroused</li><li>5. Near syncope without critical criteria</li></ol> |
|--|--|

## C6: Unconscious/Fainting – Pre-Arrival Instructions

1. Have the person lie down
2. If person is vomiting, place them on their side
3. Do not leave the person, be prepared to perform CPR
4. Gather any of the person's medications for the paramedics
5. Lock away any pets
6. **If the person's condition changes, or you decide to provide care, call me back immediately**

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### Call Taker Prompts

### Dispatcher Short Report

<ol style="list-style-type: none"><li>1. If unconscious and not breathing, go to the age appropriate CPR card<ul style="list-style-type: none"><li>o <a href="#">Adult CPR Instructions</a></li><li>o <a href="#">Child (1-8 years) CPR Instructions</a></li><li>o <a href="#">Infant (0-1 years) CPR Instructions</a></li></ul></li><li>2. Notify law enforcement?</li></ol>	<ol style="list-style-type: none"><li>1. Age</li><li>2. Sex</li><li>3. Specific location</li><li>4. Chief complaint</li><li>5. Pertinent related symptoms</li><li>6. Medical/Surgical history, if any</li><li>7. Other Agencies responding</li><li>8. Any dangers to responding units</li></ol>
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## H1: Aircraft/Terrorism

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This card for use when PSAP receives a call from a passenger or crew member on-board an airborne aircraft, reporting a hijacking or other violent terrorist event.

- **Caller** Information (*name and seat number*)
- **Flight** Information (*airline, flight no., departure and destination airports*)
- Caller's cell **phone** number
- Individual's **intentions** or intended **target** (*if known*)
- Is anyone **hurt** or **injured**?  
*Are you in a position to help with the person(s)?*
- (*If safe to do so, keep caller on the line*) Tell me **what happened, Stay Calm**
- Patch through to local Air Defense Sector if requested/needed
- [\*\*If a medical problem exist, jump to the appropriate card\*\*](#)

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### WHEN TO CALL

### WHEN NOT TO CALL

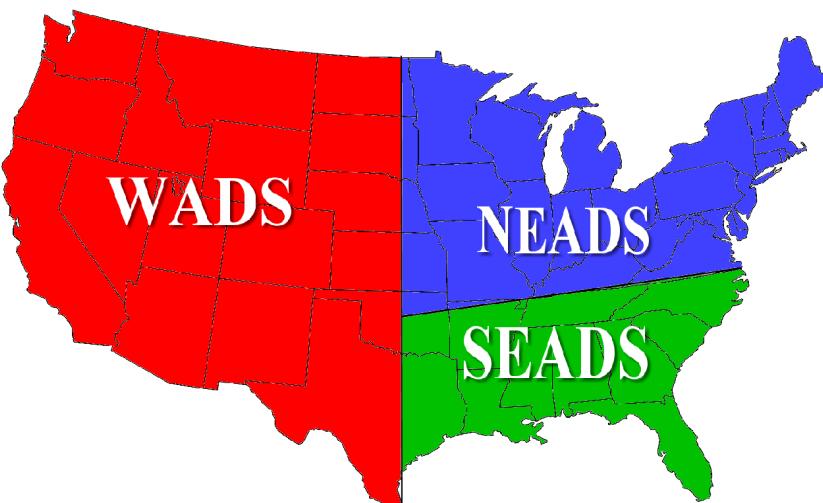
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1. Emergency call from an airborne aircraft
  2. Suspicious airborne object or aircraft
  3. Aircraft theft in progress or just occurred
- **Notify the local Air Defense Sector**

1. Complaints about sonic booms
  2. Aircraft noise complaints that are reported in the vicinity of airports
  3. Reporting a crop duster spraying an agricultural field
  4. Report of military aircraft flying in a typical military operations area
- **If In Doubt – CALL!**

# H1: Aircraft/Terrorism – Pre-Arrival Instructions

## Map of United States Air Defense Sectors



**Index**

### Local Air Defense Command Numbers

- South East Air Defense Sector SEADS (850) 283-5205/5207
- North East Air Defense Sector NEADS (315) 334-6311/6802
- Western Air Defense Sector WADS (253) 382-4310/4311
- Alaskan NORAD Region ANR (907) 552-6222/6293

The numbers above should be verified before their use becomes necessary.  
These numbers can and do change

## H2: CO/Inhalation/HazMat

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1. Is the person **alert**?
2. Is the person breathing **normally**?
3. Do you know what the **source** of the **contamination** is?
4. Has the person been **removed** from the area or the source of the contamination?
5. Has a carbon monoxide (CO) detector **activated**?
6. (If not CO) What is the **name** of the contaminating agent?
7. Is more than one person effected?  
(If yes) How **many** persons?

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| <b>CODE RED</b>  | <b>CODE YELLOW</b>  |
| <ol style="list-style-type: none"><li>1. Unconscious</li><li>2. Not breathing normally</li><li>3. Decreased level of consciousness</li><li>4. Difficulty swallowing</li><li>5. Ingestion of household cleaners, antifreeze, solvents, methanol, cyanide or insecticides</li><li>6. Multiple causality incident</li></ol> | <ol style="list-style-type: none"><li>1. Chemicals on person's skin or clothing with no critical symptoms</li><li>2. 3<sup>rd</sup> party caller, not with person</li></ol> |

## H2: CO/Inhalation/HazMat – Pre-Arrival Instructions

1. Stay Safe – Prevent self contamination
2. (*If CO Detector activation*) Have everyone get out of the house/building
3. (*If chemical contamination and if possible*) Have person remove contaminated clothing and contact lenses
4. (*If chemical contamination*) If chemical is a powder, brush off. **Do Not Use Water**
5. (*If burns to eyes*) Flush chemicals from burns to eyes
6. (*If burned*) Place burn area in cool water, not ice.
7. (*If known*) Get information on the chemical involved  
Material Safety Data Sheet (MSDS)
8. **If the person's condition changes, call me back immediately**

**Index**

### Call Taker Prompts

1. If unconscious and not breathing, go to the age appropriate CPR card
  - o [Adult CPR Instructions](#)
  - o [Child \(1-8 years\) CPR Instructions](#)
  - o [Infant \(0-1 years\) CPR Instructions](#)
2. If unconscious, [go to the C6: Unconscious/Breathing Normally/Airway Control card](#)
3. Consider contacting Poison Control - 1-800-222-1222
4. Notify the Fire Department?
5. Has law enforcement been notified?

### Dispatcher Short Report

1. Age
2. Sex
3. Specific location
4. Chief complaint
5. Pertinent related symptoms
6. Medical/Surgical history, if any
7. Other Agencies responding
8. Any dangers to responding units

## H3: HazMat Incident Guidelines

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1. Where **exactly** is the emergency?
2. (*If not obvious*) What is the direction of travel?
3. (*If applicable*) What is the **best access** route to the facility?
4. Are you in a **safe** location?
5. *If YES, continue questioning. If NO, advise caller to move to a safe location and call back*
6. What type of **hazard** is involved?
7. Are there any **injuries**? *If yes, jump to the appropriate trauma card*
8. Do you know the **name** and/or the **ID Number** of the material?  
Material Safety Data Sheet (MSDS)
9. Is the **material** currently a **solid, liquid or gas**?

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### Medical Dispatch

### HazMat Agency Dispatch

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1. Refer to the appropriate traumatic injury card

1. Notify all appropriate/applicable local/county/state agencies

### H3: HazMat Incident Guidelines – Pre-Arrival Instructions

1. If you are not in a safe location, leave the area immediately and call back when you are safe
2. If possible, gather any available information on the material(s) involved  
Material Safety Data Sheet (MSDS)
3. Deny entry to the affected area. If it is safe to do so, secure the premises. Isolate the area
4. If it is safe to do so, isolate or remove the injured from the scene

**Index**

#### Prompts

#### Dispatcher Short Report

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| <p>1. Amount of material spilled or released</p> <p>2. Size/Type of container</p> <p>3. Is release (<i>use as many as apply</i>)<br/>Continuous<br/>Intermittent<br/>Contained<br/>Entering a waterway<br/>Entering a storm water drain or sewer<br/>Other: _____</p> <p>4. Have personnel been evacuated from the area?</p> <p>5. Are there any emergency responders or HazMat personnel on the scene?<br/>(If Yes) Who are they?</p> <p>6. Is chemical information available to the responders?<br/>(If Yes) Please have it ready for the emergency responders</p> <p>7. Can you tell what the wind direction is?</p> | <p>1. Specific location</p> <p>2. Access route</p> <p>3. Type of HazMat incident</p> <p>4. Number and nature of injuries, if any</p> <p>5. Release type</p> <p>6. Wind direction/weather information</p> <p>7. Other Agencies responding</p> |
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### H4: Helicopter Guidelines

Air transportation should be considered when emergency personnel have evaluated the individual circumstances and found any of the following present.

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- The time needed to transport a person by ground to an appropriate facility poses a threat to the person's survival and recovery
- Weather, road and traffic conditions would seriously delay the person's access to Advanced Life Support
- Critical care personnel and equipment are needed to adequately care for the person during transport
- Falls of 20 feet or more
- Motor Vehicle Collisions (MVC) of 20 mph or more without restraints or rollover
- Rearward displacement of front of car by 20 inches
- Rearward displacement of front axle
- Passenger compartment intrusion
- Ejection of person from the vehicle
- Deformity of a contact point (steering wheel, windshield, dashboard)
- Death of occupant in the same vehicle
- Pedestrian struck at 20 mph or greater

**Index**

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- Unconscious or decreasing level of consciousness
- Systolic blood pressure less than 90 mmHg
- Respiratory rate less than 10 per minute or greater than 30 per minute
- Glasgow Coma Score less than 10
- Compromised airway
- Penetrating injury to the chest, abdomen, head, neck or groin
- Two or more long bone fractures
- Flail chest
- Amputation of an extremity
- Paralysis or spinal cord injury
- Severe burns

## H4: Helicopter Guidelines – Landing Zone Instructions

1. Where is the landing zone to be located?
2. What is the general description of the landing zone?
3. What is the approximate size of the landing zone?
4. (*If not obvious*) What is the topography of the landing zone?
5. What obstacles will the aircraft encounter on landing/take-off
6. What direction is the wind at the landing zone?
7. How is the landing zone going to be marked?
8. What is the ideal approach to the landing zone?
9. (*If not obvious*) What is the location of the landing zone in reference to the incident?

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### Call Taker Prompts

1. Local Air Medical Transport \_\_\_\_\_
2. Local Air Medical Transport \_\_\_\_\_
3. Local Air Medical Transport \_\_\_\_\_
4. Notify Fire/Rescue and Law Enforcement for Landing Site?
5. (*If HazMat*) Landing Zone is one mile from explosives, poisonous gases or chemicals in danger of exploding

### Dispatcher Short Report

1. Ground contact
2. Specific location
3. Description & Size
4. Obstacles
5. Wind direction
6. Landing zone markings
7. Best approach
8. Location of LZ in reference to the incident
9. Any other pertinent information

## H5: Industrial Accidents

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1. Is the person **alert**?
2. Is the person breathing **normally**?
3. Are there any obvious **injuries**?  
*(If yes) What are they?*
4. (*If amputation*) What **part** of the body has been **amputated**?  
*Do you have the amputated parts?*
5. Is the person able to **move** their fingers and toes? (*Do not have them move any other body part*)
6. Is the person **bleeding**?  
*(If yes) From where? How much? How long? Can it be controlled with pressure?*

**Index**

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1. Unconscious
2. Not breathing normally
3. Decreased level of consciousness
4. Crushing or penetrating injury to head, neck, torso or thigh
5. Person trapped
6. Amputation other than finger or toes
7. Person paralyzed
8. Uncontrolled bleeding
9. Multiple fractures
10. Femur (thigh) fracture.

1. Amputation/entrapment of fingers/toes
2. Neck and/or back pain without critical symptoms
3. Bleeding that has been controlled
4. Cuts, bumps or bruises
5. Person assist only
6. Involved in accident with no complaints

## H5: Industrial Accidents – Pre-Arrival Instructions

1. (If safe to do so) Turn off any machinery involved (Attempt to locate maintenance person)
2. (If no life threaten hazards present) Do not move the person
3. Advise the person not to move
4. (If person is in a confined space) **Do Not Enter the Area** to tend to the person
5. Cover the person with a blanket and keep them calm
6. Locate any amputated part and place in clean plastic bag, not ice. If teeth, place them in milk
7. Gather any of the person's medications for the paramedics
8. Lock away any pets
9. **If the person's condition changes, call me back immediately**

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### Call Taker Prompts

### Dispatcher Short Report

- |  |   |
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| <ol style="list-style-type: none"><li>1. If unconscious and not breathing, go to the age appropriate CPR card<ul style="list-style-type: none"><li>o <a href="#">Adult CPR Instructions</a></li><li>o <a href="#">Child (1-8 years) CPR Instructions</a></li><li>o <a href="#">Infant (0-1 years) CPR Instructions</a></li></ul></li><li>2. If unconscious, go to the <a href="#">C6: Unconscious/Breathing Normally/Airway Control</a> card</li><li>3. If bleeding, go to the <a href="#">I11Bleeding Instructions</a> card</li></ol> | <ol style="list-style-type: none"><li>1. Age</li><li>2. Sex</li><li>3. Specific location</li><li>4. Chief complaint</li><li>5. Pertinent related symptoms</li><li>6. Medical/Surgical history, if any</li><li>7. Other Agencies responding</li><li>8. Any dangers to responding units</li></ol> |
|--|---|

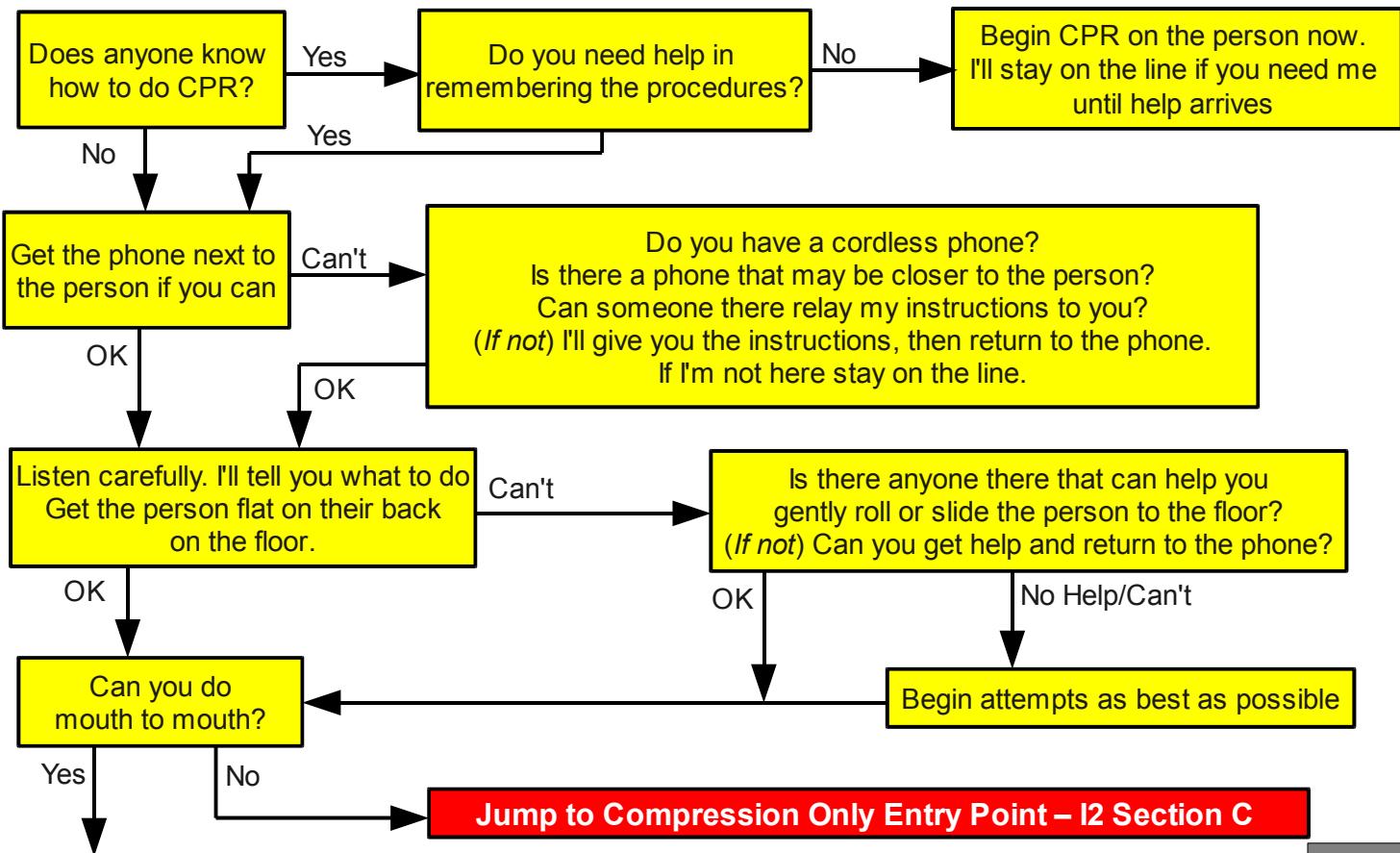
## I1: Automated External Defibrillator Instructions

1. <b>If the person is not at least one year of age, jump to Section I4: Infant CPR Instructions</b>	2. Remove everything from the person's chest	3. Place defibrillator next to the person's left side	4. Open cover & turn on defibrillator	5. Open the pad package and place pads on the person as pictured on the pads (If child, make sure you are using pediatric pads)
6. Make sure the pad cords are attached to the machine	7. Follow the machine voice prompt next	8. Wait for the machine to analyze (push analyze button if present)	9. <b>Do Not Touch The Person</b>	10. <b>If the machine says to shock the person, make sure no one is touching the person, then press the shock button</b>
11. Follow the machine voice prompt	12. If the machine says "No Shock Indicated" continue doing CPR <a href="#">Adult CPR Instructions</a> <a href="#">Child CPR Instructions</a>	13. <b>If the machine says to shock the person, make sure no one is touching the person, then press the shock button</b>	14. Continue following the voice prompts until help arrives	

