Bystander Advise
Universal precautions alleviate disease fear

REMSA Takes Spotlight
Reno air race crash shows strength of response team

Silent Danger
CO poisoning can kill with little warning

The National Academies of Emergency Dispatch

January/February 2012

THE JOURNAL
OF EMERGENCY DISPATCH

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The following U.S. patents may apply to portions of the MPDS or software depicted in this periodical: 5,857,966; 5,989,187; 6,004,266; 6,010,451; 6,053,864; 6,076,065; 6,078,894; 6,106,459; 6,607,481; 7,106,835; 7,428,301; 7,645,234. The PPDS is protected by U.S. patent 7,436,937. FPDS patents are pending. Other U.S. and foreign patents pending. Protocol-related terminology is protected as trade secret. Portions of the MPDS are copyright © 2001 National Academies of Emergency Dispatch. The PPDS is copyright © 2001 National Academies of Emergency Dispatch. The Fire Priority Dispatch System is an unregistered trademark of the National Academies of Emergency Dispatch. Portions of this periodical come from material previously copyrighted beginning in 2001 through this present edition.
Ryan FoRd

John R. Brophy is director of Operations and Corporate Communications Center at Community EMS in Southfield, Mich. John has 28 years in the fire service, having held the rank of captain, and 10 years of service as a U.S. Navy corpsman. He is the author of Leadership Essentials for Emergency Medical Services and has been a featured speaker at numerous national and regional conferences.

Lora Reed, Ph.D.

Lora Reed is an assistant professor of management at Eckerd College in St. Petersburg, Fla., in addition to working as an organizational consultant. Lora has worked with public safety employees for more than 20 years and in 2005, she completed her dissertation, The Big Five Personality Traits as Tools for Retention of Florida E9-1-1 Telecommunicators.

Kevin Pagenkop

Kevin Pagenkop provides both EMS and fire quality assurance and training for American Medical Response’s UTDOM EMS & Fire Communications Center in Modesto, Calif. As a leading member of the JAC, he is tasked with curriculum development, quality management, and maintenance of their ACE.

Brett Patterson

Brett Patterson is Academics & Standards associate and Research Council chair for the IAED. His role involves training, curriculum, protocol standards, quality improvement, and research. He is a member of the NAED College of Fellows, Standards Council, and Rules Committee. Brett began a career in EMS communications in 1997. Prior to accepting a position with the IAED, he spent 10 years working in Pinellas County, Fla.

Jaci Fox

Jaci Fox is the chair of the Police Board of Curriculum for the IAED. She is also an EPD and EPQ instructor. Jaci is a certified quality assurance specialist on the Quality Assurance Team at the Medicine Hat Regional 911 Communications Centre in Medicine Hat, Alberta, Canada. Jaci also spent 18 years as a calltaker and a dispatcher.

Kim Guttin

Kim Guttin is a superintendent of Regional Communications for the Regina Qu’Appelle Health Region, the largest healthcare delivery system in southern Saskatchewan, Canada. The center serves an area of approximately 150,000 square kilometers and a population base of 450,000 people.

Storn Stories | Page 47

The bear turned his head and ambling straight ahead, continued through the meadow slowly and directly on his way to greener pastures. This was late September and food for the long winter ahead might be putting up a fight and the bear was off to the side of the trail.

A close up look at a black bear while hiking at Yosemite National Park pushed another memory-tak-
An Incredible Journey
Nine years could never be enough

Scott Freitag, NAED President

This year begins my ninth year as the Academy’s president. It’s been an incredible 16 years since first becoming acquainted with emergency dispatch protocols, and I can count on the number of years spent in NAED positions introducing me to hundreds of dispatchers each year. It’s incredible to think of the work the Academy has accomplished and the number of countries (40) now using the protocol that made its debut at the Salt Lake City Fire Department 33 years ago. It’s also incredible and humbling to know that I played even a small hand in transforming emergency dispatch into a recognized component of emergency medical services.

When I accepted the position of president in early 2004, the Academy was celebrating its 25th anniversary. The First quarter century established our reputation, and the next 25 years would further cement our position in the dispatch community. At that time, the NAED was sharpening its curriculum for the recently released police and fire protocol systems and developing the most important changes in phone-instructed CPR and defibrillation practices in the past 20 years. We were focusing on the Accredited Center of Excellence (ACE) program and pushing local, state, and federal recognition of dispatch certification and training.

There was a lot going on.

An interview published in the Spring 2004 issue of The Journal knewing that the guy staring back believed in the job’s challenges, knowing that the results of his classroom EMD instructor. He believed in protocol and—as his colleagues can tell you—that’s the reason he was there. Brian wasn’t selling a product; he was championing a cause.

He was my mentor.

At the start, I taught EMD classes, spoke at Navigator conferences, and served as the NAED governmental affairs director. My experience at the Academy mirrored my then-17-year EMS career: It moved right along with increasing responsibilities.

Through the years, Brian and I have remained close friends and colleagues. We travel in much the same circles, taking every chance we get to advance the Academy’s goals and explain the benefits of standardized emergency dispatch. During this coming year, I anticipate frequent trips to the podium, considering the six conferences scheduled to accommodate our international partners. The places and dates are listed at the end of this column.

The conferences strengthen and unite our international community. We might speak many different languages, but we’re all delivering the same message. The protocols that were developed before our younger dispatchers could even pick up a phone are the standard for safe, efficient, and logical dispatch. They’re time-tested. Do I hear Brian in any of this?

The past 16 years have been good ones, to say the least. I am still inspired by a protocol system compatible to a global stage and I never hesitate to strongly suggest the need for dispatch certification and training. I still get a kick out of attending Navigator. I relish the job’s challenges, knowing that the results are a full measure of what we put behind our words and actions.

I also look forward to the inevitability of change in the coming year.

I look at my picture published in the Spring 2004 issue of The Journal knowing that the guy staring back believed in the path he had taken. The medical, fire, and police protocols forever turned the page on emergency communications and I’m one incredibly lucky guy to be a part of the destination.

2012 conference schedule

- Middle East Navigator 2012, Jan. 31–Feb. 2, InterContinental Doha, Qatar
- Asia Navigator 2012, Feb. 8–10, JW Marriott Kuala Lumpur, Malaysia
- Australia/NZ Navigator 2012, Feb. 22–24, Novotel Sydney on Darling Harbour, Australia
- Navigator 2012, April 18–20, Baltimore Marriott Waterfront, MD
- EuroNavigator 2012, Sept. 12–14, Holiday Inn Berlin City West, Germany
- UKNavigator 2012, Sept. 18–20, Bristol Thistle, England

Greg and Brenda:

It was indeed a pleasure to have spoken with you yesterday, and as always you were a wealth of information. The conversation regarding the use of Alka-Seltzer was quite informative. Your question is the proper use of the Alka-Seltzer tablets—how much water do you suggest to take with the tablets and if they are to be used sublingually. I did look at the MPDS (12.1, QA Guide) and saw where the instructions were to dissolve with water. I am inclined to believe that this medicine will take a little more than a month full of water for this tablet to dissolve effectively. Thank you for always being so kind and patient with Shelby County Fire Department and me as we learn this process. Brenda Harper, QA Coordinator, Shelby County Fire Department Emergency Communications, Memphis, Tennessee, United States

Brenda:

I am circulating your question to several Standards Council members. This is actually the first I’ve heard of a real case where the ASA Diagnostic Tool was used with Alka-Seltzer tablets, so I was a little tentative as to how I would work. The first issue you brought up was the dosage—and how many mg of ASA are in each Alka-Seltzer tablet. As far as I can tell, you are correct that two tablets equal 324 mg in regular-strength Alka-Seltzer. There’s also the issue of how to administer it using the ASA tool, since Alka-Seltzer is to be dissolved in water prior to administration—at least according to the instructions on the package. I’m not sure how to resolve this other than to add an additional option, with specific instructions, inside our ASA tool and, hence, my appeal to the body of experts.

Thanks for bringing this up! Let’s see what the group thinks.

Greg Scott
IAED Operations Research Analyst

**Definition**

Alka-Seltzer is an effervescent antacid and pain reliever, first marketed in 1931, for relief of minor aches, pains, inflammation, fever, indigestion, heartburn, sour stomach, and hangovers, while neutralizing excess stomach acid. It is taken by rapidly dissolving two tablets in water, forming a carbonated solution.

**Uses**

- relief of minor aches, pains, and pains
- relief of minor gastro-intestinal discomfort
- relief of minor indigestion
- relief of heartburn and sour stomach
- neutralization of excess stomach acid
- neutralization of excess stomach acid with a carbonated solution

**Aspirin Equivalent**

ASA diagnostic tool can help determine if aspirin is needed and how much is needed.

[Image of Alka-Seltzer tablets]

Plop, Plop, Fizz, Fizz
Does Alka-Seltzer offer same relief?

Jeff Clawson, M.D.

The use of Alka-Seltzer, based on its widespread availability, was clearly anticipated during the design and implementation of this Tool. Since the Aspirin Diagnostic Tool’s Additional Information section says to “dissolve in water,” I don’t understand what the problem is. One of the most basic rules for EMDs is to not ask about, or advise, things that are already totally obvious.

Telling the caller to take Alka-Seltzer as described in the Tool, Al is a no-brainer—dissolve it as you always do and drink it. We must assume anyone who has it available, and after 60 years of TV ads on taking it (plop, plop, fizz, fizz), can do it without choking to death. We are making this much harder than it needs to be. This is why we have trained EMDs, who know the reason and importance of administering ASA, making these decisions.

Finally, taking any normal, single-dose amount of ASA, in nearly any available form, one time (short of an overdose) in a qualified chest pain patient, in any way that it is reasonably available—Alka-Seltzer, Goody’s Powder, BC Powder, or even Asper- gum, etc.—is potentially life-improving and maybe even life-saving, for any patient undergoing an AMI. This importance must be the bottom-line for this treatment, and it’s importance at dispatch.

As we do like to say, “Take an aspirin, and call me (if you’re still alive in the morning).” Hope this helps... Doc
T
de the first quality of a great leader is to have followers. That might be the most famous saying that goes without saying in the modern “all for all” work environment of emergency services dispatching.

The job is a working definition of the term “group effort.” Team dispatch hears from team public who needs team medical, team fire, or team law enforcement. Teams, in particular how to build them, are like the weather in most private businesses or public service agencies: It’s talked about all the time, but few do much about it. True, some leaders seem to be the natural catalyst that somehow cracks a group of staff members who come into that position with different skills, attitudes, and ego levels. Those teams, generally, are genuinely accessible to their staff members’ concerns and are intuitively caring and ethical organizational culture—caring and empathic. They are intuitively caring and set up a communication line we could both trust. Camaraderie might be in the DNA of any team. It’s talked about but rarely something you can count on. Not just when employee communications center employees (87.6%) indicated that rarely, if ever, did they learn a shared organizational challenge. Further, communications center responses in the same study (82.9%) indicated that their occupations often involve caring for peers in the workplace (Reed 2010). In terms of employee wellness, caring for peers demonstrates recognition of the need for empathy in an organization. Empathy can be developed through opportunities for shared leadership and employee empowerment, such as participation in employee wellness initiatives, wellness committees, and peer mentoring programs.

