Active Shooter
Assailant kills two at busy shopping mall

Mechanism Of Injury
MOI key to determining likely internal injuries

NAVIGATOR 2013
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The International Academies of Emergency Dispatch

THE JOURNAL
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Calls swamp lines

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Calls from the stranded, sinking, or suddenly sunk flooded the lines as Hurricane Sandy blew its way along the Eastern Coast.

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Dispatchers at the Clackamas County Comm. Center jumped into action at reports of an active shooter at the county’s largest mall.

Correction
The Medical CDE quiz in the November/December 2012 Journal (She’s Having A Baby) included a question that will not be counted as either correct or incorrect. The question (#2) suggested that the MPDS® was designed to handle any possible situation or scenario related to childbirth and pregnancy. While the MPDS was developed to guide EMDs through many probable situations, no protocol is designed to handle all situations. The editors apologize for any confusion this error may have caused.

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 in this text is additionally copyrighted within each of the NAED’s discipline-specific protocols. Original MPDS, FPDS, and PPDS copyrights established in September 1979, August 2000, and August 2001, respectively. Subsequent editions and supporting material copyrighted as issued. Portions of this periodical come from material previously copyrighted beginning in 1979 through the present.
TriTech.com IQ

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The views of the Academy’s new building from the air might be something many do not have the opportunity to see. And with so much to see from below or inside, the view from the top may be irrelevant.

Recently, though, it was a sky view two people were trying to capture on a windless, cold, and—due to Salt Lake City’s nasty inversion—hazy afternoon in January. PDC™ Regional Account Manager Dixon Brown snapped stills from a camera while PDC Senior Graphic Designer Chris Carr kept another camera rolling for a live feed.

The helicopter buzzing around the nine-story building in downtown Salt Lake City raised a few eyebrows. It did mine. I was walking toward the office when I noticed the helicopter approaching downtown from the Wasatch Mountains to the east. My first guess was a helicopter ferrying people from a ski resort or tourists getting a birds-eye view of our city and the Wasatch Mountains.

Whatever the reason, I envied the people flying above our drab winter inversion.

The inversion literally puts a lid on the cold air pooling in our urban bowl. Fog and low clouds add to the jumble; visibility suffers and emissions from cars and buses, fireplaces, and industry makes your eyes water (to say the least). The colder the temperatures, the more gunk accumulates, and when conditions are inversion ideal, the beauty of Salt Lake City gets lost in the fog.

Fortunately, by the time NAVIGATOR rolls around, the skies should be blue, rather than slate gray, and the Academy’s building should be a lovely sight from any perspective. The best views are from the east-facing windows, and maybe I’m biased because it’s the view I see from where I sit. But, let’s be honest, a background of mountains is something everybody appreciates no matter how long a person lives here.

The new headquarters of the International Academies of Emergency Dispatch (IAED™) is a focal point in a downtown attracting an international reputation and flair. We are steps away from an outdoor shopping mall designed to complement the landscape and within walking distance of numerous museums, theaters for symphony and dance, city parks, and a night life you might be surprised to find here.

The Scenic City is our crown jewel! Downtown is less than an hour’s drive from an afternoon of mountain adventure. A camera is essential equipment. Aside from the scenic beauty, you never know when you might stumble across a moose or mountain goat.

I hope that you take the opportunity to see more of Salt Lake City and its breath-taking outdoor venues during your stay for the annual NAVIGATOR conference. We are a state of diversity, with a future that promises more of the scenic beauty, you never know when you might stumble across a moose or mountain goat.

Hopefully, there will come a day when it’s no longer bad air stealing some of that breath.
R

est assured, I am thrilled the world kept spinning on Dec. 21, 2012, despite doomsday prophecies to the contrary. Earth did not fall into a massive black hole, and we were not tossed into space from a reversal of the planet’s magnetic poles.

The world is still revolving around the sun, in case you hadn’t noticed.

In fact, I can’t recall anything unusual prompting me to think, “Gee, I guess the time has come. It’s a shame the new public safety complex isn’t completed.”

Although the Maya never, ever said anything about the world ending at any time—according to Mayan Hieroglyphics Expert David Stuart—the concept was embraced, perhaps, by those hoping for an early out or an excuse for excessive winter solstice celebrations.

I don’t personally know anyone consumed by apocalyptic fears. I’ve read how the prophecy affected some countries, prompting in China, for example, panic purchasing of candles and survival kits and the building of concrete bunkers. In the U.S., overspending, panic, and trepidation are all part of the holiday season, making it nearly impossible to distinguish the reason why people might have been worked up.

Maybe it’s the tension of our times or the anxiety of a potentially devastating event outside of our control. The electronic news world makes it likely for us to read about tragedies as they unfold: the killing of students and staff at the Sandy Hook Elementary School in Newtown, Conn., and the shooting just days before at the Clackamas Town Center in Oregon, resulting in the deaths of two adults and serious injury to a teenage girl. In the summer prior to these incidents, a gunman fatally shot 12 people and wounded another 58 in a crowd attending a midnight movie premiere of The Dark Knight Rises in Aurora, Colo. We could have not read the stories, but the accessibility makes them hard to ignore.