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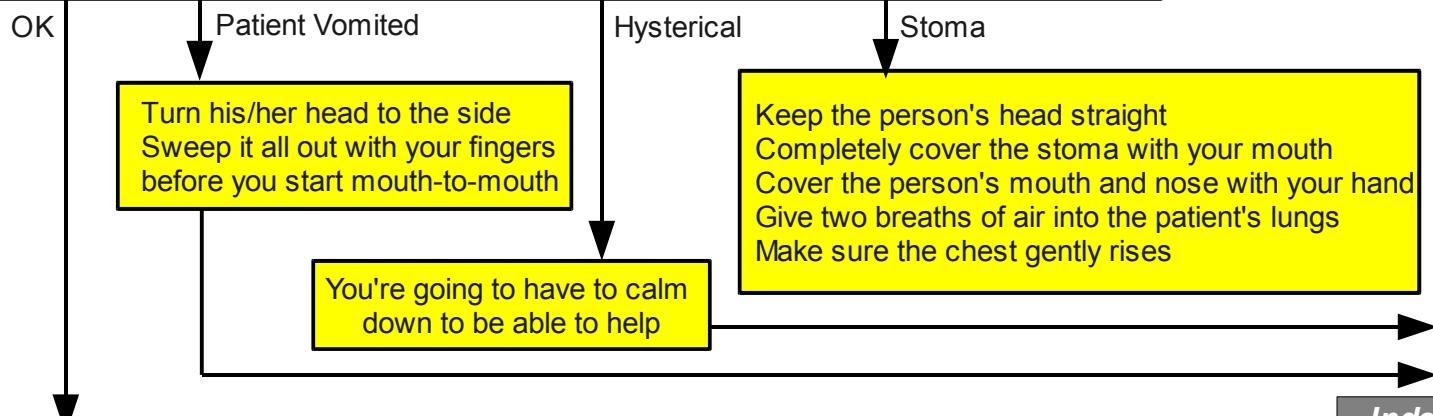
## I2: Adult CPR Instructions – Section A



## I2: Adult CPR Instructions – Section B

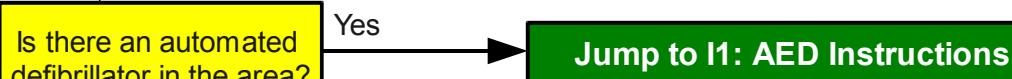
Bare the chest. Kneel at the person's side  
Pinch the nose shut with one hand. With your other hand lift the chin  
Completely cover their mouth with your mouth  
Give two breaths of air into the person's lungs – just like blowing up a balloon  
Make sure the chest gently rises

Remember, place the person flat on their back. Bare the chest. Pinch the nose shut  
With your other hand lift the chin so the head bends back  
Give two breaths of air then come back to the phone  
If I'm not here stay on the line



Index

## I2: Adult CPR Instructions – Section C



Index

## I2: Adult CPR Instructions – Section D

Listen carefully. I'll tell you what to do next.  
Put the heel of your hand on the center of their chest, right between the the nipples  
Put your other hand on top of that hand  
Push down on the heels of your hands, 1½ to 2-inches  
Do it 30 times, push hard and fast

*If not performing mouth to mouth breathing, advise the caller to pump the chest 200 times then come back to the phone*

*(If willing to perform mouth to mouth breathing)*  
Pinch the nose shut and lift the chin so the head bends back  
Give two more breaths then pump the chest 30 times  
Keep doing it; pump the chest 30 times, then give two breaths  
Keep doing it until help arrives and can take over  
I'll stay on the line with you until they get there

OK

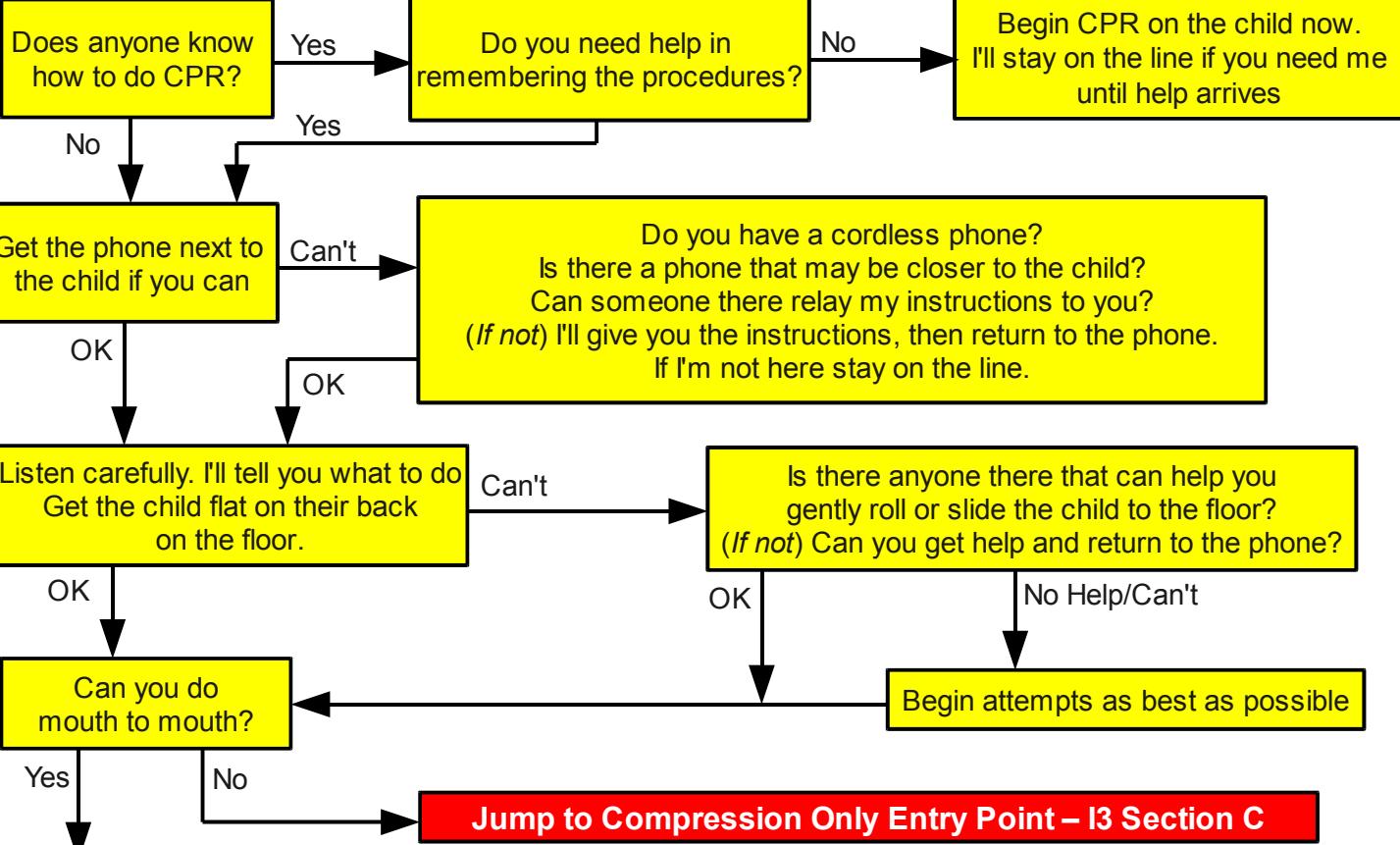
Continue to assist until help arrives

Hysterical

You're going to have to calm down to be able to help

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## I3: Child (1-8 years) CPR Instructions – Section A

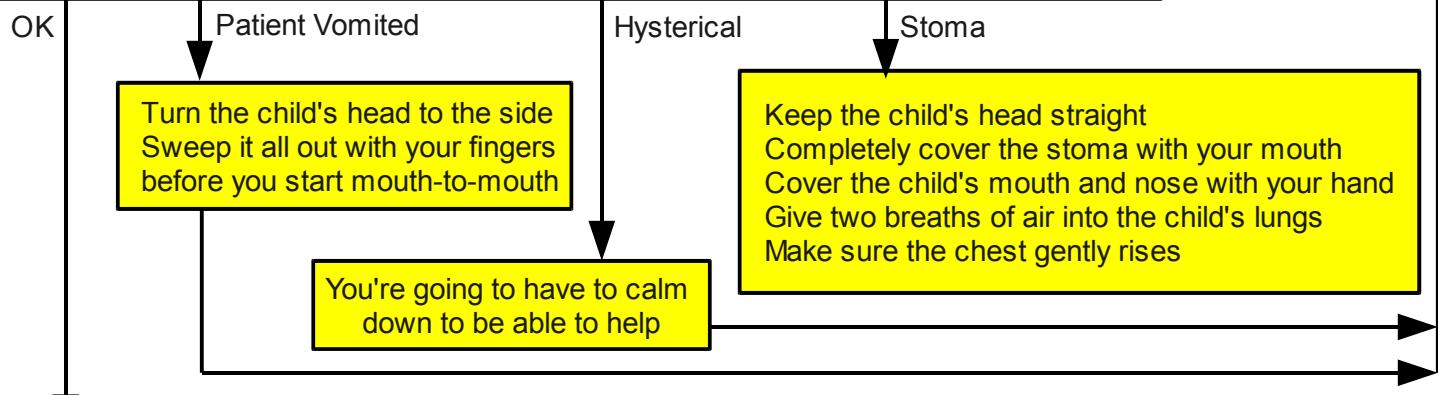


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## I3: Child (1-8 years) CPR Instructions – Section B

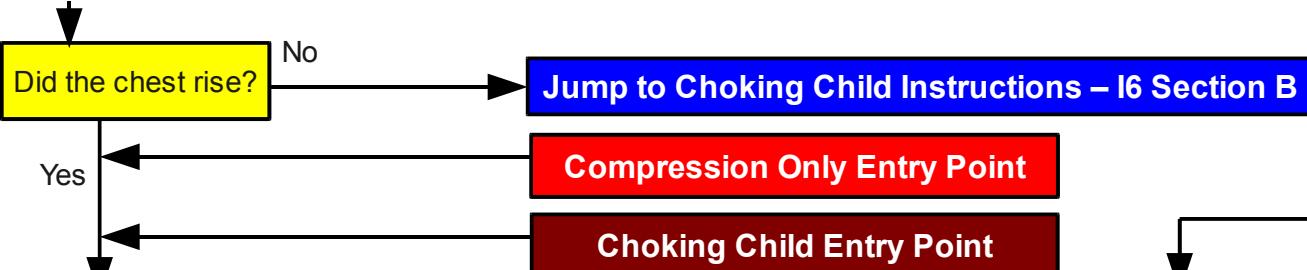
Bare the chest. Kneel at the child's side  
Pinch the nose shut with one hand. With your other hand lift the chin  
Completely cover the child's mouth with your mouth  
Give two breaths of air into the child's lungs – just like blowing up a balloon  
Make sure the chest gently rises, don't blow too hard

Remember, place the child flat on their back. Bare the chest. Pinch the nose shut  
With your other hand lift the chin so the head bends back  
Give two breaths of air then come back to the phone  
If I'm not here stay on the line



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## I3: Child (1-8 years) CPR Instructions – Section C



Listen carefully. I'll tell you what to do next.  
Put the heel of one hand on the center of the child's chest, right between the the nipples  
Push down firmly, only on the heel of your hand, halfway down  
Do it 30 times, push hard and fast

*If not performing mouth to mouth breathing, advise the caller to pump the chest 200 times  
then come back to the phone*

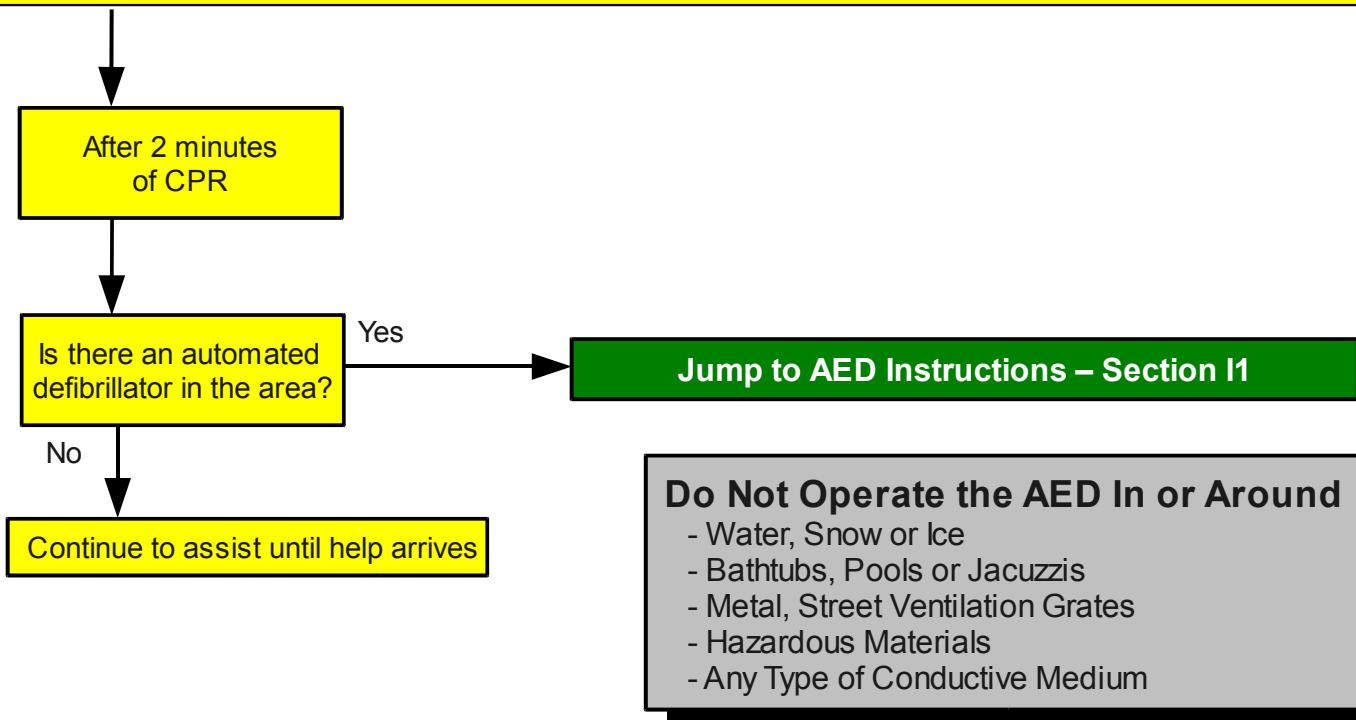
*(If willing to perform mouth to mouth breathing)*  
Pinch the nose shut and lift the chin so the head bends back  
Give two more breaths then pump the chest 30 times  
Keep doing it; pump the chest 30 times, then give two breaths  
Keep doing it until help arrives and can take over  
I'll stay on the line with you until they get there