The tendency to look out for peers is already in place as a best practice in many communications centers. It is part of a workplace attitude that can be developed into a caring and ethical organizational culture—and expressed as employee wellness. It can be enhanced by introduction to and development of Emotional Intelligence (EI) strategies. EI is an intelligence that helps individuals to better understand their own emotions and the emotions of others. It can be a tremendous asset to high performance work teams such as those found in communications centers. Dispatchers work in an occupational environment conducive to stress, worry, and high employee turnover. According to an Association of Public Safety Communications Officials study, factors affecting dispatcher job satisfaction include appreciation by management, effective mentoring processes, and appreciation by immediate supervisor. These factors might also be addressed through implementation of shared leadership in an employee wellness program.

2 FitTogether (http://www.fittogether.org/Workplace WellnessAnd.aspx)

Leadership Insights
Follow The Leader
Building strong teams is hallmark of good leadership

John R. Brophy

The wellness of emergency dispatchers is paramount to the profession. Dispatchers are the first in the chain to set into motion a series of vital activities that coordinate the efforts of other responders, individuals, and communities. They are intuitively caring, individuals, and community leaders who want trust and camaraderie to flourish. They are genuinely accessible to their staff members’ concerns and are intuitively caring and set up a communication line we could both trust.

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2 FitTogether (http://www.fittogether.org/Workplace WellnessAnd.aspx)
Proof Is In The Process

Focus on the specifics that change the whole system

Kevin Pagenkop

Quality assurance professionals are not always the most popular people in the center, fellow workers do not consider them for their attention but, rather, they avoid it.

In most communications centers, the staff demands the QA support and management challenges the QA process when it comes time to propose the annual budget. But how can a strong QA/QI program prove as the reason for high compliance percentages without abandoning the program to show that quality will indeed decline? It’s akin to a patient taking medication to address a symptom. The symptom may disappear days into the 10-day prescription, and the patient quits the medication. Without the medication, the symptoms return.

The return of a painful sore throat, or whatever else might ail the patient, reinforces the need to continue prescribed medication. Unfortunately, the same “test” can’t be applied to QA. Putting a hold on QA to prove a point would likely turn disastrous to those relying on 9-1-1. Like the physician, however, the QA/QI should concentrate on the process, rather than the product, and by following the Law of Association; both professionals can achieve the desired outcome.

Basically, the law associates the unknown to the known, making acceptance of the unknown a lot more palatable. The following analogy illustrates the concept in relation to quality assurance.

Detective Q (the process)

Let management think of Q as the communications center’s detective.

There’s a problem to solve and it’s the QA job to identify the “Who,” “What,” “When,” “Where,” and, most importantly, the “Why.” Management doesn’t have the time to sift through all the data to identify the root cause, or the desire to point a finger at the suspect, but the consistent complaint individual(s).

Since management doesn’t like the process—tedious and far too time consuming to conduct an all-process and an employee review—it’s easier to ignore the problem in hopes it will go away.

This is where Detective Q steps in. The Q can help identify a problem through the data collected from compliance reviews, allowing management to focus on specific deficiencies (QA) and solutions (QI) rather than shuddering at the possibility of an all-ensconcing evaluation project. The Q becomes the center’s Columbo, and who wouldn’t like to be put in that position! Everyone liked Peter Falk.

Proof is in the process

Quality assurance is a process to improve the product, not the other way around. A sore throat, the taste of a cupcake, or protocol compliance doesn’t get any better unless you address the steps into the process to identify the problem.

In the case of QA at the communications center, if management insists on product-oriented results to measure the Return on Investment (ROI), trend and chart the data and translate the information into clear text and simple graphics. Keep track of QA/QI issues in relation to the QA detective process, and the resolutions that restored the quality.

The ability to take the mystery out of QA, excluding interpreting the significance of the QA/QI position, and provide verbal and visual translations of data, are Q skills that are as important as knowing the Performance Standards or providing effective feedback.

It’s also in your best interests to schedule time with staff and management to review last quarter’s (or last year’s) files, requiring everyone’s participation to extinguish and overcome. What better way to both recognize the importance of QA and raise morale than to take the time to look back and celebrate your center’s accomplishments in light of the value you provide. The center QA may never become anyone’s best friend, but, at least, you might save yourself from the loneliest job on the floor.

Cupcake wars (applied to product)

Consider running a popular custom-order bakery that specializes in trendy cupcakes like those featured on TV’s cable channels and blogs. If one of your customers drops your chocolate raspberry-filled cupcakes for a competitor’s brand, what would you do? Replace the bake? Purchase new appliances? Start from scratch with a new recipe and vary the ingredients? None of those options work for several reasons; none of your competitors communicate the significance of the QA/QI position, and provide verbal and visual translations of data, are Q skills that are as important as knowing the Performance Standards or providing effective feedback.

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Larry Latimer throws in a piece of the hat

Following his official retirement, Latimer plans to stay involved with the Academy by teaching courses and working on special projects on a contract basis. However, he is really looking forward to traveling. He and his wife Linda have quite a few “must-see” destinations and expect to live in their RV for as many as six months of the year.

Latimer brought more than 35 years of experience in training, instructional design, and education to the Academy. He was hired as an instructor and instructional designer in California, Washington, and Utah, and as an adjunct faculty member at Seattle Pacific University and Weber State University.

Dancers flash CPR

Larry Latimer has announced his retirement from Priority Dispatch Company (PDC), and the National Academies of Emergency Dispatch (NAED), effective at the end of the calendar year 2011. As a PDC instructor and NAED Director of Curriculum Design, Latimer has been an integral part of both organizations since 1986.

Although his retirement wasn’t official until the end of the year, Latimer’s last formal day in the office was 11/11/11 in numerology, the number 1 is symbolic of new beginnings. We wish him all the best as he embarks on his new beginning.

Latimer established himself as an innovator during his tenure with PDC/NAED. He was instrumental in moving the EMD course materials away from the old 35 mm slide presentations and into the digital world of PowerPoint. He started the EMD Advances newsletter series. Latimer revolutionized NAED instructor training through the Instructor Academy program. He was the original editor of the Instructor Outlook and Software Secrets newsletters. He has also been heavily involved in the initial development and/or major updates to a number of NAED courses including, but not limited to the mentor course, ETC course, ECNS course, and all three ED-Q courses.

Source


Florence County Central Dispatch wins state award

Florence County’s Central Dispatch was selected from among South Carolina’s 50 primary 9-1-1 communications centers in the state’s 9-1-1 Communications Center of the Year 2011. The South Carolina Chapters of the Association of Public-Safety Communications Officials (APCO) and the National Emergency Number Association (NENA) presented the award.

Central Dispatch serves as the single 9-1-1 answering point for the unincorporated areas of Florence County, as well as all nine of the county’s municipalities. In addition to receiving 9-1-1 calls and other emergency calls and non-emergency calls, the Central Dispatch also dispatches for the county’s 12 fire departments, 10 law enforcement agencies, and four transporting EMS and rescue agencies.

During the 12-month period preceding the award, Florence County’s Central Dis-
CCM Leadership Award named in honor of 2007 graduate

David M. Connolly Sr. was a leader and a gentleman. “He was genuine,” said National Academies of Emergency Dispatch (NAED™) Associate Director Carlynn Page. “He was engaged and he was thoughtful. You can see that in his eyes, even when looking at his photo now.”

In honor of Connolly’s contribution to CCM and emergency communications, in general, the annual CCM Leadership Award was presented to Connolly nearly five years ago will be named in his honor. The 2012 recipient of the David M. Connolly Sr. CCM Leadership Award will have the opportunity to speak on behalf of the class at the 2012 Navigator conference to be held in Baltimore, Md. This is the perfect setting to announce the award in his honor, Page said. “This is his community.”

Hang-up calls could bolster city’s budget

In honor of Connolly, former supervisor for the Brookline (Mass.) Public Safety Department, died unexpectedly on Oct. 1, 2011, following a day doing what he loved best: spending time with his family and friends.

“He had spent the day kayaking and fishing with a friend,” Page said. “That evening, he called me to say he was going kayaking later that evening.”

Dozens of other mourners remembered Connolly, former Communications Center Manager (CCM) course, Page said. “His peers voted him to represent their class at Navigator,” she said. “That’s a big honor, to be chosen the leader among leaders.”

“We will hold a moment of silence in David’s memory at the start of the dispatching class I am teaching in Worcester tomorrow.”

If current trends continue, Valencia, Calif., could be adding nearly $1 million to its city budget based on the new $204 fine for 9-1-1 hang-up calls. The fee, which went into effect Oct. 1, applies to any caller failing to stay on the line or accept a callback from a dispatcher to explain the call. Parents and guardians of minors hanging up after calling 9-1-1 are legally responsible for the recovery fee.

Vallejo City Council passed the ordinance to recover the cost of dispatching officers to investigate situations turning out to be misuse of the 9-1-1 system. The ordinance provides for an appeals process by the police department’s communications center manager and chief.

Several other people successfully navigating the maze using tree lines and traffic sounds were reportedly flabbergasted when told of the family’s plight. But, apparently not everyone employs a personal mapping system for an evening out in a maze of nine-foot tall corn stalks. Would the family try it again, just to prove they could do it? “Never,” said the woman once they got out of the maze and, for that matter, an outdoor venture they might never repeat.

The National Emergency Number Association (NENA) has launched a free e-mail news service called Public Safety SmartBrief that provides a weekly summary of news, trends, public policy, and updates on public safety issues—not just 9-1-1 but police, fire, and EMS as well. Editors from the SmartBrief media company choose articles from hundreds of publications, summarize them, and provide direct links to the original sources. Some links in Public Safety SmartBrief are time-sensitive. These links might move or expire as the news changes.

Great Western Ambulance Service makes it a fourth

Since Great Western Ambulance Service (GWAS) National Health Service (NHS) Trust is celebrating its fourth anniversary, it might be appropriate to send an appliance or

NENA offers weekly e-mail news service

The $148,870 matching grant from the Colorado Department of Health and Environrment will put Medical ProQa Paramount in place at the Summit County Ambulance Service (SCAS). The grant, matched by the ambulance service and Summit County government, will also cover the cost of replac- ing two older ambulances in the service’s 10-vehicle fleet.

According to a news release in the Sum- mit Daily News, SCAS does not receive any public or tax funding, relying on EMS Pro-
Geranium to Great Britain’s premier ambulance service. But don’t bother. The GWAS communications center is most likely happy with the international accolades received since landing its fourth consecutive ACE accreditation at the UK Navigator conference held during September 2010 in Bristol. GWAS is the only emergency service in Europe to be accredited as an ACE four times in a row—dating back to 2001—by the International Academies of Emergency Dispatch (IAED™), and it’s the fourth time IAED President Scott Freitag was there to make the presentation.

“This is a remarkable feat,” he said. “This represents a decade of significant effort to achieve a high level of compliance. That takes a lot of motivation.”

GWAS employs more than 1,700 people across 33 operations sites—30 ambulance stations and three emergency operations centres (EOCs)—to provide emergency care services across Wiltshire, Gloucestershire, and the former Avon.

