

INTRODUCED: March 10, 2026

AN ORDINANCE No. 2026-059

To amend City Code 2-728, concerning the Department of Emergency Communications, Preparedness, and Response, to require the routing of E-911 calls for emergency medical services to the Richmond Ambulance Authority by the Department of Emergency Communications, Preparedness, and Response.

Patrons – Ms. Trammell and Ms. Abubaker

Approved as to form and legality
by the City Attorney

PUBLIC HEARING: APR 13 2026 AT 6 P.M.

THE CITY OF RICHMOND HEREBY ORDAINS:

§1. That section 2-728 of the Code of the City of Richmond (2020) be and is hereby **amended** as follows:

Sec. 2-728. Created, composition.

(a) There shall be a Department of Emergency Communications, Preparedness, and Response, which shall be headed by the Director of Emergency Communications, Preparedness, and Response and shall consist of such officers and employees organized into such units as may be provided by ordinance or by the orders of the Director of Emergency Communications,

AYES: 9 NOES: 0 ABSTAIN: _____

ADOPTED: JUN 8 2026 REJECTED: _____ STRICKEN: _____

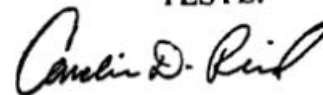
Preparedness, and Response consistent with this division. The Department of Emergency Communications, Preparedness, and Response shall be designated as the public safety answering point (PSAP) for the E-911 telephone system and is charged with the appropriate routing of those E-911 calls received.

(b) Upon receipt of an E- 911 call, the PSAP will process the E-911 call following established PSAP protocols. If the PSAP determines that there is a need for only emergency medical response, the PSAP shall immediately conference the E-911 call to the Richmond Ambulance Authority for further response, to include emergency medical E-911 call processing and dispatch. If the PSAP determines that there is a need for emergency police or emergency fire response in addition to an emergency medical response, the PSAP will process the E-911 call for the appropriate police or fire response, and at the conclusion of processing the E-911 call, the PSAP will then conference the E-911 call to the Richmond Ambulance Authority for further response, to include emergency medical E-911 call processing and dispatch. If at any time the Richmond Ambulance Authority is not a qualified or authorized public safety answering point, the requirements of this section 2-728(b) shall not apply.

(c) The Department shall also be responsible for (i) the planning for, operation, maintenance and coordination of all emergency communications systems, as defined in Section 2-729(a), for the City, (ii) the control and management of all communications towers or sites owned or controlled by the City, and (iii) all functions of the City's radio shop, including, but not necessarily limited to, the installation in vehicles of equipment as defined in Section 2-729(a).

§2. This ordinance shall be in force and effect 30 days after adoption.

**A TRUE COPY:
TESTE:**



City Clerk

DATE: January 30, 2026

TO: The Honorable Members of City Council

THROUGH: Reva M. Trammell, 8th District Councilmember
Sarah Abubaker, 4th District Councilmember

THROUGH: RJ Warren, Council Chief of Staff

THROUGH: Will Perkins, Senior Legislative Services Manager

FROM: Steven Taylor, Council Policy Analyst

RE: Immediate Transfer of E-911 Medical Calls from Department of Emergency Communications and Preparedness Response to the Richmond Ambulance Authority.

CNL - 2025 - 0055

PURPOSE:

To amend City Code Section 2-278, to require the routing of E-911 (Emergency 911) calls for medical service to the Richmond Ambulance Authority (RAA) from the Department of Emergency Communications Preparedness and Response (DECPR) upon determination that the E-911 call is a request for medical assistance only. In the event police and fire service are also needed, DECPR will dispatch those services first then transfer the E-911 call to RAA for processing and dispatch. This is a return to the protocol for managing emergency calls before July 2024.

BACKGROUND:

During the course of a series of discussions and presentations at meetings of the Public Safety Committee, patrons became convinced that while DECPR answered many emergencies medical calls rapidly, there was inaccuracy in the determination of the medical conditions of callers and therefore threats to public health and safety and the prioritization of emergency calls for medical assistance. This is because DECPR could not maintain required standards for call accuracy in determining the conditions of patients (see data below). While DECPR claims a response time of about 1 minute, committee members became concerned that the agency was sacrificing medical accuracy on the calls, which ultimately threatens patient outcomes.