Hysterical

You're going to have to calm down to be able to help

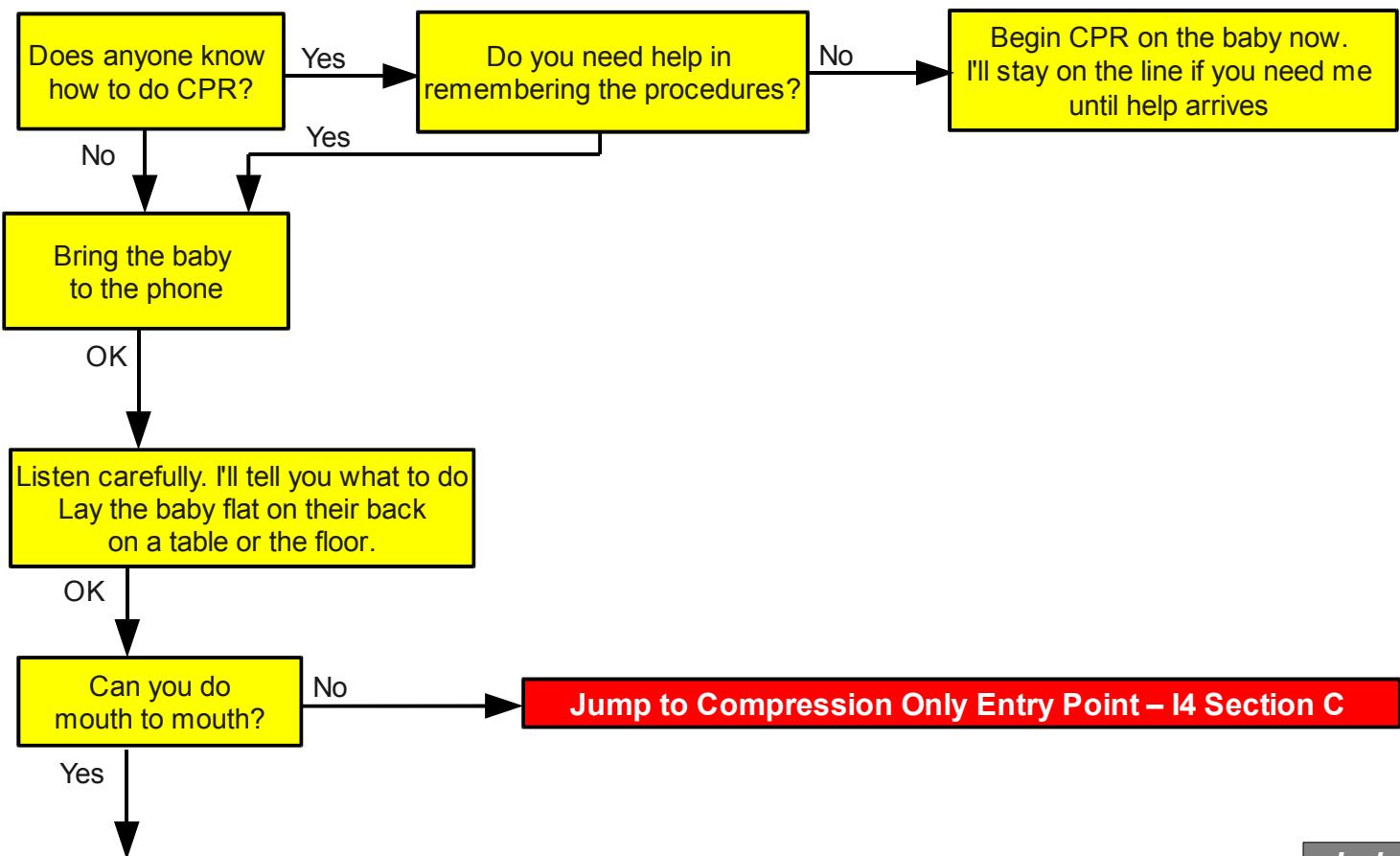
Index

## I3: Child (1-8 years) CPR Instructions – Section D



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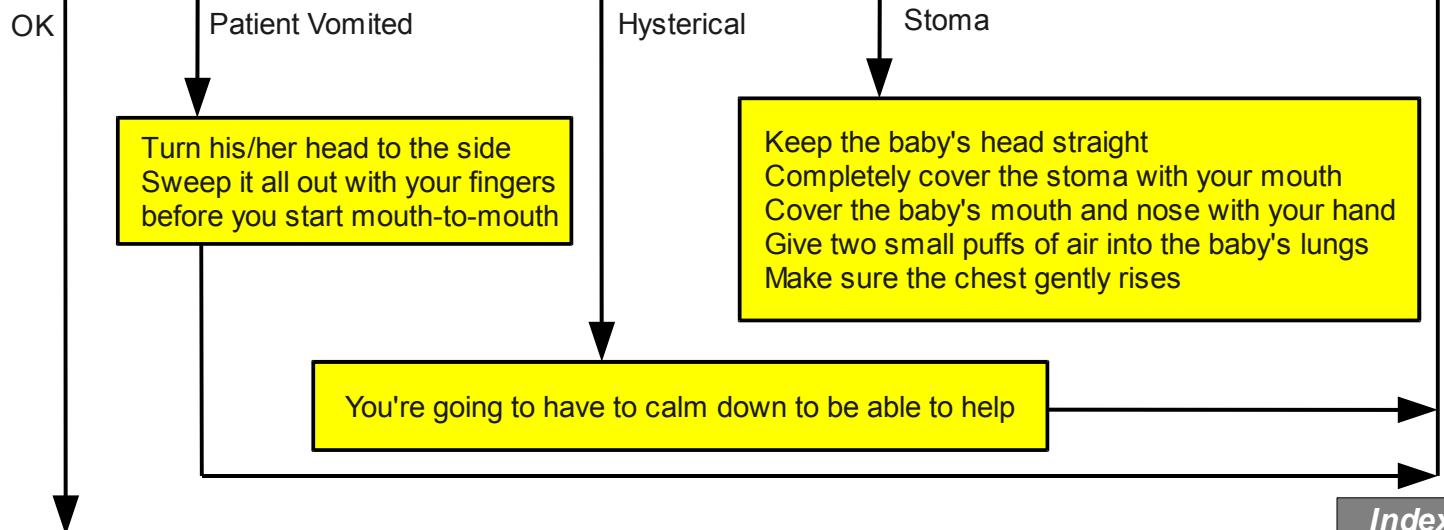
## I4: Infant (0-1 years) CPR Instructions – Section A



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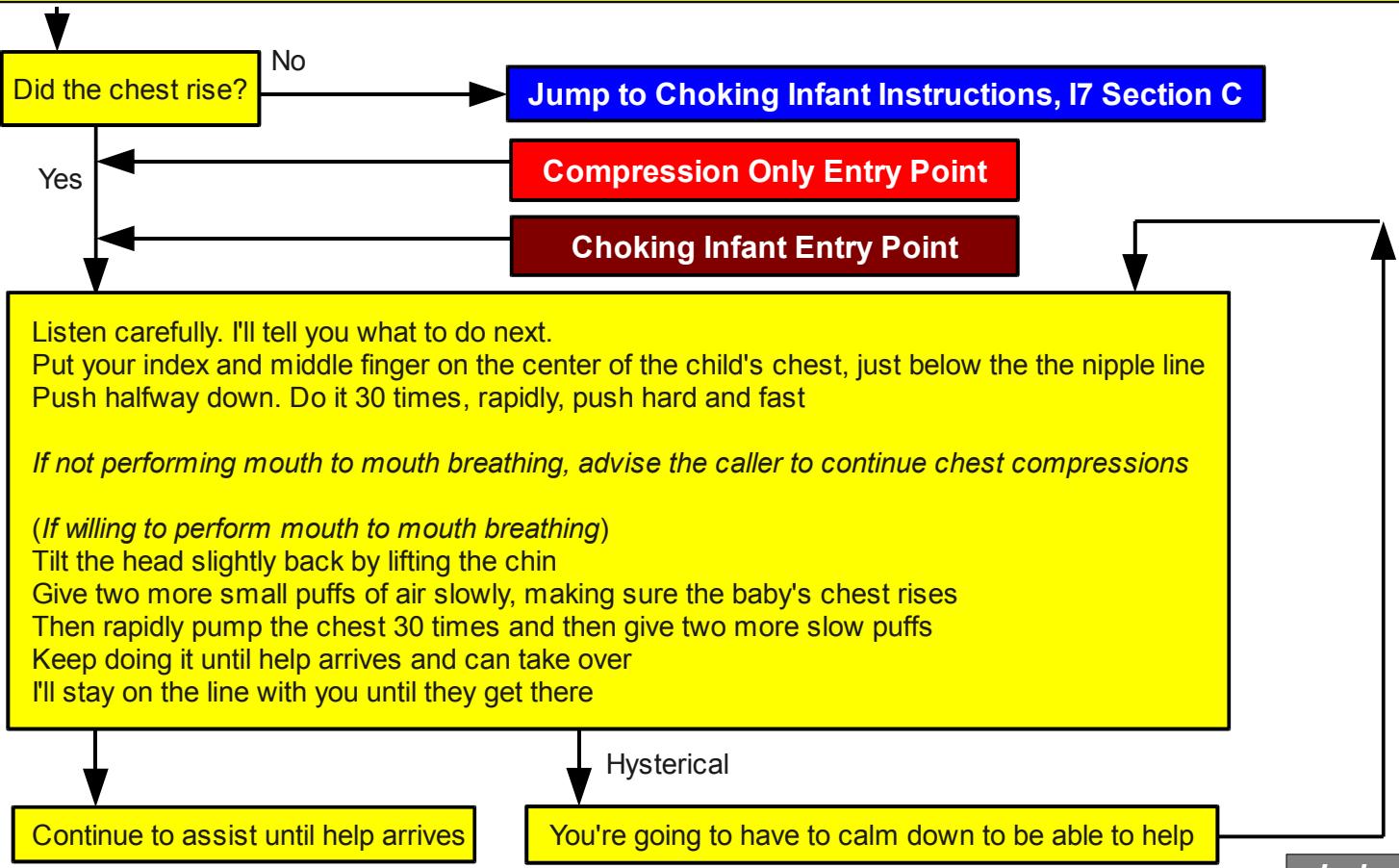
## I4: Infant (0-1 years) CPR Instructions – Section B

Bare the baby's chest.  
Tilt the head back slightly by lifting the chin  
Completely cover the baby's mouth and nose with your mouth  
Give two small puffs of air slowly into the baby's lungs  
Make sure the chest gently rises  
Give two puffs of air then come back to the phone  
If I'm not here stay on the line



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## I4: Infant (0-1 years) CPR Instructions – Section C

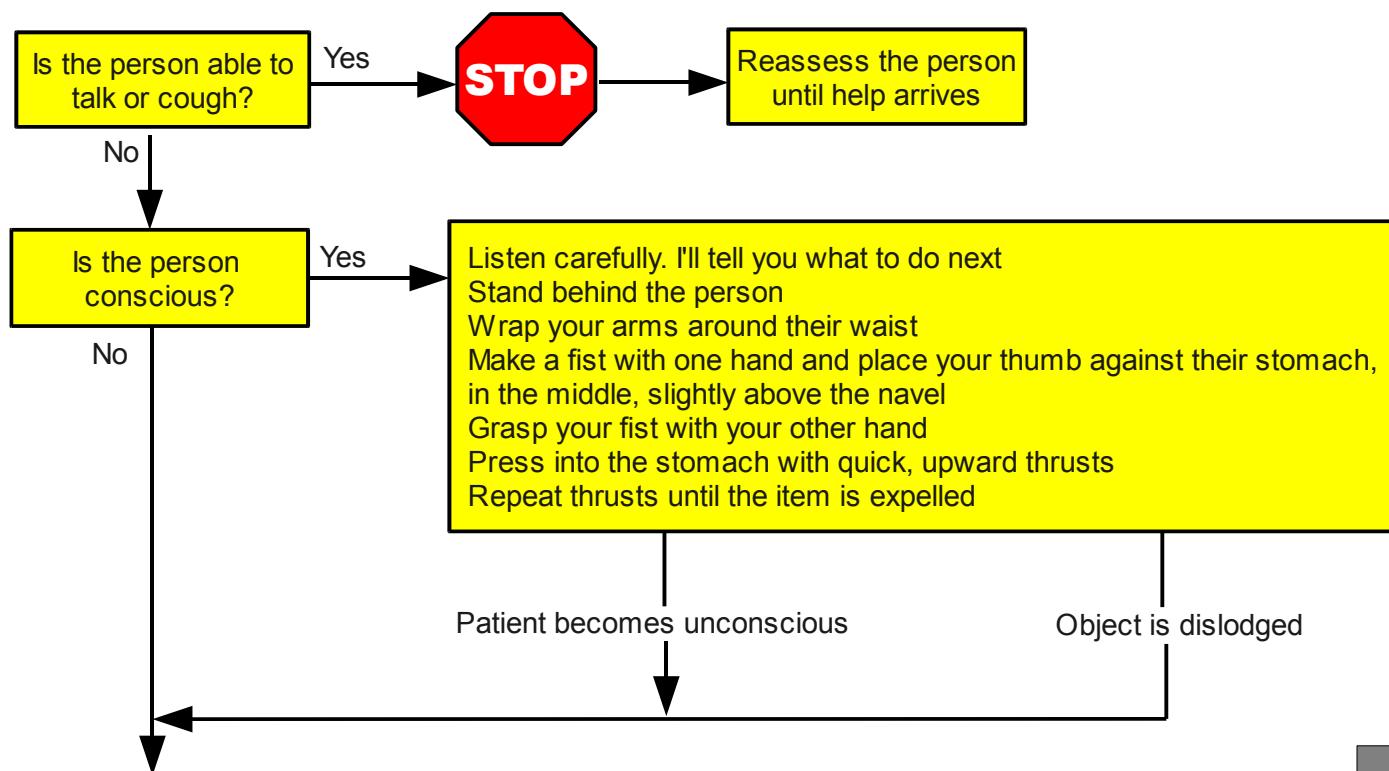


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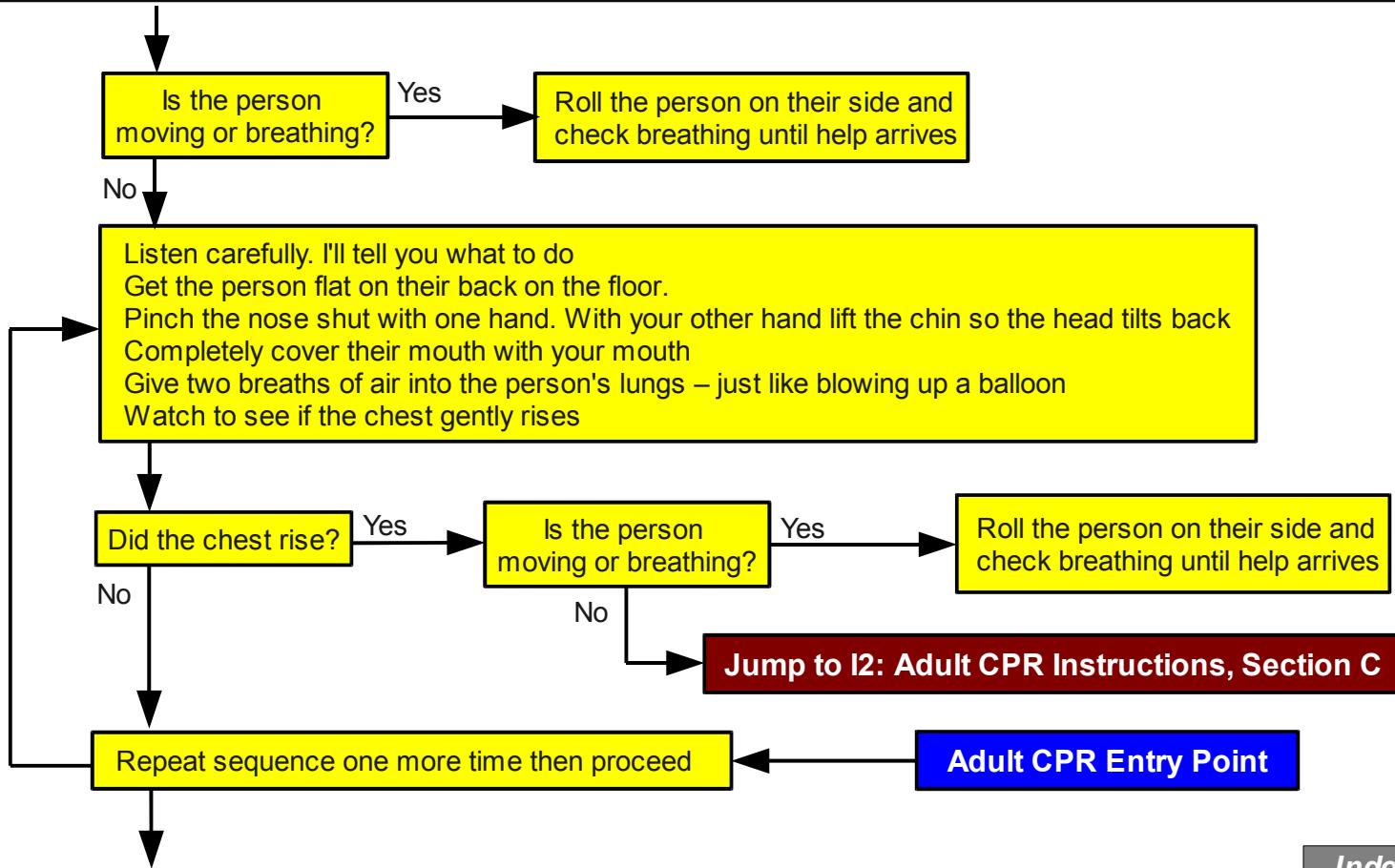
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## I5: Choking Adult Instructions – Section A

**If the event is not witnessed and patient is unconscious, Jump to Section I2: Adult CPR**

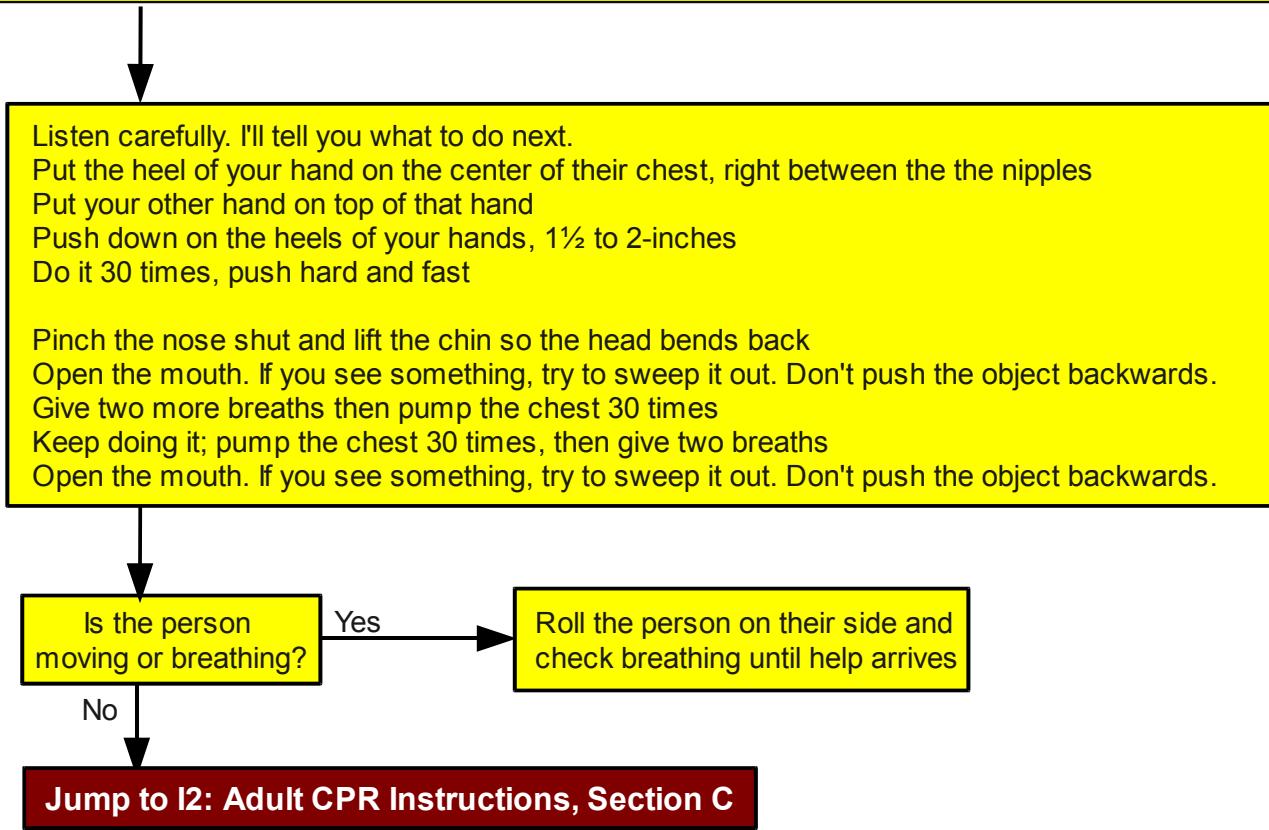


## I5: Choking Adult Instructions – Section B



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## I5: Choking Adult Instructions – Section C