Last year (2010/2011), the 80calltakers at the three EOCs answered 273,108 calls, of which 95.5% (260,871) were answered within five seconds, as demanded by ACE certification standards. A majority of the calls—264,563—required emergency response and, of these calls, 99,728 of the incidents were categorized as Category A (immediately life threatening).

New program pulls up more than the caller’s address

A new dispatch program at the Monroe County (Ind.) Central Emergency Center will help responders to better assist people with long- and short-term disabilities during an emergency.

And all the county has to do is convince people to give it a try.

The program invites anyone with a disability—including short-term disabilities such as a broken leg requiring the patient to use a wheelchair—to register with the county to better prepare responders responding to the call. When a person listed in the registry calls 911, the information pops up in a window display for dispatch notification.

(Continued...
Crash survivor lucky
OnStar was on board

DETOUR (Cenier Motors Co.)—Joseph Cortez was driving through a Los Angeles intersection last week when another driver ran a red light and crashed into Cortez's driver's side door. While not critically injured, Cortez was unable to exit the vehicle and was experiencing sharp pain in his shoulder. “I was in so much pain,” Cortez said. “I didn’t have my bearings. I didn’t know which way I was facing or how hurt I was. I was thinking there was no way I can make these phone calls and let someone know where I am at.”

Following the crash, he was automatically connected to OnStar. One OnStar advisor provided Emergency Medical Dispatch instructions using the Medical Priority Dispatch System™ (MPDS) while another advisor contacted 9-1-1 and directed first responders to the scene.

The crash response module in OnStar FMV contains two sensors that detect lateral (side-to-side) and longitudinal (front-to-back) motion, providing the ability to detect impacts to a vehicle both from the sides as well as the front or rear. When a crash is detected, OnStar FMV makes an automatic cellular connection to OnStar emergency advisors, who contact emergency first responders and advise them to dispatch to the mirror's GPS location—even if the driver is injured and unable to ask for help.

After OnStar advisors completed their initial assessment, and as Cortez waited the 10 minutes it took for first responders to arrive, an OnStar advisor conferred Cortez’s wife, Grace, into the vehicle through the FMV system so the two could speak to each other.

The Premier Educational Conference for Police, Fire, and Medical Dispatch

April 18-20, 2012

Baltimore, Maryland

The National Academies of Emergency Dispatch

Certified Emergency Telecommunicator

REGISTRATION NOW OPEN

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Two Canadian scholars published a study that put a new twist on building roads.

People will come (to drive on them) and, in the long run, they should expect others—packs of others—to follow.

The same truism applies to the National 9-1-1 Educational Campaign or, at least, there are expectations that it might.

The campaign is an offshoot of the National 9-1-1 Educational Month in combination with the National Public Safety Telecommunications Week. Both events, held in April, draw attention to the 9-1-1 profession and the “how,” “who,” and “when” of calling 9-1-1.

The difference is the duration of the event. Rather than a one-month celebration, the national education campaign extends 24/7, 365 days a year (366 in 2012, of course).

Campaign materials, available from campaign headquarters on the Internet, can be used anytime during the year, as often as a PSAP or 9-1-1 organization would like. Resources include educational materials, signage, and Web banners. They encompass general 9-1-1 information and specific themes and are designed to work in conjunction with local efforts.

Carla Anderson, a member of the National 9-1-1 Education Coalition, said the campaign is a product of requests she and others heard in travels to spread the coalition’s message.

“We kept hearing about the huge need for education but the lack of money and other tools to do what we recommended,” she said. “This will get people started and bring others to the site offering their suggestions.”

See you There!
SCHEDULE AT A GLANCE

Topics and speakers are subject to change. Visit www.emergencydispatch.org for the latest updates.

CERTIFIED EMERGENCY TELECOMMUNICATOR

TUESDAY, APRIL 17TH

GALA RECEPTION IN EXHIBIT HALL

Registration Open and Continental Breakfast

Tea and Coffee Break

Exclusive Exhibit Hall Hours and Box Lunch

WEDNESDAY, APRIL 18TH

KEYNOTE SPEAKER

Scoot Freitag

OPENING SESSION - DISPATCHER OF THE YEAR AWARD & ACE PRESENTATION

Registration Open and Continental Breakfast

Tea and Coffee Break

EXHIBIT HALL

LEADERSHIP

来电协会会议

ENLIST HELP WITH A KICK START

Networking Whiteboards, Eric Perry

MEDICAL

Choosing the Perfect Candidate for EMD

Case Studies: Do You Know

MEDICAL

Next Gen 9-1-1

Moving Beyond the Walls of CE

TECHNOLOGY

Office 2017: How to Impress

PowerPoint Dynamics

EXHIBIT HALL

CPE & TRAINING

Networking Whiteboards, Eric Perry

TECHNOLOGY

Office 2017: How to Impress

PowerPoint Dynamics

FRIDAY, APRIL 20TH

FRIDAY, APRIL 20TH

Registration Open and Continental Breakfast

Tea and Coffee Break
NENA, NAID, PSTC, & ACE SPECIAL TOPIC WORKSHOPS
1 DAY, MONDAY, APRIL 16, 8:30 AM–5:30 PM
Taming the Shrew and Thanking Those Who Do—A workshop in recognizing and thank- ing our Accredited Centers of Excellence, and promoting a research-based culture.

METHOD OF PAYMENT
Registration will NOT be accepted without one of the following:

Check/Make Check Payable to NAED
Purchase Order #
Credit Card
MasterCard
Visa
American Express

CANCELLATION POLICY
If you do not register or cancel at least 30 days in advance of the conference, you will be charged the full cost of registration.

FREE T-SHIRT WITH PRE-REGISTRATION
Prepay your registration fees before the conference, using a credit card, and you will receive a Navigator ‘12 conference T-shirt at check-in. (See details on the Web.)
Slogan Says It All
No-failure standard keys center's success

By James Thalman

Great Expectations
"Failure is not an option" is a job description than slogan for Johnston County E911 staff.

Saying it is one thing, doing it is another. But, according to the 9-1-1 communications center in Smithfield, N.C., it's a fact of life and a philosophy, too.

"It's not a goal, it's how we do things," Barbour said. "It's part of our DNA."

"Failure is not an option" sign in the entry-way of the Johnston County E911 Communications Center in Smithfield, N.C., is a fact of life. The statement, a working slogan, or possibly a warning:

Take it how you will, but to the staff and supervisors of one of the world's best run 9-1-1 centers, the phrase is a fact of life. It's that simple.

Talk to Director Jason Barbour for more than two minutes, and he'll tell you three or four times he's heard it, and he's just proud to point it out and figures that it's the best way to sum things up when asked how his center works.

"It's a fact, it's how we do things," Barbour said. "All of it comes down to this."

"All" to Barbour includes the center's average 100,000 calls, fire, law enforcement, and EMS calls per month with an average of more than 15,000 of these calls dispatched from across the center's 600-square-mile service region.

"We provide the help and the public health and safety that people have to come to expect, not find excuses why we didn't do it," he said.

Not only has the agency's no-room-for-failure aided in its achievement of triple Accredited Center of Excellence (ACE) status for its use of fire, police, and medical protocols—only the third to achieve tri-ACE in the United States and the fourth in the world—but it is also the reason it obtained a $2.3 million grant in November for equipment upgrades from its umbrella agency, the North Carolina 9-1-1 Board.

The grant is part of an effort by the General Assembly of North Carolina to upgrade the copper wireline equipment at cell phone call centers, and above the agency's continuing preparations to meet the burgeoning personal computerand other wireless telephone customers. The U.S. Federal Communications Commission is in the rule-making phase of a Congressional mandate to emergency responders to make cell phone calls feasible.

Cell phone-based calls to the Johnston County E911 centers are already well over 80% of all calls the center currently receives, said Barbour, noting in September 2009, only half of the emergency calls were from cell phones.

On July 27, 2007, the General Assembly of North Carolina created the 9-1-1 Board and gave it responsibility for both wireline and wireless 9-1-1 in the state. It included a single, statewide service charge per connection for any type of voice communication service provider effective Jan. 1, 2008.

Service charge was initially set at 70 cents and is now 60 cents.

Barbour agrees that obtaining a grant for any service in any state for any expansion is unusual in an economic environment that is forcing most every state agency in most every state to stretch shrinking tax revenues based with less left.

"It's been that way since 2008," Barbour said.

And he should know: Barbour has both domestic experience as the current E-911 director and the big-picture perspective as the former president of the National Emergency Number Association (NENA), the only professional organization solely focused on 9-1-1 policy, technology, operations, and education issues. The association is the tip of the current global effort to facilitate and create the Next Generation 9-1-1 system as well as establish industry-leading standards, training, and certification.

"Our goal," he has told audiences of national television news programs as well as testified before Congress that as consumers increasingly use converged voice, video, and data services to communicate with one another, more centers must try to stay ahead, not just hope to keep up. He said emergency response entities work to deploy wireless broadband networks, it is "the only way we can keep up."

The center is at least 13 years old and out-performing similar centers in all 50 states.

"The only holdback is how fast cell phone technology in the center is at least 13 years old and outdated," Barbour said.

Manufacturers no longer make the equipment, so there's no way to make repairs if it breaks. The change is expected to occur in February or March and the plan is to have the system fully adapted by summer.

"The only holdback is how fast cell phone carriers will adapt," he said, adding that only two call centers in the country are broadband-operational at the moment.

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The agency has moved in and Johnston County is part of The Research Triangle—the region named after three research universities: North Carolina State, Duke, and the University of North Carolina (UNC) at Chapel Hill.

In addition to answering emergency calls from the universities, the center also handles false alarms for Emergency Management. Fire marshal, Red Cross, and medical helicopters from Duke; UNC, East Wake, and East Carolina. Personnel also assist the sheriff's department with dispatching during periods of heavy radio or phone traffic.

The 9-1-1 communications center is fully operational 24 hours a day, 7 days a week. Seven console positions are staffed with the 8th, 9th, and 10th positions operated by sheriff's personnel.

In terms of call volume statistics compiled for 2011, Johnston County E-911 Communications took 126,000 calls involving 14 law enforcement agencies in its service area, 9,844 calls involving 24 fire department and ancillary services (such as the forestry service), and 15,610 calls requiring EMS response. The average number of responses by the county generally exceeds 1,200 calls a month.

Staff personnel are required to be trained and certified through the Division of Criminal Information (DCI) files for information regarding history, stolen guns, articles, boats, and motor vehicles. Other required certifications are Emergency Medical Dispatch (EMD), Emergency Fire Dispatch (EFD), and Emergency Police Dispatch (EPD).

Johnston County Emergency Dispatch is located on the border of North Carolina’s north, south, east, and west main roadways. It lies midway between New York and Florida on I-95. The Atlantic Ocean beaches are two hours east and west main roadways. It lies midway between New York and Florida on I-95. The Atlantic Ocean beaches are two hours east and west main roadways.

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Aspirin Diagnostic And Instructions
If not on the list, does it still count?