Committee members have learned that in June 2025, there were 63 upgrades of calls taken by DECPR (calls that were deemed to be more serious than originally coded by DECPR after the initial call). Of the 63 upgrades, 10 were upgrade by DECPR and 53 were upgraded by RAA.

At the request of the Committee, a six-month comparison of the compliance to International Academies of Emergency Dispatch (IAED) standards for call processing by both RAA and DECPR provides further justification for reverting to the pre-July 2024 process. That comparison found that from October 1, 2023, through March 31, 2024, RAA exceeded all IAED standards. During a comparable timeframe October 11, 2024, through March 31, 2025, DEC exceeded standards in just one of three areas. During the six-month period of October 1, 2024, through March 31, 2025, 8,100 calls received by DECPR were abandoned by callers before DECPR staff answered.

A similar six-month comparison of compliance to National Emergency Number Association (NENA) standards for call answering provides further justification for reverting to the pre-July 2024 process. The Public Safety Committee learned the following: 1) from January 23, 2024, through March 31, 2024, exceeded NENA standards for rapid call response; and 2) or the timeframe October 1, 2024, through March 31, 2025, DECPR fell just short of NENA standards.

Based on the findings, 911-callers with a medical emergency received more timely and accurate service under the pre-July 2024 process in which RAA addressed medical only E-911 calls more quickly. Patrons find that data supports reverting to the pre-July 2024 process considering: 1) the large number of calls taken by DECPR that were upgraded, 2) the side-by-side data on call processing and call answering (see second attachment). Given the above, patrons believe that public safety and health would be improved by medically trained RAA staff being more immediately involved at the onset of medical calls. The purpose of the patrons' paper is to ensure that pre-2024 process of medical only 911 calls being handled by RAA is re-established.

FISCAL IMPACT: None. No impact additional expenditures are expected because the proposed ordinance merely requires transfer of the medical call at an earlier point in the call, speeding transfer of medical only E-911 calls to RAA.

DESIRED EFFECTIVE DATE: Thirty days after adoption.

REQUESTED INTRODUCTION DATE: March 10, 2026

CITY COUNCIL PUBLIC HEARING DATE: April 13, 2026

REQUESTED AGENDA: Consent

RECOMMENDED COUNCIL COMMITTEE: Public Safety

AFFECTED AGENCIES: DECPR, RAA

RELATIONSHIP TO EXISTING ORD. OR RES.: Ord. No. 2022-289

ATTACHMENTS: Side-By-Side Comparison of DECPR & RAA Emergency Call Answer Data

STAFF: Steven Taylor, Council Policy Analyst, (804-646-2780)

SIDE-BY-SIDE COMPARISON OF DECPR & RAA EMERGENCY CALL ANSWER DATA

IAED Scores

The [International Academies of Emergency Dispatch \(IAED\)](#) standards are the industry standards for EMD call taking, non-compliant numbers cannot exceed 7%, low compliance numbers cannot exceed 10%, partial compliance numbers

IAED Accreditation Standards

Non-Compliant	Not to Exceed 7%
Low Compliance	Not to Exceed 10%
Partial Compliance	Not to Exceed 10%

DECPR PRIMARY PSAP Answer Data 10/1/24 - 3/31/25

RAA SECONDARY PSAP Answer Data 10/1/23 - 3/31/24

Non-Compliant	29%	6%
Low Compliance	8%	2%
Partial Compliance	12%	4%

Call Taking Standards

Ninety percent (90%) of all 9-1-1 calls arriving at the Public Safety Answering Point (PSAP) shall be answered within ten (10) seconds during the busy hour (the hour each day with the greatest call volume, as defined in the NENA Master Glossary). Ninety-five (95%) of all 9-1-1 calls should be answered within twenty (20) seconds.

DECPR PRIMARY PSAP Answer Data 10/1/24 - 3/31/25

RAA SECONDARY PSAP Answer Data 10/1/23 - 3/31/24

Answer Within 10 Seconds	87%	96.39%
Answer Within 15 Seconds	89%	99.04%
Answer Within 20 Seconds	90%	99.58%