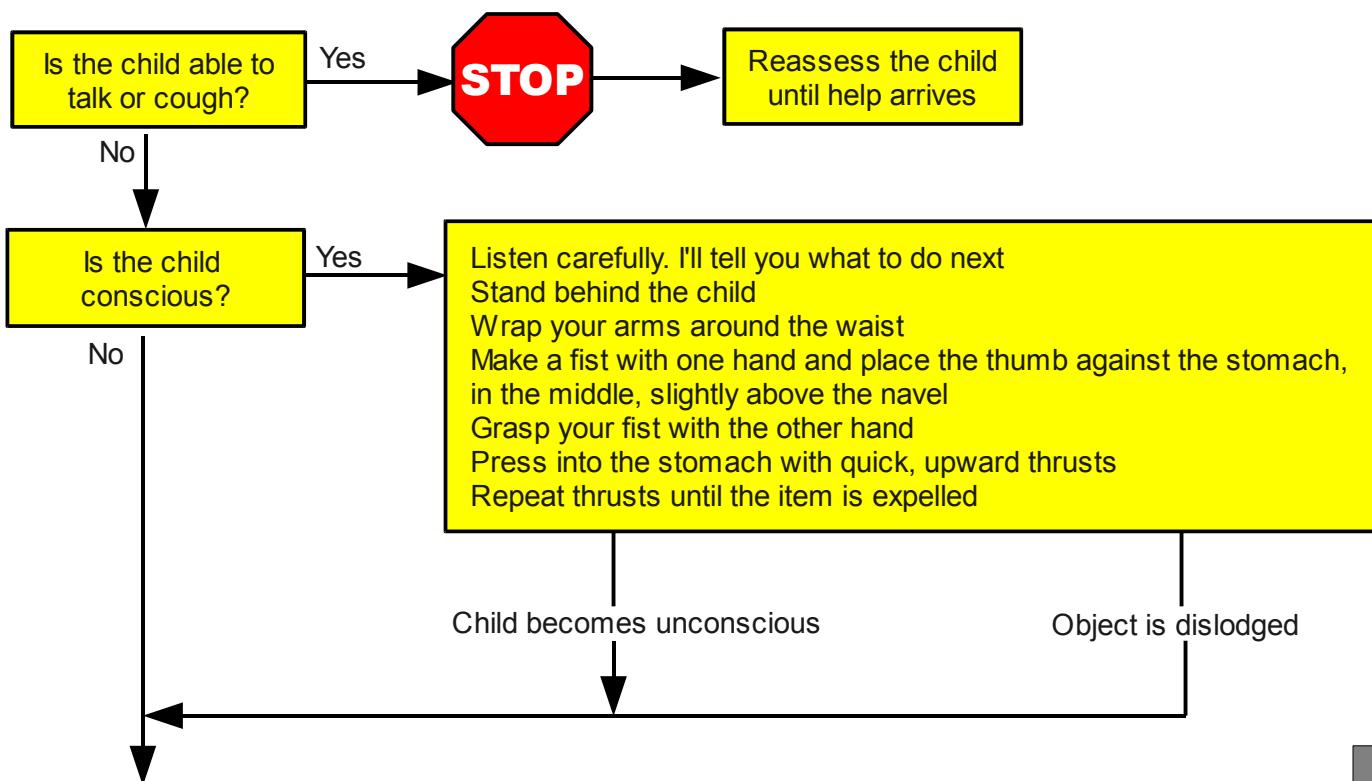


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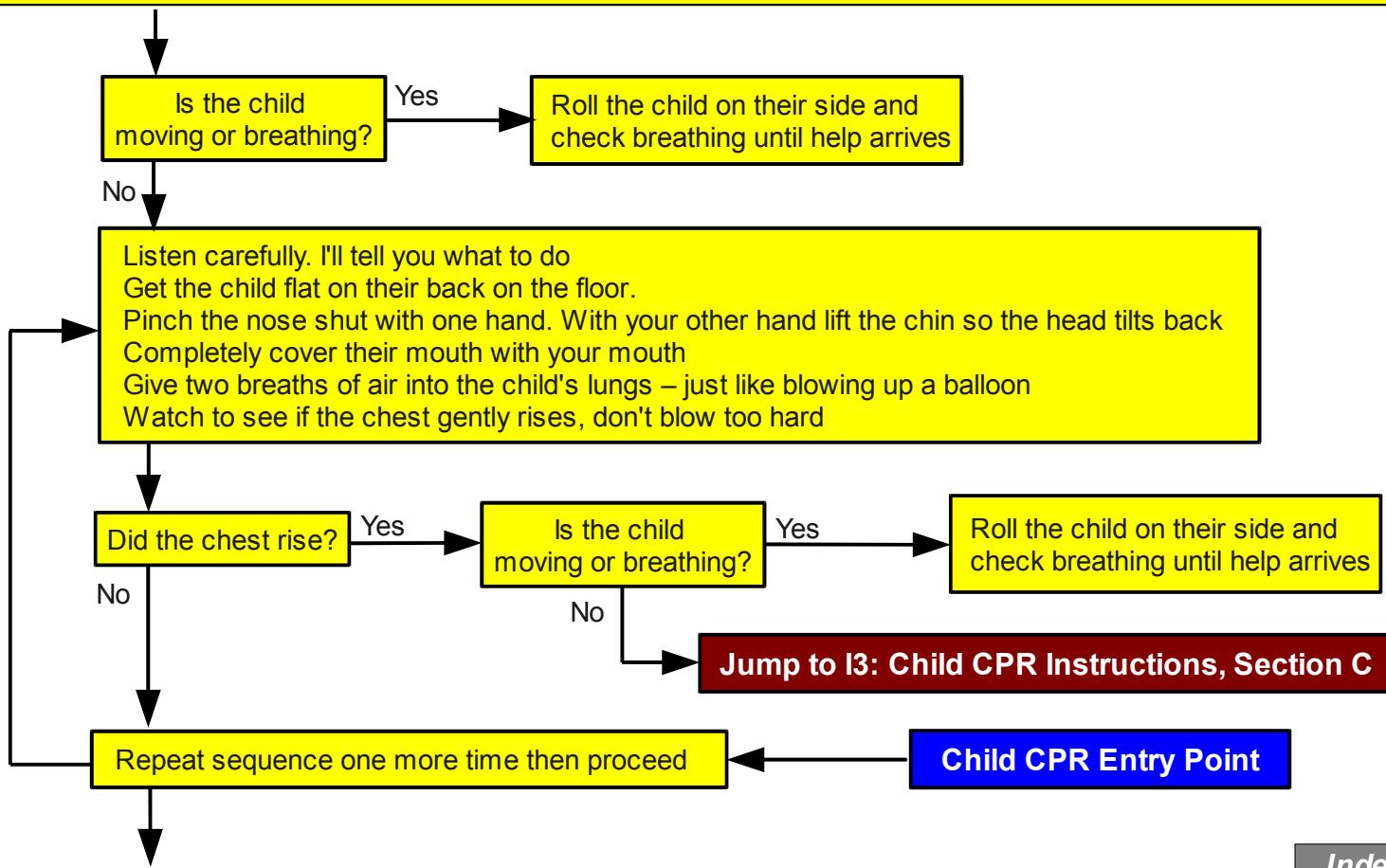
# This Card Intentionally Left Blank

## I6: Choking Child (1-8 years) Instructions – Section A

*If the event is not witnessed and patient is unconscious, Jump to Section I3: Child CPR*



## I6: Choking Child (1-8 years) Instructions – Section B



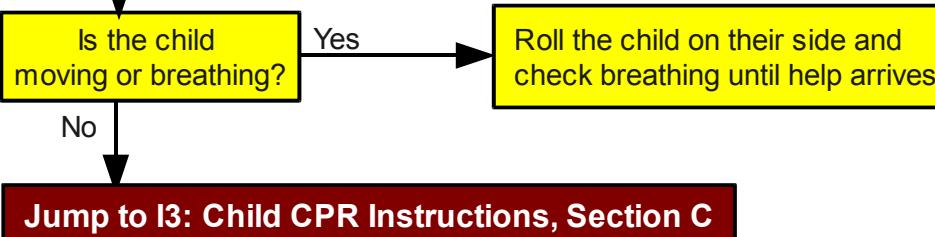
Index

## I6: Choking Child (1-8 years) Instructions – Section C

Listen carefully. I'll tell you what to do next.  
Put the heel of one hand on the center of the child's chest, right between the the nipples  
Push down firmly, only on the heel of your hand, halfway down  
Do it 30 times, push hard and fast

Pinch the nose shut and lift the chin so the head bends back  
Open the mouth. If you see something, try to sweep it out. Don't push the object backwards.  
Give two more breaths then pump the chest 30 times  
Keep doing it; pump the chest 30 times.  
Open the mouth. If you see something, try to sweep it out. Don't push the object backwards.  
I'll stay on the line.

After 2 minutes of CPR

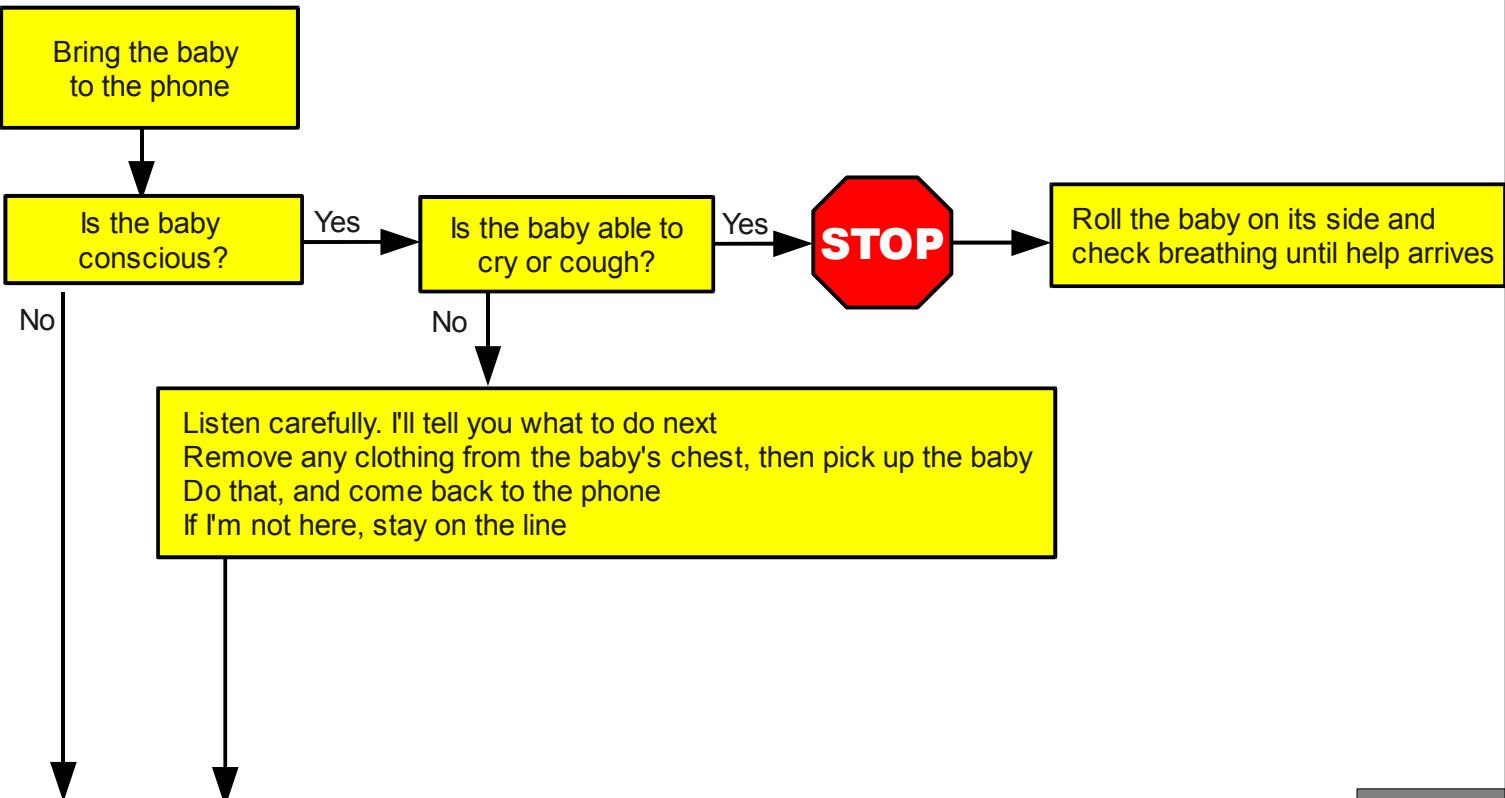


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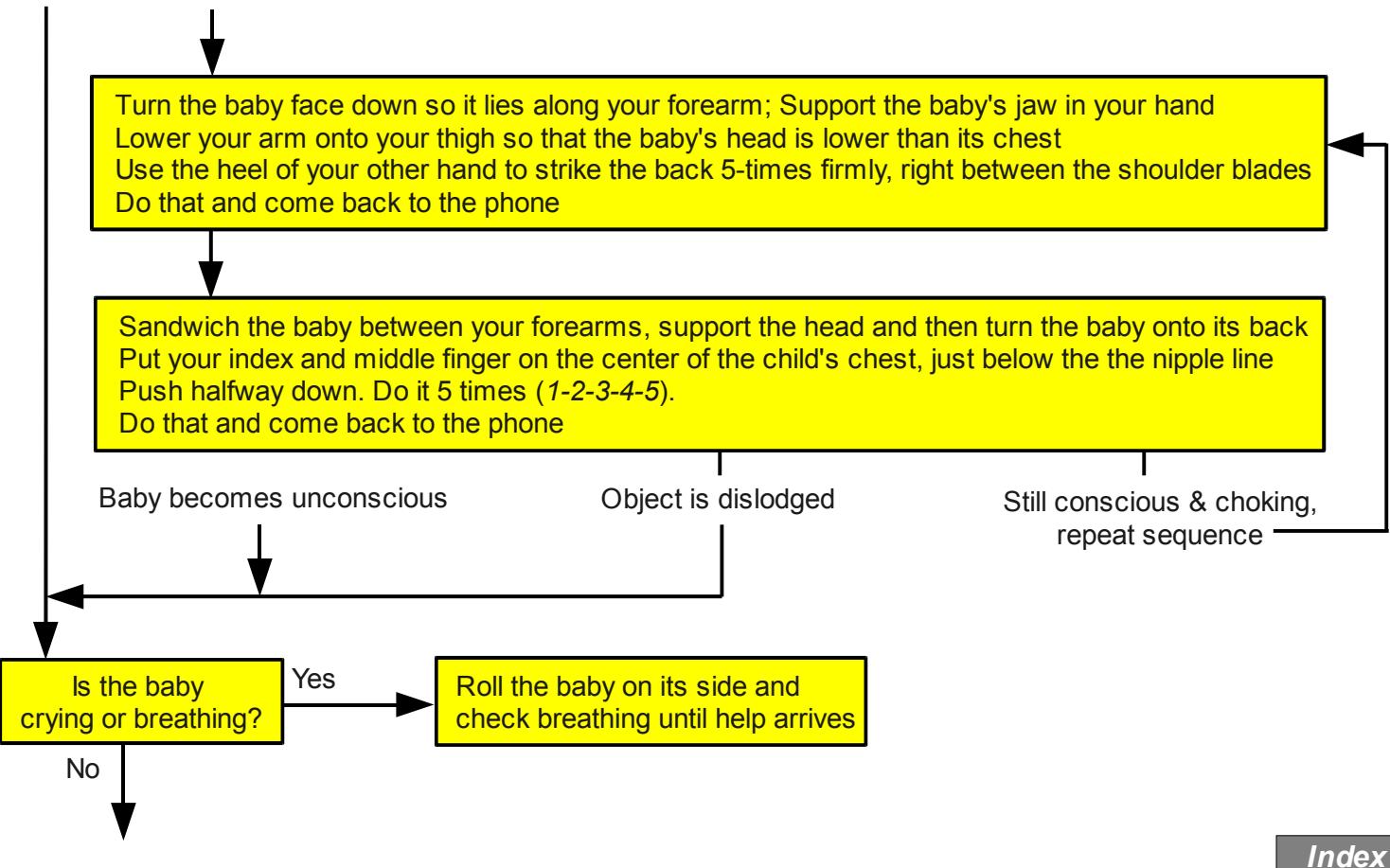
# This Card Intentionally Left Blank

## I7: Choking Infant (0-1 years) Instructions – Section A

*If the event is not witnessed and patient is unconscious, Jump to Section I4: Infant CPR*