Brett:
A dispatcher answered a call in which the patient was experiencing chest pain and also a nosebleed, and, after consulting the Aspirin Diagnostic and Instructions Tool, told the caller to give the patient a single dose of aspirin. The Aspirin Diagnostic and Instructions Tool does not include nosebleed (hemorrhage) as a contraindication in the list of diagnostic questions.

I told the dispatcher that I would not proceed with the aspirin for a patient who is bleeding. The caller on this call did refuse the aspirin, but the dispatcher still believed he made the right call. Since a hemorrhage is not included in the diagnostic questions, the aspirin should be given. I explained that an aspirin could increase the bleeding when some health conditions are present and unless authorized in the protocol, paramedics should make the decision during their evaluation.

Can you think of something more I can tell him from the Academy’s view?

Diane Whitcomb, R.N.
QI Unit
Anaheim, California, USA

Diane:
It is entirely probable the minor bleeding will be controlled, and having the patient take a single dose of aspirin will not significantly hinder the control, even when prolonged aspirin therapy is part of the patient’s regimen (I can personally attest to this). It is also probable that taking a single aspirin as soon as possible will save some heart muscle for the patient with signs of Acute Coronary Syndrome (ACS) and, perhaps, even save the patient’s life.

In short, unless the protocol specifically contraindicates aspirin administration, advise the ACS patient to take it.

Remember when “Take a single aspirin and call me in the morning” was benign?

That hope that helps.

Brett A. Patterson
IAED™ Academics & Standards Associate
Research Council Chair

Brett:
Thank you for your thorough and helpful answer! In 33 years of emergency nursing, I actually had never seen a patient with an evolving MI and a concurrent nosebleed so I’m sure it won’t happen for a long time, but you never know!

Diane:
What an interesting case! According to my readings in genetics, given enough time, mutations will occur—some good, some bad, and some neutral. The good ones will carry on in the gene pool and aid in survival. The bad ones will die out. The neutral ones will survive unnoticed, except by molecular biologists using neutral mutations to date splits in species. I mention this because it reminds me of how long it takes an EMD “what if” to “mutate” into an actual case each time the protocol changes. While the odds are against such occurrences, you can bet your bottom dollar they will happen, given enough time!

There has been concern about giving a single aspirin to a patient who is bleeding, or who may have a history of bleeding, ever since the Aspirin Diagnostic and Instructions Tool was developed. This concern is minimally valid if the patient is not having a heart attack, but more so a concern in regard to prolonged aspirin therapy than with the taking of a single aspirin.

The protocol contraindicates aspirin therapy for patients with active (>24 hours) and potentially serious gastrointestinal bleeding, but does not include minor bleeding in this contraindication because of the risk associated with heart attack. The potential benefits of aspirin in such a case far outweigh the risk associated with taking a single aspirin when the patient is hemorrhaging. Remember, aspirin is not a blood thinner in the same sense as Warfarin or other anti-coagulants. From the Hematology Division at the University of Utah: “...aspirin is not a blood thinner, in that the hemostatic defect induced by aspirin is minimal compared to Heparin or Warfarin. People who have gastrointestinal bleeding on aspirin have an underlying hemostatic disorder.”

By Ryan Ford and Brett Patterson

Introduction
Emergency Medical Dispatchers™ (EMDs) often handle seemingly commonplace emergencies. Lift assists, fender bends, interfacility transports, and other calls have a tendency to lull the calltaker into a comfortable rhythm. Add accidental dials, hang ups, wrong numbers, and the occasional preemptive citizen programming 9-1-1 into a phone call, and a calltaker may feel almost robotic in the work routine.

Still, there seems to be that occasional call that snaps the EMD out of the comfort zone. Usually, it’s that unspoken sense of true urgency or unique tone of focused panic in the caller’s voice that pulls the EMD out of the edge of the chair. Something intuitively cues the calltaker that this is a chance to make an indelible difference in someone’s life. For most dispatchers, it’s a part of what draws us to this profession. However, sometimes it’s an unpredictable curveball that catches us off guard and sends us to the breakroom with more questions than answers.

Background
Last April, I took a call for a 19-year-old HIV-positive patient who was unconscious with agonal breathing. While attempting to open the airway, I instructed the caller to clear the mouth and nose of vomit. The caller stalled and said, “Don’t need gloves on! He’s HIV positive.” Although I had provided CPR instructions many times before, this was the first time I had to consider protecting the caller from infectious disease while still helping a dying patient. I felt the seconds slipping by and answered, “Take whatever precautions you think are necessary.” With divine timing, paramedics walked in the door seconds after. I knew I’d caught a break.

Truthfully, that curveball left me feeling about as confused as a cow on Astroturf. A myriad of questions bombarded me: What was the actual risk to the caller? What personal protective equipment (PPE), if any, does a caller have available? Is it reasonable to expect the caller to do CPR without PPE? Vomit wasn’t a risk... or was it? What was the right verbage? Does my protocol address this? If so, where? There must be a better way to handle such situations. Hopefully, this article will serve as a guide should you find yourself handling a similar situation someday.

Disease and responder risk
Hepatitis and HIV top the list when most think of infectious diseases. However, other common infectious diseases include tuberculosis (TB), clostridium difficile (C-diff), and particularly-resistive staph infections (namely MRSA, VRSA, VISA). These diseases may be transmitted when an individual

What Is The Risk?
Infectious diseases raise alarm in bystander-applied assistance

By Ryan Ford and Brett Patterson

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makes intimate contact with certain bodily fluids. The host is the obvious concern, but other potentially infectious bodily fluids include semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, and amniotic fluid. An infection can occur when these fluids contact mucous membranes, sexual intercourse, or a break in the skin. Nasal secretions or sputum, when inhaled, often transmit respiratory diseases. Hepatitis A is a rare transmission of the ingestion of food or water contaminated by fecal matter. Less infectious fluids include sweat, tears, urine, or vomit, unless contaminated by visible blood. Saliva is typically not assumed to be infectious except under certain circumstances like oral sex, which produces a pathway that carries pathogens to the bloodstream. While modes of infection are varied, an easy guideline to follow is that all bodily fluids, especially those contaminated with blood, should be considered potentially infectious.

The threat of infection is mitigated through universal precautions. The Centers for Disease Control and Prevention (CDC) recommended universal precautions in 1987 in reaction to the AIDS crisis. The intent was to protect healthcare workers from infection. Universal precautions are simply steps first responders take to protect themselves from infectious diseases. Universal precautions include hand hygiene, the use of PPE, and safe disposal of needles or other sharps. Risk assessment plays an important role in determining what PPE is necessary. Think of the types of fluids present in terms of their potential splash risk. Gloves should always be worn when in direct contact with fluids, i.e. clearing the mouth and nose of a choking child, an EMT face shield, or CPR mask may be appropriate as the situation warrants. Be sure to cover any open cuts, abrasions, or open skin of the responder with a waterproof bandage if an infectious disease is present.

Accidental needle sticks, lacerations, or splashes (or any accidental contact with blood) should be brought to the attention of the responding paramedics. Alternatively, the PEPLine (National Clinicians’ Post-Exposure Prophylaxis Hotline) 1-888-448-4911 is a great resource. They’re staffed 24/7 with clinicians who can provide expert instructions for accidental needl sticks, splashes, or other exposures to common blood-borne pathogens.

The threat of infection is mitigated through universal precautions.
Picture this: A 30-minute walk to work, maximum, straddles the Merced River flowing north of the road slapping over boulders along its 145-mile path from the Sierra Nevada mountain range cutting through the southern part of Yosemite National Park. The kids, if any, have already walked the block or two to school from their home in El Portal, the employee-housing neighborhood. Sunny weather is in the forecast, with a high near 87 degrees Fahrenheit. By the end of the third week in September, seasonal afternoon mountain thunderstorms dominate the forecast, along with continued highs in the 80s. The first snowfall looks two weeks away.

Tomorrow, your next day free, looks good for a hike to Mariposa Grove, which contains hundreds of massive sequoias, or you could watch a performance at Yosemite Theater, accessible by shuttle from the stop immediately outside the Arch Rock Entrance, east of El Portal.

There are certain advantages to foregoing conveniences of city living for a job at the communications center in America’s treasured wilderness, according to those who do just that.

EMD John Dahlberg wouldn’t have it any other way. “Where else can you work with such beautiful views?” he asked.

A wild place

That playground ‘nothing can stop me’ perception associated with a park celebrating 120 years of public service keeps dispatchers at work, and their job unpredictable. Nancy Bissmeyer, National Park Service (NPS)—Yosemite emergency communications center manager, has “heard it all” during the 10 years since she moved west from South Dakota. Similar to dispatchers from larger urban centers, she never knows what the next call will bring—or the resources it might require.

“We have our drunk and disorderly calls, the occasional call reporting a fight, and the callers needing help for someone in cardiac arrest,” she said. “But there are also calls most other centers wouldn’t receive, for example, bear jams.”
Yosemite National Park is a 747,956-acre—1,169-square-mile—paradise, of which 94.45% is designated wilderness. The Wilderness Act of 1964 limits the type of uses available to the public for the “permanent good of the whole people.” The use of motorized vehicles is limited. No permanent roads or structures can be built. Cell phone coverage is patchy. A personal locator beacon can send a signal to search and rescue from deep in the wilderness, but it could take days for rescuers to arrive on horseback. “The job challenges us to the core,” Bissmeyer said. 

Visitors determine call types
Dispatch handled 72,079 calls in 2010. The annual tally fluctuates arbitrarily, depending largely on how accident-prone the park’s visitors are in any given year.

Many of the calls are administrative, and about a fourth of those are considered “incidents.” Roughly one-tenth of the calls dispatch received in 2010—7,870—required medical assistance, including on-scene response and the use of the Medical Priority Dispatch System™ (MPDS®) protocols. There were 15 fatalities in 2010, compared to the 20 park-related deaths in 2011.

Medical calls include the hiker spraining an ankle and the tragic death of the three young adults who plunged down Vernal Fall in 2007. “Sometimes we can’t go; we have to wait,” said Park Ranger Matt Stark, who as a shift leader decides response based on the dispatcher’s information and an assessment tool that assigns a numerical value from 1.0 to each incident. “Sometimes it’s the swift water, weather, or other factor that would affect the safety of rescue.”

Caution required
Most park visitors—more than 4 million make the trip every year—never enter the wilderness areas, preferring to enjoy the sights as a scenic backdrop from viewpoints a short walk from their cars parked along the twisting roads or at trailheads. Although the driving trip seems far less risky than, say, a technical climb of El Capitan, it’s no less hazardous.

The 91 park rangers making up the valley, Wawona, and Mather districts operational staff spend a lot of their time reporting to traffic accidents (1,670 in 2010, with 72 injuries) and arrests (288 in 2010, with those charged facing temporary housing in the Yosemite jail and a return visit to the park’s district court). They also respond to wildlife reports and post placards at roadides marking a bear fatality to remind drivers to slow down along the hilly and curvy roads. Bears also figure into the annual property damage reports. A locked car or trailer door doesn’t stop a hungry bear when it smells food negligently left inside. The bear will just pry the door open and get on with the feast. Food must be stored in NPS-provided, bear-resistant containers.