Utah is no stranger to mass shootings.

Six years ago, on Feb. 12, 2007, a gunman killed five people and wounded four others at Salt Lake City’s Trolley Square before he was shot dead by police. Similar to recent mass shootings, the assailant claimed no apparent motive. He simply turned his unsettling world into a nightmare for the rest of us.

While I don’t believe we can eliminate these types of events, there are ways communication centers can help minimize the impact. In December 2012, the International Academies of Emergency Dispatching, Inc. released its newly completed Active Assailant (Shooter) Protocol. Protocol 136 is part of the upcoming version 4.1a of the Police Priority Dispatch System™ (PPDS™).

Protocol 136 can be used by all communication centers whether or not they are licensed PPDS®, FPDS®, or MPDS® users. IAED Co-founder Dr. Jeff Clawson made the decision based on the immediacy between events and the overwhelming possibility similar events will occur. The lead-time gives agencies the opportunity to provide training and assess their contingency plans should such an event occur in their jurisdictions.

But what the protocol can do is mitigate the active situation. Pre-Arrival Instructions (PAIs) within the Key Questions ready the caller for possible escape and, when that’s not possible, direct him or her to take cover in a confined space with further instructions to safeguard the space from the shooter’s continued assault.

Importantly for responders, the instructions can prevent a panicked caller from making the situation worse; the caller’s answers to the dispatcher’s questioning helps prepare responders for the emergent and ever-changing scene.

The protocol addresses random attacks initiated by active and unknown assailants typically occurring at venues giving shooters the access to a potentially large number of victims. The IAED developed the protocol with the assistance of the National Tactical Officers Association, and in connection with PPDS users from California; Colorado; New York; Maryland; Florida; North Carolina; Washington, D.C.; Canada; and the United Kingdom.

Protocol 136 cannot stop a random shooter anymore than Medical Protocol can prevent sudden cardiac arrest or Fire Protocol can preclude the ambush of firefighters responding to a burning building, such as what happened on Christmas Eve in New York City.

But what the protocol can do is mitigate the active situation. Pre-Arrival Instructions (PAIs) within the Key Questions ready the caller for possible escape and, when that’s not possible, direct him or her to take cover in a confined space with further instructions to safeguard the space from the shooter’s continued assault.

Importantly for responders, the instructions can prevent a panicked caller from making the situation worse; the caller’s answers to the dispatcher’s questioning helps prepare responders for the emergent and ever-changing scene.

More about the protocol will be available at NAVIGATOR 2013, which the IAED is hosting in Salt Lake City.

Opportunities to learn the inside story about the police, fire, and medical protocols and their real-life application by other agencies are major benefits of attending the annual conference. Given the Earth is still rotating to the east, as it should, and still in the shape of a bulging sphere, NAVIGATOR will also give Salt Lake City the perfect audience for introducing its new public safety building. Seeing that I’m the interim director of Communications, if that doesn’t happen, the thought of the world ending isn’t so bad after all.
Response Time Issues
When is time of the essence for the patient?

Jeff Clawson, M.D.

Dr. Clawson:
My boss, Council member John Sharp of the City of Kansas City, Mo., is looking into response time issues for our city. Could you provide me with your definition of ECHO calls? Also, would you be able to send me some examples of life-threatening events where time is of the essence for the patient. Thank you in advance for your response.

Araceli B. Gallegos
Assistant, City Council Office
Kansas City, Mo., USA

Dear Ms. Gallegos:

As a member of the Council of Standards for the International Academies of Emergency Dispatch® (IAED®) and inventor of the Medical Priority Dispatch System™ (MPDS®), I would be very happy to do so. I very much respect the many public safety people from Kansas City I have known and worked with over the past 40 years.

ECHO level is based on the initial EMD recognition of extreme conditions of breathing—especially in those patients whose breathing is INEFFECTIVE. The MPDS defines INEFFECTIVE BREATHING as:

The following descriptions, when volunteered by the caller at any point in the early interrogation period (Case Entry Protocol):

- Barely breathing
- Can’t breathe or Can’t breathe at all
- Fighting for air
- Gasping for air
- Just a little
- Making funny noises
- Not breathing
- Turning blue or Turning purple

And/or when the following conditions exist:

- Not breathing at all
- Breathing uncertain (agonal)
- Hanging

- Strangulation
- Suffocation
- Underwater
- Complete airway obstruction in choking

ECHO was differentiated from DELTA to encourage the local assignment of the absolute closest responder of any trained crew (i.e., police with AEDs, fire ladder or snorkel crews, HAZMAT, or other specialty teams not in the usual medical response matrix).

It is important to understand that a patient given an ECHO-level designation does not necessarily require a different response from DELTA, but encourages the ethical response of other specialty crews or responders, who otherwise might be sitting close by while someone dies.