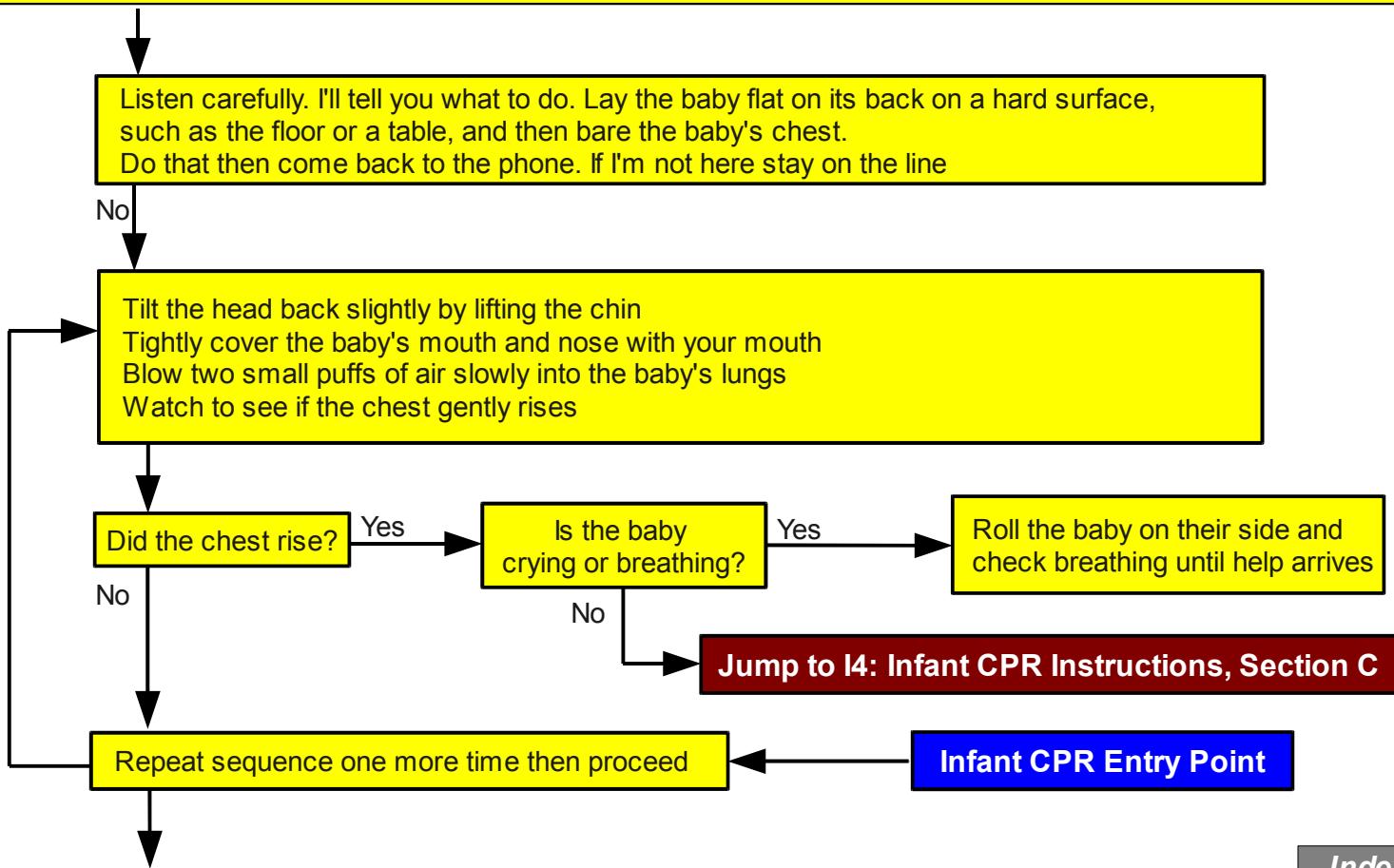


## I7: Choking Infant (0-1 years) Instructions – Section B



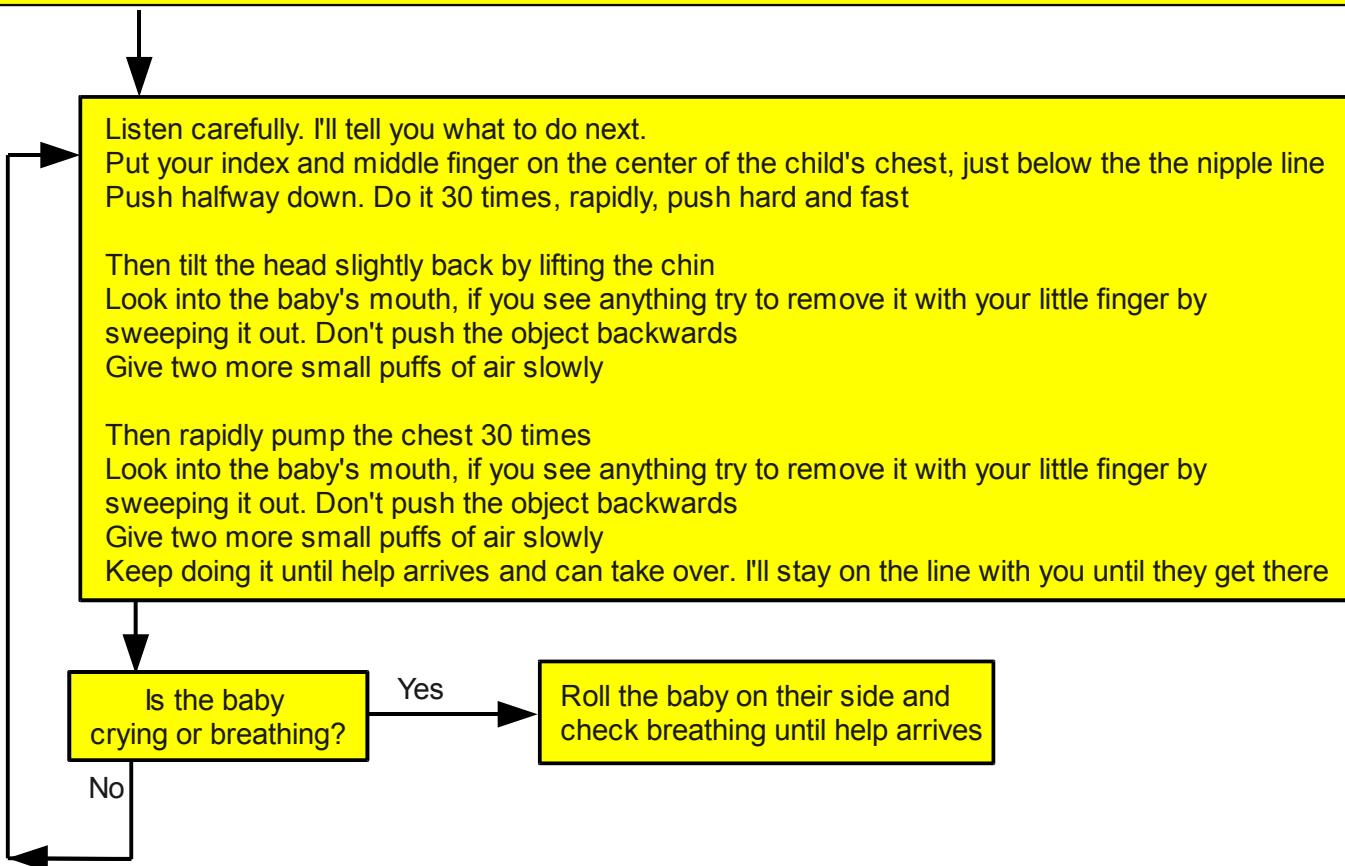
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## I7: Choking Infant (0-1 years) Instructions – Section C



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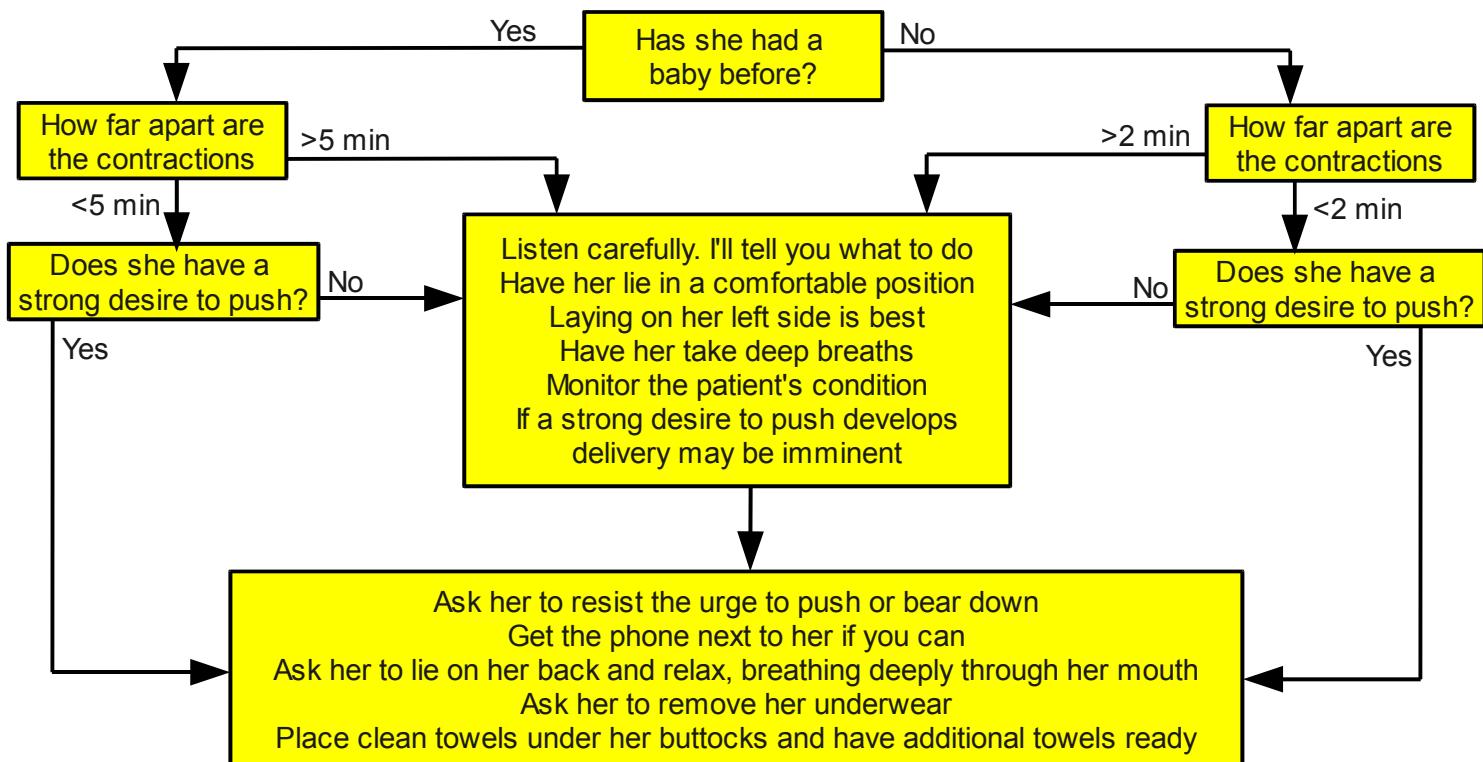
## I7: Choking Infant (0-1 years) Instructions – Section D



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## I8: Childbirth – Section A

***Do Not Allow the Patient to Use the Toilet!***



Index

## I8: Childbirth – Section B

If she starts to deliver (water broken, bloody discharge, baby's head appears)

The baby's head should appear first. Cradle it and the rest of the baby as it is delivered

**Do Not Push or Pull on the baby**

There will be water and blood with the delivery. This is normal

When the baby is delivered, clean out its mouth and nose with a clean, dry cloth

**Do not attempt to cut or pull the cord**

Wrap the baby in a dry blanket, a towel, or whatever is handy, and place it between the mother's legs on the floor

Massage the mother's lower abdomen very gently

If the baby does not start breathing on its own, rub its back or gently slap the soles of its feet

If the baby doesn't begin breathing immediately, come back to the phone

Complications with delivery

Baby delivered and breathing

Baby delivered and Not Breathing

**Jump to I7: Choking Infant**

**When the placenta (tissue on the other side of the umbilical cord) is delivered**

Wrap it. This delivery may take place as long as twenty minutes after the baby

Keep the placenta level or slightly above the baby

**If there are complications (leg, arm buttocks or umbilical cord presentation)**

Reassure the mother. Tell her you have dispatched help.

Ask her to remain on her back with her knees bent

Ask her to relax and breathe through her mouth. Tell her not to push

**Index**

## I9: Medical Airway Control – Section A

Listen carefully. I'll tell you what to do. Roll the person on their side

Check for normal breathing until help arrives to take over

Watch for the chest to rise and fall

Put your cheek next to the nose and mouth and listen and feel for air movement

Patient vomits

Patient stops breathing

Turn the person's head to the side.  
Sweep it all out of the mouth with your fingers

**Jump to Age Appropriate CPR Instructions**  
**Adult CPR Instructions**  
**Child (1-8 years) CPR Instructions**  
**Infant (0-1 years) CPR Instructions**

Patient breathing normally

Patient not breathing normally

**Jump to Age Appropriate Choking Instructions**  
**Adult Choking Instructions**  
**Child (1-8 years) Choking Instructions**  
**Infant (0-1 years) Choking Instructions**

**Index**

## I10: Traumatic Airway Control – Section A

Listen carefully. I'll tell you what to do. Roll the person on their side  
**Do Not Move the Person**, especially the head and neck, unless imminent danger to life  
Check for normal breathing until help arrives to take over  
Watch for the chest to rise and fall  
Put your cheek next to the nose and mouth and listen and feel for air movement

Patient vomits

Patient stops breathing

**Do Not Turn the person's head.**  
Sweep it all out of the mouth with your fingers

Patient breathing normally

Patient not breathing normally

**Jump to Age Appropriate CPR Instructions**  
**Adult CPR Instructions**  
**Child (1-8 years) CPR Instructions**  
**Infant (0-1 years) CPR Instructions**

**Jump to Age Appropriate Choking Instructions**  
**Adult Choking Instructions**  
**Child (1-8 years) Choking Instructions**  
**Infant (0-1 years) Choking Instructions**

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## I11: Bleeding Control Instructions

### If the Person has a Laceration, Puncture Wound or Other Active External Bleeding

<b>1.</b> Use a clean cloth or the person's own hand, cover and apply pressure directly over the wound	<b>2.</b> If the cloth becomes soaked, do not remove it, but add to what is already there	<b>3.</b> Keep the person warm and calm	<b>4.</b> Do not allow or give the person any food or drink	
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### If the Person has a Nose Bleed

<b>1.</b> Tell the person to apply direct pressure by pinching the nose tightly between two fingers	<b>2.</b> Sit forward and hold it until help arrives	<b>3.</b> Attempt to spit out any blood. Swallowing may make the person vomit	<b>4.</b> Advise the person not to move.	
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## M1: Abdominal Pain

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1. Is the person **alert**?
2. Is the person breathing **normally**?
3. Does the person have **chest pain** also? ([Consider Jump to the M5 - Chest Pain Card](#))
4. Is the pain due to an **injury**? ([Consider jump to T9 – Traumatic Injury Card](#))
5. Has the person **vomited**? (*If yes*) What does the vomit look like?
6. Are the person's **bowel movements** different than normal? (*If yes*) How would you describe them?
7. Is the pain **above** or **below** the belly button?
8. (*If female age 12-50*) Could she be **pregnant**?
9. Has the person felt **dizzy**?
10. (*If female*) Has there been any **vaginal bleeding**?
11. How does the person act when they **sit up**?
12. Does the person have any other **medical or surgical history**?
13. Does the person have a **Medic Alert tag**? (*If yes*) What does it say?

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1. Unconscious
2. Not breathing normally
3. Decreased level of consciousness
4. Vomiting blood
5. Black tarry stool
6. Lower abdominal pain in female 12-50 yo
7. History of Cardiac problems
8. Fainting or near fainting > 50yo
9. Fainting or near fainting when sitting

1. Pain with vomiting
2. Flank pain (*kidney stone*)
3. Non-traumatic abdominal pain
4. Unspecified pain

# M1: Abdominal Pain – Pre-Arrival Instructions

1. Do not give the person anything to eat or drink
2. Gather any of the person's medications for the paramedics
3. Lock away any pets
4. **If the person's condition changes, call me back immediately**

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## Call Taker Prompts

## Dispatcher Short Report

- |  |   |
|--|---|
| <ol style="list-style-type: none"><li>1. If unconscious and not breathing, go to the age appropriate CPR card<ul style="list-style-type: none"><li>o <a href="#">Adult CPR Instructions</a></li><li>o <a href="#">Child (1-8 years) CPR Instructions</a></li><li>o <a href="#">Infant (0-1 years) CPR Instructions</a></li></ul></li><li>2. If unconscious, <a href="#">go to the C6: Unconscious/Breathing Normally/Airway Control card</a></li></ol> | <ol style="list-style-type: none"><li>1. Age</li><li>2. Sex</li><li>3. Specific location</li><li>4. Chief complaint</li><li>5. Pertinent related symptoms</li><li>6. Medical/Surgical history, if any</li><li>7. Other Agencies responding</li><li>8. Any dangers to responding units</li></ol> |
|--|---|

# M2: Allergies/Stings

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1. Is the person **alert**?
2. Is the person breathing **normally**?
3. Is the person having difficulty **swallowing**?
4. Does the person have a **rash** or **hives**?
5. Is the person complaining of **itching**?
6. Does the person have a **history of a reaction** to anything?  
*(If yes)* Describe the reaction the person had before  
How long ago was the person exposed?
7. Are the symptoms getting **worse**?
8. Does the person have a **Medic Alert tag**? *(If yes)* What does it say?

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|--|---|
| <ol style="list-style-type: none"><li>1. Unconscious</li><li>2. Not breathing normally</li><li>3. Decreased level of consciousness</li><li>4. Difficulty breathing</li><li>5. Difficulty swallowing</li><li>6. Swelling in throat or on face</li><li>7. Fainting</li><li>8. History of severe reaction</li><li>9. Itching or hives in multiple areas</li></ol> | <ol style="list-style-type: none"><li>1. Concern about reaction but no history</li><li>2. Reaction present for a long time (&gt; 1 hour) with no difficulty breathing</li><li>3. Itching or hives confined to one area with no difficulty breathing</li></ol> |
|--|---|

## M2: Allergies/Stings – Pre-Arrival Instructions

1. Do you have an epi-pen or reaction kit?  
*(If yes and severe reaction)* Have you used it as the physician has directed?
2. Place person in the most comfortable position
3. Keep neck straight, remove any pillows
4. Watch the person for signs of difficulty breathing (*slow breathing*) or cardiac arrest
5. Gather any of the person's medications for the paramedics
6. Lock away any pets
7. **If the person's condition changes, call me back immediately**

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### Call Taker Prompts

### Dispatcher Short Report

- |  |   |
|--|---|
| <ol style="list-style-type: none"><li>1. If unconscious and not breathing, go to the age appropriate CPR card<ul style="list-style-type: none"><li>o <a href="#">Adult CPR Instructions</a></li><li>o <a href="#">Child (1-8 years) CPR Instructions</a></li><li>o <a href="#">Infant (0-1 years) CPR Instructions</a></li></ul></li><li>2. If unconscious, <a href="#">go to the C6: Unconscious/Breathing Normally/Airway Control card</a></li></ol> | <ol style="list-style-type: none"><li>1. Age</li><li>2. Sex</li><li>3. Specific location</li><li>4. Chief complaint</li><li>5. Pertinent related symptoms</li><li>6. Medical/Surgical history, if any</li><li>7. Other Agencies responding</li><li>8. Any dangers to responding units</li></ol> |
|--|---|

## M3: Back Pain

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1. Is the person **alert**?
2. Is the person breathing **normally**?
3. Is the **pain** due to an **injury** to the person?
4. Has the person felt **dizzy** or have they **fainted**?
5. Does the person have any other **medical or surgical history**?
6. Does the person have a **Medic Alert tag**? (*If yes*) What does it say?