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Tourists do die in plunges down waterfalls or in a slip from the granite face of Half Dome, but not to the extent news media coverage of such incidents might suggest.

The forgotten water bottle or rain gear or the blistered feet from wearing sandals on the Muir Trail are routine emergency calls. “People are unprepared,” Stark said. “That’s what gets them into trouble.”

Try as they might
While a park ranger’s primary job involves enforcing the NPS laws similar to municipal and city police departments, they also direct and participate in rescue and recovery operations as part of Yosemite Search and Rescue (YOSAR), an organization established by climbers in the 1960s. YOSAR team members, who include NPS park rangers, offer a variety of outdoor emergency skills in all aspects of Alpinism (rock and ice climbing, backcountry navigation, and skiing) and are certified as basic Emergency Responders. Volunteers, who during a summer spend 250 to 400 hours on emergency calls, live separately from rangers in a tent cabin at Camp 4 or the tent village at the Tuolumne Meadows campground. The group also fields its own team of 25 canines and handlers, nicknamed “YODOGS.”

With may be one ranger or YOSAR team member for every 10,000 tourists, response sometimes comes down to the personnel available and the requisite skills they can contribute. Many, like Stark, wear both hats. “Everyone at the park must be willing to diversify,” he said. The same applies in the communications center.

Hardly predictable
On a Monday in mid-September, Bissmeyer was at work before 8 a.m. for a shift that could last well into the evening. In addition to supervisory duties and handling the phone and radios, she will provide hands-on training to Sandy Aguileria, a temporary hire. Aguileria, who lives in the park district complementing her firefighting husband’s assignment, will spend the first several days observing the other dispatchers at work. She will eventually occupy one of the four stations in the center, answering calls; dispatching fire, medical, and law enforcement response; and anything else “as assigned.”

She will respond to the stray requests coming into the office: clarifications to the All-Inclusive Emergency Responder Street Atlas, provide travel directions, watch the video patch of monitoed entrance gates on an overhead screen, and listen to complaints or hear long-winded stories detailing the evacuation of El Portal during the recent fire sparked by an over-extended motor home.

She will learn the difference between front country calls (calls made from campgrounds and roads providing easy access, and the calls most often open to EMD instructions) and backcountry calls (calls from wilderness areas that might require triage and field response; an EMD might give instructions but more often the call is directed to YOSAR for rescue or recovery).

Dispatchers are guaranteed overtime. Bissmeyer doesn’t remember the last time the center was fully staffed at 10 people. Right now, including the new hire, six people are working 12-hour shifts instead of the officially scheduled 10-hour day.

“We work the equivalent of 15 people in overtime,” said Bissmeyer, who worked a 14-hour shift on the day a motor fire threatened El Portal residents. “Not only is it our commitment to the park but no one’s going to walk out at the end of a 10-hour shift because of other plans. We’re a team.”

The emergency thread
The team approach excelled during a call that came in at 8:35 a.m. on Sept. 18. Bissmeyer overheard Dahlberg, who answered the call, talking to a caller—named Michael—reporting a fall from an area above his pitch on Half Dome (See related story). Bissmeyer turned toward her console and radiated search and rescue operations in Yosemite Valley. She requested assistance, and Dahlberg held the line until he was given the OK to transfer Michael’s call. At this point, the estimated 500- to 600-foot fall is
Climber Falls To Death

Half Dome claims life of Austrian legend

Audrey Fraizer

The call comes in at 8:55 a.m. on Monday, Sept. 19. A climber just below the sixth pitch on the northwest face of Half Dome reports a fall from somewhere to the side and above his position roughly 600 feet up the largest, sheerest slab of granite on the face of the Earth.

Yosemite dispatcher John Dahlberg asks the caller—who says his name is Michael—what he sees. From his current vantage point, Michael is able to provide Dahlberg little more than his position roughly 600 feet up the largest, sheerest slab of granite on the face of the Earth.

But he is almost certain it was a climber dropping past him and reports a second climber repelling down along the same route as the fall. Michael agrees to stay on the line with Dahlberg until the top, and Dahlberg provides the call center with the information on to response.

At 9:11 a.m., rescue becomes a recovery. A fellow climber, who tells the call center he is a physician from France and who was on the same area of rock at the time of the fall, declares the climber dead.

SAR Cache Incident Command will arrange the recovery effort. At this point, no one suspects the incident will be a rescue.

Dahlberg connects Michael with the search and rescue team and disconnects his line.

“It’s jinxed this year,” Dahlberg says, turning to Bissmeyer.

But Bissmeyer is already on to another request. Park Volunteer Hank Parsons is at her console asking for clarification of a street name plotted in the dispatch center created all-inclusive emergency responder street atlas.

Recovery is now in the hands of search and rescue.

At 10:08 a.m., a helicopter heading toward Ahwahnee Meadow will pick up three members of the voluntary Yosemite Search and Rescue (YOSAR) who will assist in the recovery of the body from the north face of Half Dome.

“We have done the best that we can,” Dahlberg says. “It’s all we can do. The way I see it, every incident has been determined by the time it reaches us, and it’s our job to pass on the information.”

The climber who fell on Sept. 19—Markus Praxmarer of Innsbruck, Austria—was the third person in 2011 to die from a fall from Half Dome, and the 19th casualty at the park this year as of September 19. On July 31, a San Ramon, Calif., woman slipped to her death while clutching the mounted cables to descend the rain-soaked and slippery granite dome during a severe thundershower.

Three weeks later, a Los Gatos, Calif., man fell 2,500 feet off the Half Dome summit.

Six of the deaths at the park involved water, including three hikers who died in July after they climbed over a guardrail to take photos near the top of Vernal Fall and plunged over the edge of the 317-foot dropoff. Two hikers drowned in the Hetch Hetchy Reservoir in June. The total doesn’t include a 17-year-old from Fresno, Calif., who died in a Modesto hospital five days after falling off the popular Mist Trail.

The young man did not die within the park, so his death is not included in the tally.

The number of deaths occurring through September 2011 already exceeded a yearly average of 12 to 15 by year’s end and included cardiac arrest, car accidents, and deaths attributed to other natural causes. Factors to blame in 2011 include the higher number of climbing fatalities.
of visitors—more than 730,000 in July and again in August—and an especially heavy snow pack creating treacherous conditions in fast-moving waters.

Dahlberg mentions the lack of ‘situational awareness’ of visitors. Some do not realize the natural hazards associated with the 750,000-acre park and are not prepared to cope in case something does occur.

“People come here to experience nature without the experience to adjust their response in a dangerous situation,” he said. “They walk up to bears, climb over railings, and walk up Half Dome under a storm cloud. Each loss is certainly traumatic; but visitors must also assume a level of personal responsibility.”

It was different for Praxmarer, as far as preparedness goes. He was a conscientious and highly-skilled technical climber who fell to his death when a piece of rock let loose from a jagged edge cut his double rope just a foot or so above his main security knot. Without taking air resistance into consideration, a free fall from 500 feet would take roughly 5.5 seconds. People very seldom survive free falls from heights of 100 feet or more.

Praxmarer’s climbing partners were able to self-arrest, and an emergency dispatch.org announced the tragic accident. “Praxi leaves a conscientious and highly-skilled technical climber who fell to his death when a piece of rock let loose from a jagged edge cut his double rope just a foot or so above his main security knot. Without taking air resistance into consideration, a free fall from 500 feet would take roughly 5.5 seconds. People very seldom survive free falls from heights of 100 feet or more.

Praxmarer was a climbing legend in his native Austria, devoting his life to the sport, from his beginnings of hiking and rock climbing the mountains of Tyrol (Mieminger Mountains, Stubai Alps) to expeditions to Aconcagua in the Andes Mountains. Praxmarer was an International Federation of Mountain Guides Association-certified mountain and ski guide, leading tours in the Matterhorn, Weisshorn, and Mont Blanc. Dahlberg had been a member of the Tyrolean mountain rescue in the Öberd-Ortsstelle Telfs.

Praxmarer achieved several first ascents and established many new routes, including three for alpine climbing on Karkopf (Mieminger Mountains) with his longtime climbing partner, Bernard Hangl, and the support of the Austrian Alpine Association.

Praxmarer is commemorated in a blog posted five days following his death.

“Praxmarer, you will leave a deep hole in our climbing community,” a fellow climber writes. “We will never forget you. You were a very special person, and our hearts are broken to think you are no longer with us” [translated from German].

The National Park Service issues 450 permits each day to access the cables on Half Dome; from roughly the Memorial Day weekend through the Columbus Day holiday in October. According to park statistics, more than 60 people have died in the approximately 14-mile hike that includes the 400-foot cable section above the subdome (exclusive of technical climbers—like Praxmarer—using equipment to scale the granite walls), although thousands have completed the hike unscathed.

According to park regulations, technical rock climbers ascending Half Dome without entering the subdome area do not need a permit to descend the cables.

Leave No Trace
Climbers take time off big walls to clean up park

Audrey Fraizer

Yager jumps down from the seat of his work truck intent on spending the next few minutes giving in to his passion for trash.

“If you want to talk, you better do it now,” says big wall climber Jim Painter from behind the Yosemite Climbing Association booth set up at the 2011 Yosemite Facelift. “He might not be so easy to find later.”

Yager skirts the crowd, apologizing for his haste, and heads toward the booth. He checks supplies and asks questions.

“How many have signed up?”

“Do we need more bags?”

“What areas still need coverage?”

“Take a Clif Bar,” he says while handing the peanut butter, macadamia nut, and blueberry bars to the people lining up at the volunteer table. “And a water bottle.”

The high-energy snack bar and aluminum water bottles are just part of the package offered volunteers wanting to sign off on the plastic bags, pencils, maps, and gloves on this first of three days devoted to picking up trash. Yosemite tourists leave behind on trails, off trails, at scenic outlooks and visitor centers, and campgrounds.

Although a lot of the stuff is accidentally deposited—like the fruit labels stuck on apples and oranges—much of the litter isn’t. Cigarette butts, toilet paper left to decay with what’s underneath, and plastic water bottles are common items in the waste stream left by many park visitors who apparently still take an out-of-sight, out-of-mind approach to trash. All of it’s an eyesore.

“I told a water company that we wouldn’t accept plastic bottles,” Yager says. “I turned down their donation. I didn’t want anything that would be left behind and a lot of those (empty plastic water bottles) we find on the trail!”

Last year, 2,000 Facelift volunteers netted 44,000 pounds of junk from a national park the size of Rhode Island, which in the past has included difficult-to-forget-you-dropped-stuff such as punctured air mattresses, empty propane canisters, and busted up camp chairs.

Yager expects the number of volunteers and the pounds of trash they retrieve to increase this year and in subsequent facelifts because projects clammers and Yosemite National Park rangers keep adding to the pick-up list. In addition to paper and plastic stuffed into bags, crews driving Bobcats and dump trucks remove chipped and brokentrail asphalt, non-native plant species, and abandoned building materials.

Volunteers report arrowheads, tin cans, and other objects of historical interest to park archeologists; they are left where they’re found.

For the past decade, he has been chasing funds to build a climbing museum honoring Yosemite Valley’s central role in developing modern rock climbing. Collecting the flotsam and jetsam trailing visitors is his most recent effort to keep his plan in action.