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|---|---|
| <ol style="list-style-type: none"><li>1. Unconscious</li><li>2. Not breathing normally</li><li>3. Decreased level of consciousness</li><li>4. Non-traumatic back pain with prior cardiac history</li><li>5. Back pain with fainting or near fainting in persons &gt;50 yo</li></ol> | <ol style="list-style-type: none"><li>1. Flank pain (Kidney stone)</li><li>2. Non-traumatic back pain</li><li>3. Unspecified back pain</li><li>4. Chronic back pain</li></ol> |
|---|---|

## M3: Back Pain – Pre-Arrival Instructions

1. If the pain is due to an injury, advise person not to move unless hazards are present
2. Place person in the most comfortable position
3. Gather any of the person's medications for the paramedics
4. Lock away any pets
5. **If the person's condition changes, call me back immediately**

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### Call Taker Prompts

### Dispatcher Short Report

<ol style="list-style-type: none"><li>1. If unconscious and not breathing, go to the age appropriate CPR card<ul style="list-style-type: none"><li>o <a href="#">Adult CPR Instructions</a></li><li>o <a href="#">Child (1-8 years) CPR Instructions</a></li><li>o <a href="#">Infant (0-1 years) CPR Instructions</a></li></ul></li><li>2. If unconscious, <a href="#">go to the C6: Unconscious/Breathing Normally/Airway Control card</a></li></ol>	<ol style="list-style-type: none"><li>1. Age</li><li>2. Sex</li><li>3. Specific location</li><li>4. Chief complaint</li><li>5. Pertinent related symptoms</li><li>6. Medical/Surgical history, if any</li><li>7. Other Agencies responding</li><li>8. Any dangers to responding units</li></ol>
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## M4: Breathing Problems

- |          |   |
|----------|---|
| <b>K</b> | 1. Is the person <b>alert</b> ?   |
| <b>E</b> | 2. Is the person breathing <b>normally</b> ?  |
| <b>Y</b> | 3. How <b>long</b> has this been going on?  |
| <b>Q</b> | 4. Is the person having <b>chest pain</b> ? ( <i>If yes - Jump to M5: Chest Pain Card</i> )                             |
| <b>U</b> | 5. Is the person able to <b>speak in full sentences</b> ?   |
| <b>E</b> | 6. Does the person have to <b>sit up</b> to breath?   |
| <b>S</b> | 7. Is the person drooling or having a hard time <b>swallowing</b> ?   |
| <b>T</b> | 8. Is the person experiencing any <b>other problems</b> right now?  |
| <b>I</b> | 9. Does the person have a history of <b>asthma</b> ?  |
| <b>O</b> | 10. ( <i>If sudden onset</i> ) Has the person been hospitalized recently for a <b>broken leg</b> or <b>childbirth</b> ? |
| <b>N</b> | 11. ( <i>If female</i> ) Does she take <b>birth control</b> pills?  |
| <b>S</b> | 12. Is the person on <b>oxygen</b> ?  |
|          | 13. Does the person have any other <b>medical or surgical history</b> ?   |
|          | 14. Does the person have a <b>Medic Alert tag</b> ? ( <i>If yes</i> ) What does it say?                                 |

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|----------|---|
| <b>D</b> | 1. Unconscious  |
| <b>I</b> | 2. Decreased level of consciousness   |
| <b>S</b> | 3. Not breathing normally with any of the following <ul style="list-style-type: none"><li>● Chest pain</li><li>● Unable to speak in full sentences</li><li>● History of asthma or other resp. problems</li><li>● Inhaled substance</li><li>● Recent childbirth/broken leg (2-3 months)</li><li>● Drooling</li></ul> |
| <b>P</b> | 4. Tingling or numbness in extremities/around mouth<br>Age >35  |
| <b>A</b> |   |
| <b>T</b> |   |
| <b>C</b> |   |
| <b>H</b> |   |

## M4: Breathing Problems – Pre-Arrival Instructions

1. Place person in the most comfortable position, probably sitting up
2. Advise person not to exert themselves
3. Gather any of the person's medications for the paramedics
4. Lock away any pets
5. **If the person's condition changes, call me back immediately**

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### Call Taker Prompts

### Dispatcher Short Report

<ol style="list-style-type: none"> <li>1. If unconscious and not breathing, go to the age appropriate CPR card           <ul style="list-style-type: none"> <li>o <a href="#">Adult CPR Instructions</a></li> <li>o <a href="#">Child (1-8 years) CPR Instructions</a></li> <li>o <a href="#">Infant (0-1 years) CPR Instructions</a></li> </ul> </li> <li>2. If unconscious, <a href="#">go to the C6: Unconscious/Breathing Normally/Airway Control card</a></li> </ol>	<ol style="list-style-type: none"> <li>1. Age</li> <li>2. Sex</li> <li>3. Specific location</li> <li>4. Chief complaint</li> <li>5. Pertinent related symptoms</li> <li>6. Medical/Surgical history, if any</li> <li>7. Other Agencies responding</li> <li>8. Any dangers to responding units</li> </ol>
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## M5: Chest Pain/Heart Problems

- K E Y Q U E S T I O N S**
1. Is the person **alert**?
  2. Is the person breathing **normally**?
  3. Is the person **sweating profusely**?
  4. Is the person **nauseated or vomiting**?
  5. Is the person **weak, dizzy or faint**?
  6. Where is the **pain located**?
  7. Does the person experience a **rapid heart rate** with the **chest pain**?
  8. Does the person feel pain anywhere else? (*If yes*) Where?
  9. How **long** has the pain been present?
  10. Does the person have a **history** of a heart attack (*Cardiac Problems*)?  
(*If yes*) Does the person take **nitroglycerin**? (*If yes*) Have they taken it? Did it help?
  11. Has the person taken **any drugs** in the past 24 hours

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<ol style="list-style-type: none"> <li>1. Unconscious</li> <li>2. Decreased level of consciousness</li> <li>3. Not breathing normally</li> <li>4. Chest pain with any of the following           <ul style="list-style-type: none"> <li>● Not breathing normally</li> <li>● Nausea</li> <li>● History of cardiac problems</li> <li>● Diaphoretic</li> <li>● Rapid heart rate</li> <li>● Syncope</li> <li>● Cocaine/crack use</li> </ul> </li> </ol>	<ol style="list-style-type: none"> <li>1. Persons &lt;35 yo without critical symptoms</li> </ol>
---	--

## M5: Chest Pain/Heart Problems – Pre-Arrival Instructions

1. Place person in the most comfortable position, probably sitting up
2. Advise person not to exert themselves
3. Loosen any tight clothing
4. (*If person is prescribed nitroglycerin*) Does the person have their nitroglycerin?  
*(If yes)* Has the person taken one?  
*(If not taken)* Make sure the person is sitting down, then take the nitro as prescribed by their doctor
5. Gather any of the person's medications for the paramedics
6. Lock away any pets
7. **If the person's condition changes, call me back immediately**

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### Call Taker Prompts

### Dispatcher Short Report

- |  |   |
|--|---|
| <ol style="list-style-type: none"><li>1. If unconscious and not breathing, go to the age appropriate CPR card<ul style="list-style-type: none"><li>o <a href="#">Adult CPR Instructions</a></li><li>o <a href="#">Child (1-8 years) CPR Instructions</a></li><li>o <a href="#">Infant (0-1 years) CPR Instructions</a></li></ul></li><li>2. If unconscious, <a href="#">go to the C6: Unconscious/Breathing Normally/Airway Control card</a></li></ol> | <ol style="list-style-type: none"><li>1. Age</li><li>2. Sex</li><li>3. Specific location</li><li>4. Chief complaint</li><li>5. Pertinent related symptoms</li><li>6. Medical/Surgical history, if any</li><li>7. Other Agencies responding</li><li>8. Any dangers to responding units</li></ol> |
|--|---|

## M6: Diabetic Problems

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1. Is the person **alert**?
2. Is the person breathing **normally**?
3. Does the person know **who they are?** *Do they know where they are?*
4. Is the person acting in their **normal** manner?  
*(If no)* What is different?
5. Does the person feel **pain** anywhere?  
*(If yes)* Where?
6. Is the person **dizzy, weak or feeling faint**?
7. Has the person had a **seizure**?
8. Is the person **sweating** profusely?
9. Is the person on **insulin**?  
*(If yes)* When did they take it?
10. When did the person last **eat**?

**Index**

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| <ol style="list-style-type: none"><li>1. Unconscious</li><li>2. Decreased level of consciousness</li><li>3. Not breathing normally</li><li>4. Unusual behavior/acting strange</li><li>5. Profuse sweating</li><li>6. Seizure</li></ol> | <ol style="list-style-type: none"><li>1. Alert and awake</li><li>2. Not feeling well with no critical symptoms</li></ol> |
|--|--|

## M6: Diabetic Problems – Pre-Arrival Instructions

1. Do not give the person anything to eat or drink unless they can take it by themselves
2. If the person can eat and drink on their own, give them juice with about 2 to 3 teaspoons of sugar in it
3. Place person in the most comfortable position
4. Gather any of the person's medications for the paramedics
5. Lock away any pets
6. **If the person's condition changes, call me back immediately**

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### Call Taker Prompts

### Dispatcher Short Report

<ol style="list-style-type: none"><li>1. If unconscious and not breathing, go to the age appropriate CPR card<ul style="list-style-type: none"><li>o <a href="#">Adult CPR Instructions</a></li><li>o <a href="#">Child (1-8 years) CPR Instructions</a></li><li>o <a href="#">Infant (0-1 years) CPR Instructions</a></li></ul></li><li>2. If unconscious, <a href="#">go to the C6: Unconscious/Breathing Normally/Airway Control card</a></li></ol>	<ol style="list-style-type: none"><li>1. Age</li><li>2. Sex</li><li>3. Specific location</li><li>4. Chief complaint</li><li>5. Pertinent related symptoms</li><li>6. Medical/Surgical history, if any</li><li>7. Other Agencies responding</li><li>8. Any dangers to responding units</li></ol>
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## M7: Headache

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1. Is the person **alert**?
2. Is the person breathing **normally**?
3. Does the person know **who they are?** *Do they know where they are?*
4. Is the person acting in their **normal** manner?  
*(If no) What is different?*
5. Is this headache **different** from headaches the person has had in the past?
6. Did this headache come on **suddenly** or **gradually**?
7. What was the person **doing** when the headache **started**?
8. Does the person feel pain anywhere else?  
*(If yes) Where?*
9. Does the person have a **history** of headaches?
10. Is the person wearing a **Medic Alert tag**? *(If yes) What does it say?*

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1. Unconscious
2. Not breathing normally
3. Headache with any of the following critical symptoms
  - Decreased level of consciousness
  - Unusual behavior/acting strange
  - Worst headache ever
  - Sudden onset
  - Visual disturbance with no history of migraines

1. Alert and awake
2. Headache with no critical symptoms

## M7: Headache – Pre-Arrival Instructions

1. Do not give the person anything to eat or drink
2. Place person in the most comfortable position
3. Gather any of the person's medications for the paramedics
4. Lock away any pets
5. **If the person's condition changes, call me back immediately**

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### Call Taker Prompts

### Dispatcher Short Report

- |  |   |
|--|---|
| <ol style="list-style-type: none"><li>1. If unconscious and not breathing, go to the age appropriate CPR card<ul style="list-style-type: none"><li>o <a href="#">Adult CPR Instructions</a></li><li>o <a href="#">Child (1-8 years) CPR Instructions</a></li><li>o <a href="#">Infant (0-1 years) CPR Instructions</a></li></ul></li><li>2. If unconscious, <a href="#">go to the C6: Unconscious/Breathing Normally/Airway Control card</a></li></ol> | <ol style="list-style-type: none"><li>1. Age</li><li>2. Sex</li><li>3. Specific location</li><li>4. Chief complaint</li><li>5. Pertinent related symptoms</li><li>6. Medical/Surgical history, if any</li><li>7. Other Agencies responding</li><li>8. Any dangers to responding units</li></ol> |
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## M8: Health Care Provider Requests EMS

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1. What do you **need**?  
*(If Paramedics/EMTs/Ambulance needed)* What's **wrong** with the person? [Jump to appropriate card](#)  
*(If Transportation Only needed)* **Where** in the facility is the person located?
2. Does the person have an **IV, Medication** or other **medical device** in use?

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### CODE RED

### CODE YELLOW

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|---|---|
| <ol style="list-style-type: none"><li>1. Critical symptoms</li><li>2. Off-duty medic request ALS</li><li>3. Medical device in use</li></ol> | <ol style="list-style-type: none"><li>1. No critical symptoms or medical devices in use</li></ol> |
|---|---|

## M8: Health Care Provider Requests EMS – Pre-Arrival Instructions

1. *(If a Medical Facility)* Prepare the person's medical records for the paramedics
2. *(If a Non-medical Facility)* Place person in the most comfortable position
  - Gather any of the person's medications for the paramedics
  - Lock away any pets
3. **If the person's condition changes, call me back immediately**

**Index**

### Call Taker Prompts

### Dispatcher Short Report

1. If unconscious and not breathing, go to the age appropriate CPR card
  - o [Adult CPR Instructions](#)
  - o [Child \(1-8 years\) CPR Instructions](#)
  - o [Infant \(0-1 years\) CPR Instructions](#)
2. If unconscious, [go to the C6: Unconscious/Breathing Normally/Airway Control card](#)

1. Age
2. Sex
3. Specific location
4. Chief complaint
5. Pertinent related symptoms
6. Medical/Surgical history, if any
7. Other Agencies responding
8. Any dangers to responding units

## M9: Home Medical Equipment

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1. What **piece of equipment** is causing concern?  
*If ventilator failure, jump to C1: Cardiac Arrest*  
*If apnea monitor alarm jump to M4: Breathing Problems*  
*If implanted defibrillator firing jump to M5: Chest Pain/Heart Problems card*

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### CODE RED

### CODE YELLOW

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1. Critical symptoms
2. Ventilator failure
3. Apnea monitor alarm
4. Implanted defibrillator firing

1. No critical symptoms
2. Problems with, or out of, home oxygen

## M9: Home Medical Equipment – Pre-Arrival Instructions

1. (If appropriate) Prepare the medical device for possible transport with the paramedics
2. Place person in the most comfortable position
3. Gather any of the person's medications for the paramedics
4. Lock away any pets
5. **If the person's condition changes, call me back immediately**

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### Call Taker Prompts

### Dispatcher Short Report

<ol style="list-style-type: none"><li>1. If unconscious and not breathing, go to the age appropriate CPR card<ul style="list-style-type: none"><li>o <a href="#">Adult CPR Instructions</a></li><li>o <a href="#">Child (1-8 years) CPR Instructions</a></li><li>o <a href="#">Infant (0-1 years) CPR Instructions</a></li></ul></li><li>2. If unconscious, <a href="#">go to the C6: Unconscious/Breathing Normally/Airway Control card</a></li></ol>	<ol style="list-style-type: none"><li>1. Age</li><li>2. Sex</li><li>3. Specific location</li><li>4. Chief complaint</li><li>5. Pertinent related symptoms</li><li>6. Medical/Surgical history, if any</li><li>7. Other Agencies responding</li><li>8. Any dangers to responding units</li></ol>
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## M10: Obvious Death

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1. How do you **know** the person has **died**?

*If caller is unsure, [jump to C1: Cardiac Arrest card](#)*

*If possibility of hypothermia, [jump to T7: Heat/Cold Exposure card](#)*

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### CODE RED

### CODE YELLOW

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1. Body is cold and stiff (*no hypothermia present*)
2. Decomposition
3. Injuries obviously incompatible with life
4. Non-recent expected death
5. Hospice/DNR

## M10: Obvious Death – Pre-Arrival Instructions

1. (If appropriate) Gather any DNR documents for the paramedics
2. Gather any of the person's medications for the paramedics
3. Lock away any pets
4. If the person's condition changes, call me back immediately

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### Call Taker Prompts

1. If unconscious, not breathing, and not an obvious death go to the age appropriate CPR card
  - o [Adult CPR Instructions](#)
  - o [Child \(1-8 years\) CPR Instructions](#)
  - o [Infant \(0-1 years\) CPR Instructions](#)
2. Is Law Enforcement needed?