“I want to set a good example for the climbers,” he says while dashing back to his work truck. “Preserving the park and its history is what matters most to me.”
As the World War II-era P-51 Mustang banked full-speed out of the bright mid-September afternoon, no one in the grandstands at the National Championship Air Races imagined that the worst crash in the event’s 47-year history was on its tail.

Well, almost no one. The 27 medical personnel standing by in the temporary clinic near the 15,000-plus spectators at Reno Stead Field had imagined it just that morning. They and the entire special events team of the Regional Emergency Medical Services Authority (REMSA) had also imagined it in May during a daylong, multi-victim mock disaster stress test. (REMSA) had also imagined it in May during a daylong, multi-victim mock disaster stress test.

“We’ve had a very good multi-casualty plan since 1986,” Jim Gabehl, REMSA VP/chief administrative officer, told The Journal in a telephone interview in November. “We constantly look for possible glitches and ways to improve it with multiple table-top run-throughs and a full dress rehearsal at least once a year.”

Brian Taylor, who was on-site as Medical Branch director at the annual air show and races for the 27th time, called for a communication and network response check just before 8 a.m. on Friday, Sept. 16, 2011.

“We do briefings every day,” Taylor said. “Once a week the briefing reviews the MCI [multi-casualty incident] plan. It just so happened that this day I decided to review the MCI plan with the Incident Command and our Clinic/Medical crew.”

The disaster drill that morning was another example of REMSA aiming to be the ultimate headsup-ready for anything public health and safety agency. By about 4:25 p.m., racing veteran Jimmy Leeward had imaginary that the worst crash in the event’s 47-year history was on its tail.

“We usually have a few minutes to collect our thoughts and plans before arriving on-scene,” Taylor said. “In this situation, we went to work in seconds.”

Video of the race shows at about 4:25 p.m. Leeward’s plane went ballistic—heading straight up into the wild blue yonder, slamming Leeward into the single-seat cockpit by G-forces twice the inertia that will cause young pressure-suited jet fighter pilots to black out.

In the time it took the crowd to gasp, bad went to worst. The Mustang, which was one of more than 100 commercial to experimental aircraft, was certified to fly, made a sharp U-turn and crashed full-throttle at 500 mph, nose-first, into the box seat section just north of the main grandstands. Leeward and eight spectators were killed instantly. Two spectators critically injured in the accident later died at Reno hospitals, bringing the death toll to 11.

Taylor, who is regarded by his REMSA colleagues as the definitive embodiment of the first-responders’ “Keep calm and carry on” motto in a crisis, took a second to size-up the situation.

“The very first thing I thought was, ‘Wow, how did it miss us?’” he said. “I saw the plane come up and I thought, ‘It’s the last of the injured were on their way to three medical facilities in Truckee Meadows.”

“Normally, you have 10 to 15 minutes of planning that have become one of REMSA’s hallmark figured into the response that pretty quickly,” Kitts said when asked to assess the dispatching aspect of the accident and how the detailed pre-planning and re-planning that have become one of REMSA’s hallmarks figured into the response that day. “Normally, you have 10 to 15 minutes to kind of mentally prepared. One of the unique factors of the crash was so many people had posted videos of the crash so soon, almost everybody had heard about it before we called.”

REMSA kept the situation from flying off the handle because the 434-ambulance, four-helicopter agency knows its vast turf, knows its jobs, and has a history of seamless coordination of communications among the public safety agencies in northern Nevada and Northern California. They aren’t bragging, just being accurate, when REMSA staffs and supervisors point out that the REMSA Communications Center—a National Academies of Emergency Dispatch (NAED)’s) medical Accredited Center of Excellence (ACE)—is staffed by EMDs with paramedic or EMT-Intermediate medical training.

Longtime paramedics Dan Quinnley and Judy Northrup were already headed to Reno when the first reports of the fatal accident came in. They were transporting a patient to Renown Health in Reno. Near Vista, the first exit off Interstate 80 into Sparks from Fallon, Quinnley began calling REMSA’s dispatch center. Initial calls rolled off the system. Once arriving at Renown Health, the two transferred their patient to the medical staff and got busy setting up beds in the breezeway and unlocking Renown Medical Center’s mass-casualty trailer.

The two were dispatched to the airfield, arriving just under an hour after the crash. A few minutes later, triage was completed and the last of the injured were on their way to three medical facilities in Truckee Meadows.

“What struck me the most is how REMSA was able to get that multiple people triaged and out of there,” Quinnley said. “They did an awesome job.”

The best when things are at their worst

Every REMSA dispatcher spends hundreds of hours in specialized medical dispatch training courses and is EMD-certified by the NAED.

The REMSA communications center initially received ACE status in 2001 and has undergone three re-accreditations since then. REMSA is the only accredited communications center in Nevada. This past July, the Commission on Accreditation of Medical Transport Systems accredited REMSA for another maximum three years.

The impressive pedigree means the good folks in and around “The Biggest Little City in the World” are receiving the best care possible. When they call 9-1-1 they can be confident they have a dispatch with extensive training and a paramedic background on the other end of the phone. And if there is a call with multiple

### REMSA comes to the rescue

**James Thalman**
Mass arrival means mass exodus

Just moments after the crash, the announcer of the National Championship Air Races could be heard saying, “If you’re not hurt, please leave. If you’re not hurt and can help, please stay.”

Under the best of circumstances, the crowd is big and the races are the biggest local event of the year for REMSA, with an audience averaging around 20,000 on the final day. Like most events involving thousands of people who are not expected to sustain injuries, the races can be disastrous, Kitts said. That has been the general MO of mass events that generate huge crowds, such as the crash in September, when four people were killed, including the plane’s pilot.

Emergency responders treated the less seriously injured on the scene following the fatal air crash that killed 11 people, including the plane’s pilot.

A little while later, Kitts’ hands were full of much more dramatic communication and logistical details. Along with the four ambulances stationed at the airport, each with a paramedic and EMT, four paramedics on four-wheelers were dispatched to the most seriously injured. Four nurses, four additional EMTs, an emergency physician, and three paramedic supervisors were also at the site as well as one of REMSA’s four Care Flight helicopters. Within the first half hour, 15 other REMSA ambulances arrived, bringing 28 more medical staff.

Two shifts of off-duty call center personnel were immediately called back to work.

An aspect of the response that might not have been as dramatic as handling the injured was the rare but no doubt life-saving response to the Nevada Highway Patrol. Taylor said:

“They recognized quickly that amid all the chaos of triaging and treating the injured, most of the spectators were scared and likely pouring out of the exits,” Kitts said.

Within a few minutes, the Highway Patrol had closed the northbound lanes of I-15.

“There’s basically one way in and one way out,” Kitts said. “No PSAP can be ready for everything. ‘But you can do your best to try,’ Kitts said. “That’s why we continuously review and reconstruct every step and everyone’s role in all dispatching and response master plans.”

Since 1984, “The fastest drag race in the world” has attracted more than a million spectators in groups of 15,000 to 20,000 flying enthu-
siasts annually, who short of going along for a ride, get as close as they can to the private and military aircraft and their still got the right stuff pilots. They inspect vintage propeller driven airplanes to jets and home-

made experimental planes. The ultra-class of reconditioned Mustangs, Bearetts, and Vipers travel nearly three times as fast as the average ground-bound racers in the Indianapolis 500 and nearly twice as fast as the 300 mph Top Fuel dragsters at quarter mile speedways.

Leeward and other racing veterans flying the show’s Ultimate Course go head to head and often wingtip to wingtip at 400 to 500 mph just 50 feet in the air. The showcase event has had its share of near-hits and scary engine problems, but injuries to spectators prior to September were dehydration, sunburn, and temporary tinnitus from the roar of the uber-modified, super-souped-up engines.

The late afternoon weather conditions and the crowd size for the finale race on Sept. 16 were what they always were—screaming and large. Kitts said a couple of hours before the crash he was already checking for potential traffic problems that might hinder the mass exodus of thousands of people all leaving the airfield at once that evening.

“There’s basically one way in and one way out,” Kitts said. “No matter how good we are in a crisis, that many people moving at once can provide its own kind of communication and logistical problems.”

Carbon monoxide gas occurs naturally at low levels in our bod-

y. It is considered highly dangerous to health.

Carbon monoxide poisoning is the lead-
ing cause of accidental-poisoning deaths and poisoning-related injuries worldwide. Each year in the United States, CO poisoning kills 500 people and sends an estimated 15,000 patients to the emergency room, according to statistics from the Centers for Disease Control and Prevention (CDC).

CO poisoning can occur from a one-time exposure (acute) or long-term exposure (chronic). An ongoing exposure (chronic) increases the likelihood of additional poisoning symptoms and damage resulting in long-term effects.

Toxic gas leaves no warning

Carbon monoxide is a colorless, odorless, non-irritating, and toxic gas produced by burning materials containing carbon. The gas occurs naturally at low levels in our bod-

By Audrey Fraizer

Ondrea Baker’s dispatcher senses tingled.

The caller Baker had on the line said her dad had fallen but she wasn’t sure what was wrong. He didn’t want to get up, and he didn’t want any help sent to the home.

The call left Baker feeling uncomfortable.

“Don’t you know?” Baker said, a dispatcher for the Henderson County (N.C.) Sheriff’s Office. “He told his daughter that he just wanted to stay on the floor. That didn’t seem right.”

Baker’s discomfort prompted her to radio a patrol sergeant to perform a health and wel-

By the day’s end, 40 ambulances were staged in Reno.

In no time at all

REMSA Operations Vice President Mike Williams said no records are kept on response times.

“I teach this for a living,” Williams said. “I don’t know of anybody who anticipated those kind of times. I was stunned.”

Ondrea Baker’s dispatcher senses tingled.

The caller Baker had on the line said her dad had fallen but she wasn’t sure what was wrong. He didn’t want to get up, and he didn’t want any help sent to the home.

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ies as well as in the air, but it’s the exposure to unsafe levels that poses health risks. The inhaled CO combines with the oxygen carry- ing hemoglobin, creating the chemical compo- nent carboxy-hemoglobin (COHb) that deprives blood of its ability to carry oxygen. Sources include gas water heaters, indoor tractor pulls, spray paint solvents, degreasers, paint removers, and alternative cooking methods. The level of poisoning is expressed as a concentration of CO in the air, measured in parts per million (ppm).

Medical effects of CO poisoning is as a percentage of red blood cells carrying carbon monoxide (CO) instead of oxygen.

Concentrations of 0–10% can cause some level of confusion, tiredness, dizziness, and difficulty focusing. Greater con- centrations escalate symptoms to the point of collapse (30–40%), coma (50–60%), death in less than two hours (60–70%), death in less than one hour (80–90%), and death in more than one hour (90–100%).

On average, exposures at 100 ppm or greater are dangerous to human health. In the United States, the Occupational Safety and Health Administration (OSHA) limits long-term workplace exposure levels to less than 50 ppm averaged over an 8-hour period.5

Acute exposure to either acute or long- term poisoning can be left with lifelong impairments affecting the brain, endo- crine system, nervous system, and heart. Anoxic-hypoxic brain injuries can result in cognitive, physical, and psychological impairments from a diminished supply of oxygen to the brain.

Symptoms of exposure to CO—parts per million

<table>
<thead>
<tr>
<th>Symptoms of exposure to CO</th>
<th>parts per million</th>
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<tbody>
<tr>
<td>Headache, dizziness within 6–8 hours of constant exposure</td>
<td>Levels near poorly-adjusted gas stoves may be 30 ppm or higher</td>
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<tr>
<td>Slight headache in 2–3 hours</td>
<td>400 ppm</td>
</tr>
<tr>
<td>Slight headache within 2–3 hours</td>
<td>600 ppm</td>
</tr>
<tr>
<td>Headache, tachycardia, dizziness, and nausea within 20 minutes; death in less than 2 hours</td>
<td>1,000 ppm</td>
</tr>
<tr>
<td>Headache, dizziness, and nausea in 5–10 minutes; death within 30 minutes</td>
<td>1,500 ppm</td>
</tr>
<tr>
<td>Headache and dizziness in 1–2 minutes; convulsions, respiratory arrest, and death in less than 20 minutes</td>
<td>2,000 ppm</td>
</tr>
<tr>
<td>Unconsciousness after 2–3 breaths; death in less than 3 minutes</td>
<td>3,000 ppm</td>
</tr>
</tbody>
</table>

There is also the potential of heart dam- age from prolonged exposure, possibly lead- ing to life-threatening cardiac complications years after the poisoning.7

<table>
<thead>
<tr>
<th>Dispatch response</th>
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<tr>
<td>The Medical Priority Dispatch System (MPDS®) covers CO poisoning in Protocol 8A.</td>
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</table>

The person making the call may be confused and disor- dered, which are signs of carbon monoxide poisoning, although not always readily con- nected as symptoms of a hazardous situation. One clue indicating CO poisoning is the number of people taken ill, according to Brett Patterson, IAED Academics & Stan- dards associate and National Council chair. “When common in traffic, it is rare in medical events,” he said. The toxic gas is impossible to detect—as stated, it is colorless, odorless, and tasteless—and symptoms of acute and long-term CO poisoning mimic symptoms of other, more common illnesses such as the flu. The person calling the point may be confused and disor- dered, which are signs of carbon monoxide poisoning, although not always readily con- nected as symptoms of a hazardous situation. One clue indicating CO poisoning is the number of people taken ill, according to Brett Patterson, IAED Academics & Stan- dards associate and National Council chair. “When common in traffic, it is rare in medical events,” he said.

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**CDE Quiz Mail-In Answer Sheet**

Answer the ten questions on this form. (A photocopied answer sheet is acceptable, but your answer sheet must be original.)

**A CDE acknowledgement will be sent to you. (You must answer 8 of the 10 questions correctly to receive credit.)**

City and mail your completed answer sheet along with the $5 NON-REFUNDABLE processing fee to:

The National Academies of Emergency Dispatch
139 East South Temple, Suite 200
Salt Lake City, UT 84111 USA
Attn: CDE Processing
800-984-6236 (US) 801-359-8816 Intl.

Please retain your CDE acknowledgement for future reference.

| Name _________________________________ |
| Daytime Phone (          ) ______________ |
| Address _________________________________ |
| Organization _____________________________ |
| City _________________________________ St./Prov. |
| Country _______________________________ 2P __________________ |
| PRIMARY FUNCTION |
| [ ] Public Safety Dispatcher (check all that apply) |
| [ ] Medical [ ] Fire [ ] Police |
| [ ] Paramedic/EMT/Firefighter |
| [ ] Comm. Center Supervisor/Manager |
| [ ] Training/CA Coordinator |
| [ ] Instructor |
| [ ] Comm. Center Director/Chief |
| [ ] Medical Director |
| [ ] Commercial Vendor/Consultant |
| [ ] Other |

**ANSWER SHEET MEDICAL**

January/February Journal 2012 Vol. 15 No. 1 (The Silent Killer)

Please mark your answers in the appropriate box below.

1. [ ] A [ ] B
2. [ ] A [ ] B [ ] C [ ] D
3. [ ] A [ ] B [ ] C [ ] D
4. [ ] A [ ] B [ ] C [ ] D
5. [ ] A [ ] B [ ] C [ ] D
6. [ ] A [ ] B [ ] C [ ] D
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8. [ ] A [ ] B
9. [ ] A [ ] B [ ] C [ ] D
10. [ ] A [ ] B [ ] C [ ] D

**CDE-Quiz Medical**

Answers to the CDE quiz are found in the article “The Silent Killer,” which starts on page 39.

To be considered for CDE credit, this answer sheet must be received no later than 02/28/13.

Take this quiz for 1.0 CDE unit.
A two-vehicle collision involving injuries calls typical to most centers: the injured while awaiting emergency medical on the scene to administer first aid to the scene. Safety is the focus of the first questions Protocol 131 asks about whether anyone was injured in the accident, if airbags were deployed, or if anyone is trapped in the vehicle or thrown from it. Other questions assist in identifying the possibility of hazardous materials. After these considerations, the calltaker asks about the traffic situation since vehicles blocking the road can impede the arrival of response vehicles. The calltaker must also gather information about the vehicles and drivers involved in the accident. If it is a hit and run situation, the calltaker will ask for a vehicle description and the direction in which the suspect’s vehicle left or is leaving. The calltaker then asks the caller if he or she knows where the driver could be going and for a description of the suspect’s characteristics: race, gender, clothing, age, demeanor, or any other identifiable characteristics. If all drivers are still at the scene, the calltaker asks if the parties involved are cooperative. The remaining Key Questions address whether drugs or alcohol might be involved and then ask to collect the descriptions of the vehicles on the scene along with the exact location. Finally, the calltaker asks about other property damaged in addition to the vehicles involved in the accident. To appropriately aid the responder, these questions must be asked in the order provided. The collected information alerts responding officers of the situation in real time and provides an indication of the response equipment necessary at the scene. Most importantly, the responding officers will have the background they need to prepare any safety measures they should take before approaching the scene.

The importance of scene description is no more evident than in the statistics tallying the cause of officers killed in the line of duty. Since 1985, in the Province of Ontario, 44 line-end-of-shift officers were killed in the line of duty—of these, 30 died in traffic-related incidents, the leading cause of on-duty deaths. In comparison, shootings, the next highest cause, have killed seven on-duty officers since 1985.

New descriptor suffixes

Since a variety of factors may precipitate a vehicular accident, PPDS v.41 has nine newly-added suffixes that apply to Traffic/Transportation Incidents. Previous versions had one suffix for this protocol: B (Blocking traffic). The new list of Determinant Suffixes includes:

- A — Aggression
- B — Blocking or slowing traffic
- H — Impaired
- C — Continuing hazard
- D — Amount of damage
- L — Domestic animal
- N — Wildlife
- W — Not insured
- P — Damage to government property
- R — Damage to roadside property

The suffix codes identify specific scene conditions that may warrant a different or heightened response. However, only one suffix can be chosen. If more than one condition is present, the calltaker must choose the suffix that is highest (by way of sequential order) on the list.

Post-D 4:1 protocol: In the case of floodwater situation discovered during any part of the interrogation.

Post-D 4:1 protocol: In the case of floodwater situation discovered during any part of the interrogation.

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**CDE Quiz Mail-In Answer Sheet**

**CDE Quiz Mail-In Answer Sheet**

**Answer the test questions on this form. (A photocopied answer sheet is acceptable, but your answers must be original.)**

**We WILL NOT PROCESS ALTERED SIZES.**

- A CDE acknowledgement will be sent to you. (You must answer B of the 10 questions correctly to receive credit.)

**City and mail your completed answer sheet along with the $5 non-refundable processing fee to:**

- The National Academies of Emergency Dispatch
- 1313 East South Temple, Suite 200
- Salt Lake City, UT 84111 USA
- Attn: CDE Processing
- 800-960-6236 US; (801) 359-6916 Intl.

Please retain your CDE acknowledgement for future reference.

**Name ___________________________**

**Organization ___________________________**

**Address _________________________________**

**City ____________________ St./Prov. _____________**

**Country ________________ 2P _____________**

**Academy Cert. # ___________________________**

**Daytime Phone ______ (        ) _______________________**

**E-mail ___________________________**

**PRIMARY FUNCTION**
- [ ] Public Safety Dispatcher (check all that apply)
  - _____Medical _____Fire _____Police
- [ ] Paramedic/EMT/Firefighter
- [ ] Comm. Center Supervisor/Manager
- [ ] Training/QI Coordinator
- [ ] Instructor
- [ ] Comm. Center Director/Chief
- [ ] Medical Director
- [ ] Commercial Vendor/Consultant
- [ ] Other

**ANSWER SHEET **

**January/February 2012 VUL. 14 NO. 1 Motor/Vehicle Collisions**

Please mark your answers in the appropriate box below.

1. [ ] A [ ] B [ ] C [ ] D
2. [ ] A [ ] B [ ] C [ ] D
3. [ ] A [ ] B [ ] C [ ] D
4. [ ] A [ ] B [ ] C [ ] D
5. [ ] A [ ] B [ ] C [ ] D
6. [ ] A [ ] B [ ] C [ ] D
7. [ ] A [ ] B [ ] C [ ] D
8. [ ] A [ ] B [ ] C [ ] D
9. [ ] A [ ] B [ ] C [ ] D
10. [ ] A [ ] B [ ] C [ ] D

**EXP 02/2013**

**By Kim Gutwin**

It was 2:32 a.m. on Dec. 13, 2010, a quiet, stormy Canadian winter night, when Regional Communications Center in Regina, Saskatchewan, Canada, received a call from an ever-so-slightly anxious father, Paul Langford.

His wife, Tammy, was in labour with their second child.

In the first moments, the call seemed almost routine procedure for veteran EMD Jessica McBride.

“Having been fortunate enough to have helped bystanders deliver healthy babies in the past, I didn’t feel too much fret,” McBride said. “But then I heard the wife scream, so I knew what road we were heading down, and time was not on our side.”

While McBride gathered information, supporting EMD staff, Charlotte Harris and Alyssa Czuchnake, alerted first responders, directing them to a rural location that even on a good day could mean a 40-minute drive.

That’s when things really started to happen quickly, McBride said. Langford said his wife’s contractions were about two minutes or less apart.

McBride had no doubt the baby would arrive ahead of the ambulance.

“I began prepping him for the possibility that he was going to have to deliver this baby by gathering some blankets, towels, and a shoelace to tie the cord,” she said.

Langford tended to all the tasks, all the while trying to keep his wife as calm as possible and reassuring her that help was on the way.

McBride’s prediction was right. The baby would beat the ambulance to delivery. Within seconds of getting propped, Langford said the baby’s head was visible. McBride walked him through the IMMINENT DELIVERY DLS links in the Medical Priority Dispatch System (MPDS®) using ProQ4®.

Moments later, at 2:38 a.m., Mila March Langford came into the world.

“One heard the baby cry, we all let out a collective sigh of relief,” McBride said. “Then I realized that he hadn’t even told me if it was a boy or a girl and I finally asked, he exclaimed ‘A GIRL!’.”