### Dispatcher Short Report

1. Age
2. Sex
3. Specific location
4. Chief complaint
5. Pertinent related symptoms
6. Medical/Surgical history, if any
7. Other Agencies responding
8. Any dangers to responding units

## M11: Overdose/Poisonings/Ingestions

- |   |  |
|---|--|
| <b>K<br/>E<br/>Y<br/><br/>Q<br/>U<br/>E<br/>S<br/>T<br/>I<br/>O<br/>N<br/>S</b> | <ol style="list-style-type: none"> <li>1. Is the person <b>alert</b>?</li> <li>2. Is the person breathing <b>normally</b>?</li> <li>3. Is the person acting in their <b>normal</b> manner?<br/>(If no) What is different? Are they <b>violent</b>? Do they have access to a <b>weapon</b>?</li> <li>4. Do you know <b>what</b> the person took?<br/>(If Prescription Med) What is the <b>name</b> of the medicine? How <b>much</b> did they take?<br/>(If Not Prescription Med) What type of <b>substance</b> did they take?<br/>(If Cocaine or Crack) Is the person complaining of any <b>pain</b>? If having chest pain, <a href="#">jump to M5: Chest Pain</a><br/>Did they take it with <b>alcohol</b>?</li> <li>5. Is the person having difficulty <b>swallowing</b>?</li> <li>6. Has the person <b>vomited</b>?<br/>(If yes) Can you describe what it looks like?</li> </ol> |
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### CODE RED

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| <b>D<br/>I<br/>S<br/>P<br/>A<br/>T<br/>C<br/>H</b> | <p><b>CODE RED</b></p> <ol style="list-style-type: none"> <li>1. OD with any of the following critical symptoms                     <ul style="list-style-type: none"> <li>● Unconscious</li> <li>● Not breathing normally</li> <li>● Decreased level of consciousness</li> <li>● Unusual behavior/acting strange</li> <li>● Cocaine/Crack use with chest pain</li> <li>● Difficulty swallowing</li> <li>● Ingestion of household cleaners, antifreeze, solvents, methanol, cyanide or insecticides</li> <li>● Combined alcohol and drug overdose</li> <li>● Alcohol where person cannot be aroused</li> </ul> </li> </ol> <p><b>CODE YELLOW</b></p> <ol style="list-style-type: none"> <li>1. Drug use with no critical symptoms</li> <li>2. 3<sup>rd</sup> party caller, caller not with person</li> <li>3. Reported overdose, but person denies taking anything</li> <li>4. Alcohol intoxication where person can be aroused</li> </ol> |
|--|--|

# M11: Overdose/Poisonings/Ingestions – Pre-Arrival Instructions

1. Do not give the person anything to eat or drink unless advised by Poison Control
2. (*If safe to do so*) Keep the person in the area/house
3. Do not give the person coffee or place the person in the shower
4. (*If at the scene*) Get the container of the substance the person took
5. Gather any of the person's medications for the paramedics
6. Lock away any pets
7. **If the person's condition changes, call me back immediately**

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## Call Taker Prompts

## Dispatcher Short Report

- |  |   |
|--|---|
| <ol style="list-style-type: none"><li>1. If unconscious and not breathing, go to the age appropriate CPR card<ul style="list-style-type: none"><li>o <a href="#">Adult CPR Instructions</a></li><li>o <a href="#">Child (1-8 years) CPR Instructions</a></li><li>o <a href="#">Infant (0-1 years) CPR Instructions</a></li></ul></li><li>2. If unconscious, <a href="#">go to the C6: Unconscious/Breathing Normally/Airway Control card</a></li><li>3. Contact the local Poison Control Center - 1-800-222-1222</li><li>4. Is Law Enforcement needed?</li></ol> | <ol style="list-style-type: none"><li>1. Age</li><li>2. Sex</li><li>3. Specific location</li><li>4. Chief complaint</li><li>5. Pertinent related symptoms</li><li>6. Medical/Surgical history, if any</li><li>7. Other Agencies responding</li><li>8. Any dangers to responding units</li></ol> |
|--|---|

# M12: Person Assistance

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1. Is the person **alert**?
2. Is the person breathing **normally**?
3. Does the person have any **other** complaints? *If yes, [jump to the appropriate card](#)*

**Index**

## CODE RED

## CODE YELLOW

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1. No critical symptoms

## M12: Person Assistance – Pre-Arrival Instructions

1. Place the person in a comfortable position
1. Keep the person calm
2. Gather any of the person's medications for the paramedics
3. Lock away any pets
4. **If the person's condition changes, call me back immediately**

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### Call Taker Prompts

### Dispatcher Short Report

- |   |   |
|---|---|
| <ol style="list-style-type: none"><li>1. If unconscious and not breathing, go to the age appropriate CPR card<ul style="list-style-type: none"><li>o <a href="#">Adult CPR Instructions</a></li><li>o <a href="#">Child (1-8 years) CPR Instructions</a></li><li>o <a href="#">Infant (0-1 years) CPR Instructions</a></li></ul></li><li>2. If unconscious, <a href="#">go to the C6: Unconscious/Breathing Normally/Airway Control card</a></li><li>3. Is Law Enforcement needed?</li><li>4. Is Fire and/or Rescue needed?</li></ol> | <ol style="list-style-type: none"><li>1. Age</li><li>2. Sex</li><li>3. Specific location</li><li>4. Chief complaint</li><li>5. Pertinent related symptoms</li><li>6. Medical/Surgical history, if any</li><li>7. Other Agencies responding</li><li>8. Any dangers to responding units</li></ol> |
|---|---|

## M13: Psychiatric/Behavioral Problems

**K  
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S**

1. Is the person **alert**?
2. Is the person breathing **normally**?
3. Is the person acting in their **normal** manner?  
(If no) What is different?  
Are they **violent**? Do they have a **weapon** or access to a weapon?
4. Has the person **harmed themselves**? If yes, consider [Jump to T9: Traumatic Injury](#)  
(If no) Do you think the person might try to harm themselves?
5. **Where** is the person now?  
(If present) Can the person talk to you? Can they answer your questions?
6. Has the person taken any **drugs** or **alcohol**? If yes, consider [Jump to M11: OD/Poisoning](#)
7. Is the person a **diabetic**? If yes, consider [Jump to M6: Diabetic Problem](#)
8. Is the person **injured**?
9. Is the person **bleeding**?  
(If yes) Can it be controlled with pressure?

**Index**

### CODE RED

### CODE YELLOW

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1. Unconscious
2. Not breathing normally
3. Decreased level of consciousness

1. Lacerated wrist with controlled bleeding
2. Unusual, non-violent behavior with a psychiatric history
3. Alcohol intoxication where person can be aroused
4. Threats against self or others
5. Person out of psychiatric medications
6. Police request for stand-by

# M13: Psychiatric/Behavioral Problems – Pre-Arrival Instructions

1. (If safe to do so) Keep person in the area/house  
If you feel you are in danger, leave the scene
2. (If possible) Keep the person calm
3. Gather any of the person's medications for the paramedics
4. Lock away any pets
5. **If the person's condition changes, call me back immediately**

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## Call Taker Prompts

1. If unconscious and not breathing, go to the age appropriate CPR card
  - o [Adult CPR Instructions](#)
  - o [Child \(1-8 years\) CPR Instructions](#)
  - o [Infant \(0-1 years\) CPR Instructions](#)
2. [If unconscious, go to the C6: Unconscious/Breathing Normally/Airway Control card](#)
3. [If bleeding, go to the I11Bleeding Instructions card](#)
4. Consider contacting the local Crisis Center
5. Is Law Enforcement needed?

## Dispatcher Short Report

1. Age
2. Sex
3. Specific location
4. Chief complaint
5. Pertinent related symptoms
6. Medical/Surgical history, if any
7. Other Agencies responding
8. Any dangers to responding units

# M14: Seizures/Convulsions

- |   |   |
|---|---|
| K | 1. Is the person <b>alert</b> ?   |
| E | 2. Is the person breathing <b>normally</b> ?  |
| Y | 3. Is the person still <b>seizing</b> ?<br>(If yes) Describe what the person is doing?              |
| Q | 4. How <b>long</b> has the person been seizing?   |
| U | 5. Has the person had a seizure <b>before</b> ?   |
| E | 6. Is the person a <b>diabetic</b> ? If yes, consider <a href="#">Jump to M6: Diabetic Problems</a> |
| S | 7. Does the person have a <b>Medic Alert tag</b> on?<br>(If yes) What does it say?                  |
| T | 8. (If child) Has the child been <b>sick</b> ?<br>Does the child have a <b>fever</b> or feel hot?   |
| I | 9. (If female between 13-50 yoa) Is she <b>pregnant</b> ?   |
| Q | 10. Does the person have a history of <b>heart problems</b> ?                                       |
| U | 11. Has the person had a recent <b>head injury</b> ?  |
| S | 12. Has the person taken anything, including any type of <b>drugs</b> ?                             |
| T | 13. (If still seizing) Has the seizure <b>stopped</b> ?   |

**Index**

## CODE RED

## CODE YELLOW

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|---|--|--|
| D | 1. Unconscious                               | 1. Single seizure with a history of seizures |
| I | 2. Not breathing normally                    |  |
| S | 3. Decreased level of consciousness          |  |
| P | 4. Still seizing/multiple seizures           |  |
| A | 5. First time seizure or unknown history     |  |
| T | 6. Diabetic                                  |  |
| C | 7. Pregnant                                  |  |
| H | 8. Secondary to drug overdose or head injury |  |
|   | 9. Any seizure that is different than normal |  |

## M14: Seizures/Convulsions – Pre-Arrival Instructions

1. Clear the area around the person so they don't hurt themselves
2. **Do Not** try to **restrain** the person
3. **Do Not** put anything in the person's mouth
4. When the seizure stops, check to see if the person is breathing  
Place person on their side
5. (*If child and feverish*) Remove clothing to help cool person
6. Gather any of the person's medications for the paramedics
7. Lock away any pets
8. **If the person's condition changes, call me back immediately**

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### Call Taker Prompts

1. If unconscious and not breathing, go to the age appropriate CPR card
  - o [Adult CPR Instructions](#)
  - o [Child \(1-8 years\) CPR Instructions](#)
  - o [Infant \(0-1 years\) CPR Instructions](#)
2. [If unconscious, go to the C6: Unconscious/Breathing Normally/Airway Control card](#)
3. Any seizure with an unknown medical history is assumed to be a first time seizure

### Dispatcher Short Report

1. Age
2. Sex
3. Specific location
4. Chief complaint
5. Pertinent related symptoms
6. Medical/Surgical history, if any
7. Other Agencies responding
8. Any dangers to responding units

## M15: Sick Person

**K  
E  
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1. Is the person **alert**?
2. Is the person breathing **normally**?
3. Is the person complaining of any **pain**? *If chest pain, jump to M5: Chest Pain*
4. Is the person **bleeding**?  
(*If yes*) From where? How much? How long? Can it be controlled with pressure?
5. Has the person **vomited**?  
(*If yes*) Can you describe what it looks like?
6. Is the person acting in their **normal** manner?  
(*If no*) What is different?  
(*If no*) Are they **violent**? Do they have a weapon or **access** to a **weapon**?
7. Is the person a **diabetic**? *If yes, consider jump to M6: Diabetic Problems*
8. Is the person wearing a **Medic Alert tag**?  
(*If yes*) What does it say?

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### CODE RED

### CODE YELLOW

**D  
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H**

1. Unconscious
2. Not breathing normally
3. Decreased level of consciousness

1. Generalized weakness
2. Medical alert from alarm company
3. Flu symptoms
4. High temperature with no critical symptoms
5. Person assist
6. Police stand-by

## M15: Sick Person – Pre-Arrival Instructions

1. Gather any of the person's medications for the paramedics
2. Lock away any pets
3. If the person's condition changes, call me back immediately

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### Call Taker Prompts

1. If unconscious and not breathing, go to the age appropriate CPR card
  - o [Adult CPR Instructions](#)
  - o [Child \(1-8 years\) CPR Instructions](#)
  - o [Infant \(0-1 years\) CPR Instructions](#)
2. If unconscious, go to the [C6: Unconscious/Breathing Normally/Airway Control card](#)
3. [If bleeding, go to the I11Bleeding Instructions card](#)
4. If a specific chief complaint is identified, [jump to the appropriate card](#)

### Dispatcher Short Report

1. Age
2. Sex
3. Specific location
4. Chief complaint
5. Pertinent related symptoms
6. Medical/Surgical history, if any
7. Other Agencies responding
8. Any dangers to responding units

## M16: Stroke/CVA

**K  
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1. Is the person **alert**?
2. Is the person breathing **normally**?
3. Is the person acting **unusual**?  
*(If yes) What is different? (Speech, numbness or movement problems)*
4. *(If not obvious) Does the person's **speech** sound **normal**?*
5. *(If not obvious) Does the person have **weakness** or **paralysis** on one side of the body?*
6. *(If not obvious) Does the person have a **facial droop**?*
7. Is the person complaining of any **pain**? *If chest pain, jump to M5: Chest Pain*
8. Does the person have a **headache**?
9. Has the person ever had a stroke **before**?

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### CODE RED

### CODE YELLOW

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C  
H**

1. Unconscious
2. Not breathing normally
3. Decreased level of consciousness
4. New onset of one sided weakness/paralysis, facial droop or slurred speech

1. Past history of stroke (CVA) with no new changes

## M16: Stroke/CVA – Pre-Arrival Instructions

1. (If difficulty breathing) Keep neck straight and remove any pillows
2. Do not give the person anything to eat or drink
3. Do not allow the person to move around
4. Gather any of the person's medications for the paramedics
5. Lock away any pets
6. If the person's condition changes, call me back immediately

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### Call Taker Prompts

### Dispatcher Short Report

- |  |   |
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| <ol style="list-style-type: none"><li>1. If unconscious and not breathing, go to the age appropriate CPR card<ul style="list-style-type: none"><li>o <a href="#">Adult CPR Instructions</a></li><li>o <a href="#">Child (1-8 years) CPR Instructions</a></li><li>o <a href="#">Infant (0-1 years) CPR Instructions</a></li></ul></li><li>2. If unconscious, go to the <a href="#">C6: Unconscious/Breathing Normally/Airway Control card</a></li></ol> | <ol style="list-style-type: none"><li>1. Age</li><li>2. Sex</li><li>3. Specific location</li><li>4. Chief complaint</li><li>5. Pertinent related symptoms</li><li>6. Medical/Surgical history, if any</li><li>7. Other Agencies responding</li><li>8. Any dangers to responding units</li></ol> |
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## M17: Unknown/Man Down

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1. Is the person **alert**?
2. Is the person breathing **normally**?
3. Do you know **why** the person is down? (*Jump to the appropriate card if possible*)
4. Is the person able to **talk**?
5. Is the person able to **move**?
6. Where **exactly** is the person?

**Index**

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| <ol style="list-style-type: none"><li>1. Unconscious</li><li>2. Not breathing normally</li><li>3. Decreased level of consciousness</li><li>4. Multiple people down<br/><i>(Consider HazMat/MCI)</i></li></ol> | <ol style="list-style-type: none"><li>1. Person is talking, moving, sitting or standing</li><li>2. Unknown (3<sup>rd</sup> party caller) without indication of unconsciousness</li></ol> |
|---|--|

# M17: Unknown/Man Down – Pre-Arrival Instructions

1. (If safe to do so) Go to the person and see if the person is awake, breathing normally, or moving at all  
Return to the phone and let me know
2. Watch for the emergency unit and direct them to the person
3. If the person's condition changes, call me back immediately

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## Call Taker Prompts

## Dispatcher Short Report

- |   |   |
|---|---|
| <ol style="list-style-type: none"><li>1. If unconscious and not breathing, go to the age appropriate CPR card<ul style="list-style-type: none"><li>o <a href="#">Adult CPR Instructions</a></li><li>o <a href="#">Child (1-8 years) CPR Instructions</a></li><li>o <a href="#">Infant (0-1 years) CPR Instructions</a></li></ul></li><li>2. If unconscious, go to the <a href="#">C6: Unconscious/Breathing Normally/Airway Control card</a></li><li>3. Consider law enforcement notification</li></ol> | <ol style="list-style-type: none"><li>1. Age</li><li>2. Sex</li><li>3. Specific location</li><li>4. Chief complaint</li><li>5. Pertinent related symptoms</li><li>6. Medical/Surgical history, if any</li><li>7. Other Agencies responding</li><li>8. Any dangers to responding units</li></ol> |
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## T1: Animal Bites

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1. Where is the animal now?
2. What type of animal bit the person?
3. Is the person short of breath?  
(If yes) Does it hurt to breathe?
4. What part of the body was bitten?
5. Is the person bleeding?  
(If yes) From where? How much? How long? Can it be controlled with pressure?
6. How long ago did they receive the bite?

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| <ol style="list-style-type: none"><li>1. Unconscious</li><li>2. Not breathing normally</li><li>3. Uncontrolled bleeding after attempts to control</li><li>4. Serious neck or face bites from animal attack</li><li>5. Bite from a known poisonous animal</li></ol> | <ol style="list-style-type: none"><li>1. Bleeding is controlled</li><li>2. Swelling at the bite site</li><li>3. Bite below the neck, non-poisonous</li></ol> |
|--|--|

## T1: Animal Bites – Pre-Arrival Instructions

1. Contain the animal if possible
2. Keep person calm and still
3. Use care not to obstruct the airway or breathing
4. For snake bites
  - Do Not Elevate the Extremity
  - Do Not Use Ice
  - Do Not Attempt to Remove the Venom
5. Lock away any pets
6. **If the person's condition changes, call me back immediately**

**Index**

### Call Taker Prompts

1. If unconscious and not breathing, go to the age appropriate CPR card
  - o [Adult CPR Instructions](#)
  - o [Child \(1-8 years\) CPR Instructions](#)
  - o [Infant \(0-1 years\) CPR Instructions](#)
2. If unconscious, go to the [C6: Unconscious/Breathing Normally/Airway Control card](#)
3. [If bleeding, go to the I11Bleeding Instructions card](#)
4. Has law enforcement been notified?
5. Has animal control been notified?

### Dispatcher Short Report

1. Age
2. Sex
3. Specific location
4. Chief complaint
5. Pertinent related symptoms
6. Medical/Surgical history, if any
7. Other Agencies responding
8. Any dangers to responding units

## T2: Assault/Domestic Violence/Sexual Assault

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1. Is the **assailant nearby?**
2. Are you **safe?**
3. Was it a **physical assault** or a **sexual assault?**
4. **How was the person assaulted?** (*If stabbing or shooting, jump to the T8: Stabbing/GSW card*)
5. **Where** is the person **injured?**
6. Is the person **bleeding?**  
(*If yes*) From where? How much? How long? Can it be controlled with pressure?
7. Can the person **answer your questions?**

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1. Unconscious
2. Not breathing normally
3. Decreased level of consciousness
4. Crushing injury (except to hands or feet)
5. Puncture injury (head, neck, torso, thigh)
6. Multiple extremity fractures
7. Femur (thigh) fracture
8. Uncontrolled bleeding

1. Penetrating/crushing injury to hands or feet
2. Isolated extremity fracture
3. Minor injuries
4. Unknown injuries
5. Concerned caller without apparent injuries to person
6. Police request stand-by/check for injuries

## T2: Assault/Domestic Violence/Sexual Assault – Pre-Arrival Instructions

1. Remain in a safe place, away from the assailant
2. (*If present*) Do not touch or remove any impaled objects
3. Have person lie down and keep calm
4. Do not touch or move any weapons
5. Advise person not to change clothing, bathe or shower
6. Keep person warm
7. Keep the person warm
8. Gather any of the person's medications for the paramedics
9. Do not give the person anything to eat or drink
10. Lock away any pets
- 11. If the person's condition changes, call me back immediately**

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### Call Taker Prompts

### Dispatcher Short Report

1. If unconscious and not breathing, go to the age appropriate CPR card
  - o [Adult CPR Instructions](#)
  - o [Child \(1-8 years\) CPR Instructions](#)
  - o [Infant \(0-1 years\) CPR Instructions](#)
2. If unconscious, go to the [C6: Unconscious/Breathing Normally/Airway Control card](#)
3. [If bleeding, go to the I11Bleeding Instructions card](#)
4. Has law enforcement been notified?

1. Age
2. Sex
3. Specific location
4. Chief complaint
5. Pertinent related symptoms
6. Medical/Surgical history, if any
7. Other Agencies responding
8. Any dangers to responding units

## T3: Bleeding/Laceration

- K E Y QUESTIONS**
1. Is the person **alert**?
  2. Is the person breathing **normally**?
  3. Where is the person **bleeding from**?  
*(If vaginal) Is she pregnant?*
  4. Is the blood **squirting** out?
  5. Is the person a **hemophiliac** (a *bleeder*)?
  6. *(If injured) Where* is the person **injured**?
  7. Can the person **answer your questions**?