Not long after, the Langfords had the opportunity to meet their voice of help. Baby Mila March was more than cooperative to pose for pictures.

“For me so glad I was able to be a part of her story and to meet her and her wonderful family,” McBride said. “It’s these moments that remind us how lucky we are to do the job we do.”

**Storystories**

**Dark And Stormy Evening**

Baby makes debut despite less than optimal timing.

**Storystories**

**DISPATCH IN ACTION**

Stormy Baby: A happy Mila March Langford shows her appreciation to the dispatchers assisting in her winter arrival.
By Heather Darata

Lisa and Bob Burton included Allyson Gentry’s name in their daughter Darcy’s baby book as “present” during the newborn’s delivery, even though they’d never met.

Sound like a strange thing to do? Not really. Gentry, EMD at Ramsey County Emergency Communications Center in St. Paul, Minn., was present for Darcy’s entrance into the world—over the phone anyway.

It all began on Jan. 31 around 3 a.m. when Lisa Burton woke up and almost immediately her water broke. She woke up her husband Bob, who dialed 9-1-1. Gentry answered his call for help, discovering Lisa was having contractions.

“Mommy Daddy Allyson baby book includes EMD’s name for special role she played

Darcy’s baby book

Present at birth: 

Mommy

Daddy

Allyson

The birth of Darcy Burton was Gentry’s first “start-to-finish” baby delivery in the nine years she’s worked at Ramsey County ECC.

“Really. Gentry, EMD at Ramsey County Emergency Communications Center, giving Gentry the Pre-Arrival Instructions (PAIs) approved list of Medical Priority Dispatch System™ (MPDS®) Pre-Arrival Instructions (PAIs) communications, had after bill of goods. That’s exactly what happened.

“Meanwhile...”

“Debbie Manatee County Emergency Communications Center Manager Jim Lanier credits the successful outcome to more than just luck.

“Thumbs up to all the responders. It shows the importance of early intervention. And it shows the importance of good communication and teamwork among all responders. And it shows the importance of knowing what’s going on when you get to the scene. And it shows the importance of having the right equipment on board the aircraft...”

Throughout the several minute full-throttle ride to reach the Rod and Reel Pier where medical assistance would be waiting, Todd could hear the wind, the boat, and the efforts to keep C.J. calm. No one was screaming or acting hysterical, according to Lanier.

“Unfortunately, I don’t know exactly how much time elapsed during the flight. But I do know that during the flight, the helicopter nailed it. It was a great call,” he said. “Amy kept the caller calm. She did a really good job of managing the incident and utilizing the protocol appropriately.”

According to the International Shark Attack File (ISAF), bull sharks are considered by many experts to be the most dangerous shark in the world because of their size, territory that includes freshwater, and the number of them thriving in waters close to large human population centers. While they are characterized as nature’s perfect bullies, sharks are actually very discriminat when selecting prey. There are numerous accounts of sharks, apparently making a beeline for a spearfisher’s catch, plucking off the fish while completely ignoring the fellow holding it. C.J. was not spearfishing off the fish while completely ignoring the fellow holding it. C.J. was not spearfishing...”

The bull shark attack in the Gulf of Mexico. They left behind on the boat the spearfishing equipment earlier that day. Minutes into the swim, C.J. saw the shark approaching. He managed to punch the shark in the snout but not in time to thwart the bite.

Two friends who had yet to go in the water immediately dove in and pulled their screaming friend back onto the boat. Calls from their cell phones alerted both 9-1-1 (Manatee County Emergency Communications Center) and his parents to the attack.

“His friends had started first aid by the time they called,” said Manatee County Emergency Communications Center dispatcher Amy Todd, who answered the call to 9-1-1. “They had tied a tourniquet around his leg to help stop the blood loss and they weren’t about to take it off.”

Application of a tourniquet is not on the approved list of Medical Priority Dispatch System™ (MPDS®) Pre-Arrival Instructions (PAIs) for serious hemorrhaging; however, since taking off a placed tourniquet can worsen the bleeding, Todd did not ask them to remove it. She relayed conditions and estimated time of arrival updates to EMS and cautioned his family and it was so nice to put a name with the story shared in the local newspaper during National Telecommunicator Week.

That’s exactly what happened.

“It’s crazy how things unfolded,” Gentry said. “It was just a once-in-a-lifetime opportunity. It was really special to me.”

The birth of Darcy Burton was Gentry’s first “start-to-finish” baby delivery in the nine years she’s worked at Ramsey County ECC.

“The doctors did an amazing job,” Ellsa said.

It was a sunny Saturday afternoon (Sept. 24, 2014) when C.J. and others onboard the 24-foot boat decided to take a last splash in 40 feet of water several miles of shore in the Gulf of Mexico. They left behind on the boat the spearfishing equipment earlier that day. Minutes into the swim, C.J. saw the shark approaching. He managed to punch the shark in the snout but not in time to thwart the bite.

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“I just said, ‘Now is not the time to leave.’”

As C.J. said, he stayed awake. “I’m sure what happened won’t change how he sees me,” she said. “It was just a once-in-a-lifetime opportunity to hold two-month-old baby Darcy, showing her off to her coworkers, and to meet their preschool-aged son.

And it’s all because of a conversation Bob’s brother Bill Burton, Motorola account manager for Ramsey County ECC, and Scott Williams, Ramsey County ECC director of emergency communications, had after Bill mentioned his brother’s call to 9-1-1 for a baby who wouldn’t wait.

“You know, this sounds really familiar,” Williams remembers thinking. “It was pretty obvious this was the same call.”

Williams asked Bill if the family would be willing to meet Gentry and have their story shared in the local newspaper during National Telecommunicator Week.

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The birth of Darcy Burton was Gentry’s first “start-to-finish” baby delivery in the nine years she’s worked at Ramsey County ECC.

The shark attack

If Ella Wickersham had her way, her 21-year-old son Charles might take up golf in lieu of spearfishing.

But she’s not counting on it. Even sharks can’t keep him out of the water.

“I’m sure what happened won’t change things for him,” she said. “He’s been going into the ocean ever since he was four.”

Charles, or C.J., is home after a 10-day hospital stay and nearly 100 percent the person he was before an 11-foot bull shark tore into his left thigh, leaving a 15-inch gash down to his femur. The attack left C.J. with only minimal muscle lost, but nothing that would prevent his return to the waters located within minutes from the family’s home on the barrier island Longboat Key.

“They also included a picture of their baby who wouldn’t wait.

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Planning a trip to Washington, D.C.? If so, there’s a new museum on the block that is well worth the cost of a free admission.

The D.C. Fire & EMS Museum inside active Engine Co. 3 at 439 New Jersey Ave. NW—less than four blocks north of the United States Capitol Building—is a 4,000-square-foot tribute to the city’s firefighting past.

The minimal amount of space allotted in the past makes the museum’s current digs almost palatial in comparison and, consequently, provides ample display space for the hundreds of firefighting items, books, papers, and photos dating back to the 1800s.

Chief among the collection are leather fire helmets, dated breathing apparatus, rubber fire coats, and a hand-made fire bucket once owned by the family of Georgetown resident Francis Scott Key, the composer of the Star Spangled Banner.

In the interest of fire emergency dispatch, visitors can take a close look at early CAD systems, portable radios, and alarm boxes.

On-site is a horse-drawn steamer, also part of the collection housed at the D.C. Fire Department’s Apparatus Division, and taken out for parades and other special occasions. A horse-drawn chief’s buggy (circa 1890), a hand-drawn/operated suction engine (circa 1853), and a hand-drawn hose reel carriage are also kept in storage, waiting for the room and opportunity to shake off the dust.

Jim Embrey, a retired career D.C. firefighter, spends many hours explaining in detail the workings of such unfamiliar apparatus as the 1895 box transmitter once used in concert with fire-alarm boxes, box transmitters, joker tapes, and box cards. Telephone handsets hooked onto the alarm boxes used to contact firefighters are also on display.

The voluntary position is a natural for Embrey.

“I wanted to be a firefighter all my life, from the time I was a kid and visited the fire station in our neighborhood,” said Embrey, FFA president. “So, that’s what I did after leaving the Navy.”

Washington, D.C., was nearly burned to the ground during the Revolutionary War, but it took another 50 years to pass legislation allowing the district to form a part-time paid fire department. The use of steam power in firefighting equipment wasn’t around until the late 1800s; salaried personnel and standardized equipment didn’t arrive on the scene in most municipal administrations until late in the 19th century, and that was largely due to the accusations of rotting, disorder, rivalry, and inefficiency of the existing—and mostly volunteer—fire companies.

Prior to consolidation, Washington, D.C., had several fire companies serving the White House, Capitol, and neighborhoods. Legacy and volunteer fire companies were alleged to set fires and compete for the bounty city government paid to the first fire company arriving on scene. As some of the newspapers of the time reported, the firefighters spent more time fighting among themselves for the bounty rather than fighting the flames. The exact causes of fires weren’t easy to determine, but there were always the problems of kerosene lamps, careless smoking, defective chimneys, and arson to blame.

Once the fire was discovered, and the news relayed via cries of fire, hand-drawn fire-fighting equipment might take a long time to arrive on scene. The use of steam power in firefighting equipment wasn’t around until the formation of the part-paid department in 1864, and even at that late date horses were used to transport the pump to the site.

It’s no wonder nothing but smoldering ashes remained of the National Theater when Fire roared through the building on Feb. 27, 1885. The fire, discovered by two police officers on beat, started in rear of the stage and burst through the roof just over the center of the stage. Firefighters from Engine Co. 7 were on scene within 30 minutes, but arrived too late. The fire had consumed the interior—scenery, properties, and wardrobe—leaving its owner, WW Rapley, a loss estimated at $150,000. He was insured for $40,000.

According to news stories from the day, "only the most strenuous exertions on the part of the firemen prevented" the fire from destroying neighboring buildings.

Not too long after fire took down the theater, a girl carrying a baby in one hand and a lighted kerosene lamp in the other stumbled on a carpeted staircase, igniting a fire that burned a block of row houses to the ground in Alexandria. Two firefighters were injured during the three-hour fire, and several more were knocked to the ground when a barrel of whiskey overheated and exploded at an adjacent saloon.

The news stories are merely suggestive of the displays and lore you’re likely to find at the museum.

But don’t take my word for it. A visit to the museum is “right on the money,” according to Walter Gold, executive director, D.C. Fire & EMS Museum, and vice president of the Friendship Fire Association.

“If you can assure yourself that you just can’t do the story justice unless you’ve seen it,” he said.

The D.C. Fire & EMS Museum is open from 10 a.m. to 3 p.m. Monday-Friday. It is recommended to call the museum (202-673-1709) one day before paying a visit because the group’s services provided to the D.C. Fire & EMS Department can preempt the museum’s regular posted hours.

FFA volunteers also operate a canteen unit and a rehab unit, donating hundreds of hours, serving hundreds of gallons of hot and cold beverages and several hundred pounds of food—including an “undetermined amount of fried chicken”—to support firefighters responding to multi-alarm blazes.

The “Rehab Support Unit” is a Fire and EMS backup and resupply vehicle.