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- D I S P A T C H**
1. Unconscious
  2. Not breathing normally
  3. Any arterial bleeding
  4. Hemophilia
  5. Rectal bleeding with significant blood loss
  6. Vomiting blood or coffee ground material
  7. Bleeding from mouth with difficulty breathing
  8. Bleeding from the neck, groin or armpit with significant blood loss
  9. Vaginal bleeding if over 20 weeks pregnant
  10. Vaginal bleeding associated with lower abdominal pain or fainting

1. Minor bleeding from any other areas

## T3: Bleeding/Laceration – Pre-Arrival Instructions

1. Advise person not to move
2. Cover person with a blanket and try to keep them calm
3. Gather any of the person's medications for the paramedics
4. Do not give the person anything to eat or drink
5. Lock away any pets
6. Locate any amputated part and place in clean plastic bag, not ice. If teeth, place them in milk
7. **If the person's condition changes, call me back immediately**

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### Call Taker Prompts

### Dispatcher Short Report

- |  |   |
|--|---|
| <ol style="list-style-type: none"><li>1. If unconscious and not breathing, go to the age appropriate CPR card<ul style="list-style-type: none"><li>o <a href="#">Adult CPR Instructions</a></li><li>o <a href="#">Child (1-8 years) CPR Instructions</a></li><li>o <a href="#">Infant (0-1 years) CPR Instructions</a></li></ul></li><li>2. If unconscious, go to the <a href="#">C6: Unconscious/Breathing Normally/Airway Control card</a></li><li>3. <a href="#">If bleeding, go to the I11Bleeding Instructions card</a></li></ol> | <ol style="list-style-type: none"><li>1. Age</li><li>2. Sex</li><li>3. Specific location</li><li>4. Chief complaint</li><li>5. Pertinent related symptoms</li><li>6. Medical/Surgical history, if any</li><li>7. Other Agencies responding</li><li>8. Any dangers to responding units</li></ol> |
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## T4: Burns

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1. **How was the person burned?**
2. (*If Thermal*) Is anything on the person **still burning?** (*If yes*) Stop the burning
3. (*If Electrical*) Is the person still in **contact** with the **electric** source?  
**How** was the person electrocuted?  
(*If household*) Was it the stove, clothes dryer or other **220 volt source**?
4. (*If Chemical*) What **chemical** caused the burn?
5. Is the person **short of breath** or does it **hurt to breath**?
6. Is the person having difficulty **swallowing**?
7. **Where** is the person burned?  
(*If head or face*) Are they coughing? Are their nose hairs burned? Any burns around the mouth and nose?
8. Are there any other **injuries**?

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| <ol style="list-style-type: none"><li>1. Unconscious</li><li>2. Not breathing normally</li><li>3. Decreased level of consciousness</li><li>4. Burns to the airway, nose or mouth</li><li>5. Hoarseness, difficulty talking or swallowing</li><li>6. Burns over 20% of body surface</li><li>7. Electrical burns from 220V or greater</li><li>8. 2<sup>nd</sup> or 3<sup>rd</sup> degree burns to hands, feet or groin</li></ol> | <ol style="list-style-type: none"><li>1. Burn less than 20% body surface area</li><li>2. Spilled hot liquids</li><li>3. Chemical burns to eyes</li><li>4. Small burn from match or cigarette</li><li>5. Household electrical shock</li><li>6. Battery explosion</li><li>7. Freezer burns</li></ol> |
|--|--|

## T4: Burns – Pre-Arrival Instructions

1. (Electrical burn) If safe to do so, turn off power
2. (Chemical burn) Have person remove contaminated clothing if possible
3. (Chemical burn) If available, get info on chemical (MSDS Sheet)
4. (Chemical Powder Burn) Brush off chemical, do not use water
5. (Chemical Eye Burn) Flush eyes with water. Remove contact lenses
6. Place burn area in cool water (*not ice*) if possible
7. Gather any of the person's medications for the paramedics
8. Lock away any pets
9. **If the person's condition changes, call me back immediately**

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### Call Taker Prompts

### Dispatcher Short Report

1. If unconscious and not breathing, go to the age appropriate CPR card
  - o [Adult CPR Instructions](#)
  - o [Child \(1-8 years\) CPR Instructions](#)
  - o [Infant \(0-1 years\) CPR Instructions](#)
2. If unconscious, go to the [C6: Unconscious/Breathing Normally/Airway Control card](#)
3. Has the fire department been notified?

1. Age
2. Sex
3. Specific location
4. Chief complaint
5. Pertinent related symptoms
6. Medical/Surgical history, if any
7. Other Agencies responding
8. Any dangers to responding units

## T5: Eye Injury

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1. Is the person **alert**?
2. Is the person breathing **normally**?
3. What **caused** the injury?  
Chemicals – [Jump to Card T4:Burns](#)
4. Is the eyeball cut open or **leaking** fluid?
5. Are there any other **injuries**?

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1. Unconscious
2. Not breathing normally
3. Decreased level of consciousness

1. Any eye injury

## T5: Eye Injury – Pre-Arrival Instructions

1. Do not remove any penetrating objects
2. If eyeball is cut or injured, do not touch, irrigate or bandage
3. If a chemical injury, flush immediately with water. Continue to help arrives. Remove contact lenses
4. Advise person not to move
5. Have person sit down
6. Cover the person with a blanket and keep them calm
7. Do not give the person anything to eat or drink
8. Gather any of the person's medications for the paramedics
9. Lock away any pets
10. If the person's condition changes, call me back immediately

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### Call Taker Prompts

### Dispatcher Short Report

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| <ol style="list-style-type: none"><li>1. If unconscious and not breathing, go to the age appropriate CPR card<ul style="list-style-type: none"><li>o <a href="#">Adult CPR Instructions</a></li><li>o <a href="#">Child (1-8 years) CPR Instructions</a></li><li>o <a href="#">Infant (0-1 years) CPR Instructions</a></li></ul></li><li>2. If unconscious, go to the <a href="#">C6: Unconscious/Breathing Normally/Airway Control card</a></li></ol> | <ol style="list-style-type: none"><li>1. Age</li><li>2. Sex</li><li>3. Specific location</li><li>4. Chief complaint</li><li>5. Pertinent related symptoms</li><li>6. Medical/Surgical history, if any</li><li>7. Other Agencies responding</li><li>8. Any dangers to responding units</li></ol> |
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## T6: Falls

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1. Is the person **alert**?
2. Is the person breathing **normally**?
3. How **far** did the person fall?
4. What kind of **surface** did the person land on?
5. Are there any obvious **injuries**? (*What are they?*)
6. Did the person **complain** of any pain or illness just **prior** to the fall?
7. Is the person able to **move** their fingers and toes? (*Do not have them move any other body part*)
8. Is the person **bleeding**?  
(If yes) From where? How much? How long? Can it be controlled with pressure?
9. Are there any other **injuries**?

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| <p><b>D<br/>I<br/>S<br/>P<br/>A<br/>T<br/>C<br/>H</b></p> <ol style="list-style-type: none"><li>1. Unconscious</li><li>2. Not breathing normally</li><li>3. Decreased level of consciousness</li><li>4. Falls greater than 10 feet</li><li>5. Falls associated with or preceded by pain, discomfort in chest, dizziness, headache or diabetes.</li><li>6. Person is paralyzed</li><li>7. Uncontrolled bleeding</li><li>8. Multiple extremity fractures</li><li>9. Femur (thigh) fracture</li></ol> | <ol style="list-style-type: none"><li>1. Falls less than 10 feet</li><li>2. Neck or back pain without critical symptoms</li><li>3. Bleeding that has been controlled</li><li>4. Cuts, bumps or bruises</li><li>5. Person assistance</li><li>6. Involved in accident, no complaints</li><li>7. Isolated extremity fracture</li></ol> |
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## T6: Falls – Pre-Arrival Instructions

1. *(If appropriate)* Turn off any machinery
2. *(If no life threatening hazard is present)* Do not move the person
3. Advise person not to move
4. Cover the person with a blanket and keep them calm
5. Do not give the person anything to eat or drink
6. Gather any of the person's medications for the paramedics
7. Lock away any pets
8. **If the person's condition changes, call me back immediately**

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### Call Taker Prompts

1. If unconscious and not breathing, go to the age appropriate CPR card
  - o [Adult CPR Instructions](#)
  - o [Child \(1-8 years\) CPR Instructions](#)
  - o [Infant \(0-1 years\) CPR Instructions](#)
2. If unconscious, go to the [C6: Unconscious/Breathing Normally/Airway Control card](#)
3. [If bleeding, go to the I11Bleeding Instructions card](#)
4. Is rescue needed?

### Dispatcher Short Report

1. Age
2. Sex
3. Specific location
4. Chief complaint
5. Pertinent related symptoms
6. Medical/Surgical history, if any
7. Other Agencies responding
8. Any dangers to responding units

## T7: Heat/Cold Exposure

- K E Y QUESTIONS**
1. Is the person **alert**?
  2. Is the person breathing **normally**?
  3. *(If not obvious)* What was the **source** of the heat/cold?
  4. Does the person have any **complaints**?
  5. What does the person's **skin** feel like?
  6. *(If cold exposure)* Is the person **shivering**?  
*(If heat exposure)* Is the person **sweating** profusely?
  7. Is the person **dizzy, weak or feeling faint**?
  8. Are there any obvious **injuries**? (*What are they?*)

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| <ol style="list-style-type: none"><li>1. Unconscious</li><li>2. Not breathing normally</li><li>3. Decreased level of consciousness</li><li>4. Confused or disoriented</li><li>5. Fainting/syncope</li><li>6. Cold water immersion</li></ol> | <ol style="list-style-type: none"><li>1. Person with uncontrollable shivering</li><li>2. Heat exhaustion with no critical symptoms</li><li>3. Unknown symptoms</li></ol> |
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## T7: Heat/Cold Exposure – Pre-Arrival Instructions

1. Remove the person from the hot/cold environment
  - (If cold and dry) Cover the person with a blanket to warm
  - (If cold and wet) Remove the wet clothing and cover the person with a blanket to warm
  - (If overheated) Loosen clothing to assist with cooling
2. (If decreased level of consciousness) Do not give the person anything to eat or drink
3. (If cold) Do not rub frostbitten extremities
4. Gather any of the person's medications for the paramedics
5. Lock away any pets
6. **If the person's condition changes, call me back immediately**

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### Call Taker Prompts

### Dispatcher Short Report

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| <ol style="list-style-type: none"><li>1. If unconscious and not breathing, go to the age appropriate CPR card<ul style="list-style-type: none"><li>o <a href="#">Adult CPR Instructions</a></li><li>o <a href="#">Child (1-8 years) CPR Instructions</a></li><li>o <a href="#">Infant (0-1 years) CPR Instructions</a></li></ul></li><li>2. If unconscious, go to the <a href="#">C6: Unconscious/Breathing Normally/Airway Control card</a></li></ol> | <ol style="list-style-type: none"><li>1. Age</li><li>2. Sex</li><li>3. Specific location</li><li>4. Chief complaint</li><li>5. Pertinent related symptoms</li><li>6. Medical/Surgical history, if any</li><li>7. Other Agencies responding</li><li>8. Any dangers to responding units</li></ol> |
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## T8: Stabbing/Gunshot Victim

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1. Is the **assailant nearby?**
2. Are you **safe?**
3. Is there a **weapon** present?
4. Is the person **alert?**
5. Is the person breathing **normally?**
6. **Where** is the person **shot/stabbed?**
7. Is the person **bleeding?** (If yes) From where? How much? How long? Can it be controlled with pressure?

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|---|---|
| <ol style="list-style-type: none"><li>1. Unconscious</li><li>2. Not breathing normally</li><li>3. Decreased level of consciousness</li><li>4. Uncontrolled bleeding</li><li>5. Injury above the knee or elbow</li><li>6. Injury to the head, neck, torso or thigh</li><li>7. Multiple casualty incident</li></ol> | <ol style="list-style-type: none"><li>1. Wounds below the knee or elbow</li></ol> |
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## T8: Stabbing/Gunshot Victim – Pre-Arrival Instructions

1. Tell caller to remain in a safe location (*beware of the assailant*)
2. Do not pull out any penetrating weapons
3. Advise the person not to move
4. Cover the person with a blanket and keep them calm
5. Do not disturb the scene or move any weapons
6. Gather any of the person's medications for the paramedics
7. Lock away any pets
8. **If the person's condition changes, call me back immediately**

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### Call Taker Prompts

### Dispatcher Short Report

- |   |   |
|---|---|
| <ol style="list-style-type: none"><li>1. If unconscious and not breathing, go to the age appropriate CPR card<ul style="list-style-type: none"><li>o <a href="#">Adult CPR Instructions</a></li><li>o <a href="#">Child (1-8 years) CPR Instructions</a></li><li>o <a href="#">Infant (0-1 years) CPR Instructions</a></li></ul></li><li>2. If unconscious, go to the <a href="#">C6: Unconscious/Breathing Normally/Airway Control card</a></li><li>3. <a href="#">If bleeding, go to the I11Bleeding Instructions card</a></li><li>4. <b>Advise responders when scene is secure</b></li></ol> | <ol style="list-style-type: none"><li>1. Age</li><li>2. Sex</li><li>3. Specific location</li><li>4. Chief complaint</li><li>5. Pertinent related symptoms</li><li>6. Medical/Surgical history, if any</li><li>7. Other Agencies responding</li><li>8. Any dangers to responding units</li></ol> |
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## T9: Traumatic Injury

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| <b>K<br/>E<br/>Y<br/>Q<br/>U<br/>E<br/>S<br/>T<br/>I<br/>O<br/>N<br/>S</b> | <ol style="list-style-type: none"><li>1. Is the person <b>alert</b>?</li><li>2. Is the person breathing <b>normally</b>?</li><li>3. <b>Where</b> is the person injured?</li><li>4. <b>How</b> was the person injured (<i>Describe what happened</i>)?</li><li>5. Is the person <b>bleeding</b>? (<i>If yes</i>) From where? How much? How long? Can it be controlled with pressure?</li></ol> |
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| <b>D<br/>I<br/>S<br/>P<br/>A<br/>T<br/>C<br/>H</b> | <ol style="list-style-type: none"><li>1. Unconscious</li><li>2. Not breathing normally</li><li>3. Decreased level of consciousness</li><li>4. Penetrating/crushing injury to head, neck, torso or thigh</li><li>5. Uncontrolled bleeding</li><li>6. Leg injury above the knee</li><li>7. Multiple extremity fracture</li></ol> | <ol style="list-style-type: none"><li>1. Penetrating/crushing injury to hands or feet</li><li>2. Unknown injuries</li><li>3. Minor injuries</li><li>4. Concerned caller without apparent injury to person</li><li>5. Isolated extremity fracture</li><li>6. Police request to stand-by/check for injuries</li></ol> |
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## T9: Traumatic Injury – Pre-Arrival Instructions

1. Do not pull out any penetrating objects
2. Advise the person not to move
3. Cover the person with a blanket and keep them calm
4. Do not disturb the scene or move any weapons
5. Gather any of the person's medications for the paramedics
6. Lock away any pets
7. **If the person's condition changes, call me back immediately**

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### Call Taker Prompts

1. If unconscious and not breathing, go to the age appropriate CPR card
  - o [Adult CPR Instructions](#)
  - o [Child \(1-8 years\) CPR Instructions](#)
  - o [Infant \(0-1 years\) CPR Instructions](#)
2. If unconscious, go to the [C6: Unconscious/Breathing Normally/Airway Control card](#)
3. [If bleeding, go to the I11Bleeding Instructions card](#)
4. Is Rescue needed?
5. Is law enforcement needed?

### Dispatcher Short Report

1. Age
2. Sex
3. Specific location
4. Chief complaint
5. Pertinent related symptoms
6. Medical/Surgical history, if any
7. Other Agencies responding
8. Any dangers to responding units

## T10: Motor Vehicle Collisions

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1. Are there any **hazards** present (*Fire, Water, HazMat, Wires Down*)?
2. Is the person **alert**?
3. Is the person breathing **normally**?
4. Is anyone **trapped** in the vehicle?
5. Was anyone **thrown** from the vehicle?
6. What **injuries** does the person have?
7. Is the person **bleeding**? (*If yes*) From where? How much? How long? Can it be controlled with pressure?

**Index**

### CODE RED

### CODE YELLOW

**D  
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H**

1. Unconscious
2. Not breathing normally
3. Decreased level of consciousness
4. Chest pain prior to the collision
5. Critical criteria – injuries to the head, neck, torso or thigh
6. Multiple causality incident
7. Overturned/Trapped in Vehicle

1. Accident with injury, no critical criteria
2. Police request to stand-by/check for injuries

# T10: Motor Vehicle Collisions – Pre-Arrival Instructions

1. *(If no life threatening hazards are present)* Do not move the person.
2. *(If power lines are around the vehicle)* Do not touch the vehicle. Tell the occupants to stay in the vehicle
3. Keep person calm and still
4. **If the person's condition changes, call me back immediately**

**Index**

Call Taker Prompts	Dispatcher Short Report
<ol style="list-style-type: none"><li>1. If unconscious and not breathing, go to the age appropriate CPR card<ul style="list-style-type: none"><li>o <a href="#">Adult CPR Instructions</a></li><li>o <a href="#">Child (1-8 years) CPR Instructions</a></li><li>o <a href="#">Infant (0-1 years) CPR Instructions</a></li></ul></li><li>2. If unconscious, go to the <a href="#">C6: Unconscious/Breathing Normally/Airway Control card</a></li><li>3. <a href="#">If bleeding, go to the I11Bleeding Instructions card</a></li><li>4. Is Rescue Needed?</li><li>5. Is the Fire Department needed?</li><li>6. Has law enforcement been notified?</li></ol>	<ol style="list-style-type: none"><li>1. Age</li><li>2. Sex</li><li>3. Specific location</li><li>4. Chief complaint</li><li>5. Pertinent related symptoms</li><li>6. Medical/Surgical history, if any</li><li>7. Other Agencies responding</li><li>8. Any dangers to responding units</li></ol>