Therefore, ECHO creates an earlier point of response for those obviously “dying right now,” as well as sending potentially closer responders that don’t ordinarily go on less urgent medical responses.

In addition to ECHO, there are certain DELTA events that are more serious (timewise) than others. They could basically be defined as what we call “Time/Life Priorities,” such as:

- Critical central trauma
- Uncontrolled arterial bleeding
- Partial obstructed airway (incomplete choking)
- High risk delivery conditions: breech, prolapsed cord, shoulder dystocia, 3rd trimester bleeding
- Electrocution and lightning strikes
- Carbon monoxide poisoning
- Unconscious patient with uncontrolled airway

I am also attaching the section in the textbook, “Principles of Emergency Medical Dispatch” titled “Understanding ECHO Determinant Practice” (pages 3.12–3.16).

Let me add that in the vast majority of 9-1-1 medical cases, time is not a significant factor and these cases should not involve response of multiple vehicles or the use of lights-and-siren (HOT response). The ALPHA- and BRAVO-level calls do not require ALS (paramedic) responders, and ALPHA, and many BRAVO and CHARLIE calls do not require a HOT response.

The MPDS first created 33 years ago was designed to give a medically correct orderliness to EMS response—not just sending everyone to everything, always—and in a big hurry. The MPDS has been proven over time to do what the priority levels were designed to do—send the right thing, to the right patient, at the right time, at the right speed, and do appropriate things over the phone to help the caller and patient, until the troops arrive.

From a city management viewpoint, the MPDS, now in over 2,900 communication centers in 43 countries, has never been involved in a formal lawsuit in those 33 years! It does what it says it will do, if used very compliantly and completely.

I hope this helps you. If you have any more questions, please feel free to contact either the International Academies of Emergency Dispatch or me at any time. I would be happy to talk to you or the councilman if that would help and we would be happy to be involved in further informing the city as to the correct use of the MPDS.

Best regards... Doc
Jeff Clawson, M.D.
Chair, Rules Committee
Council of Standards
IAED/NAED™
Breathing Problems
Research zeroes in on oft-used protocol
Tracey Barron

A study published almost five years ago (Sept/Oct 2008) in Prehospital Disaster Medicine (PDM) looked at the potential of Protocol 6: Breathing Problems for distinguishing between minor or non-critical conditions from conditions posing greater risk to the patient and, consequently, determining the appropriate level of care required on scene and, if necessary, during transport.

Considering Protocol 6 was among the most commonly used protocols at the time in the communication center, it only makes sense that this protocol is also among the most scrutinized in the Medical Priority Dispatch System™ (MPDS®).

The study from 2008 relied on data gathered between September 2005 and August 2006 from the London Ambulance Service (LAS), National Health Service Trust, U.K., while the most recent study expanding on previous research relied on data gathered from an Academy-certified Accredited Center of Excellence (ACE); the study was published in the same magazine in August 2012.

Results from the 2008 study concluded that the interrogation associated with MPDS Protocol 6 did demonstrate the protocol’s significance in EMD selection of the response code for the breathing problem identified, although it did not—nor was it an objective—narrow the selection by isolating contributing factors, such as age or the patient’s coexisting conditions, in prioritizing the response mode.

While the MPDS provides a rich mix of severe outcomes in the higher priority levels based on reported signs and/or symptoms, the authors recommended further research that would help in the classification of patient subgroups correlated to the patients’ other medical conditions; the existing conditions could be related to the reason for the call to 9-1-1.

In the case of breathing problems, rapid subgroup identification could result in an immediate upgrade to the response mode due to the cardiac arrest potential of patients within these subgroups experiencing severe respiratory distress.

The subsequent study looking at breathing problems (PDM, August 2012) examined combinations of Key Questions (KQ) in MPDS Protocol 6 to discover optimal KQ combinations for immediate identification of potential cardiac arrests in calls involving breathing problems.

Data analyzed for the retrospective study was collected over an 11-month period. Forty-two thousand cases were recorded, of which the patients were almost evenly split between female and male (52% were female and 48% were male), and the median age was 61.

Among the key findings was the significantly higher potential of cardiac arrest in asthmatic (KQ 5) patients with the following conditions precipitating the call: the patient was not alert (KQ 1) and, also, having difficulty speaking between breaths (DSBB) (KQ 2); the patient was not alert (KQ 1), having DSBB (KQ 2), and changing color (KQ 3); and, finally, the patient was not alert (KQ 1), having DSBB (KQ 2), and felt clammy to the touch (KQ 4).

These cases would require the higher priority response coding.

In comparison, a patient with asthma experiencing abnormal breathing but without the other signs and/or symptoms was not as likely to suffer a cardiac arrest.

In conclusion, a prioritization scheme accounting for the presence of either single or multiple signs and/or symptom combinations for Protocol 6: Breathing Problems helps to better define DELTA-level cases in the MPDS.

What does this mean to you and your communication center?
An EMD should listen for the presence of signs and/or symptoms that could indicate higher levels of response compared to response based on a single answer.

Finally, research provides the evolution necessary to MPDS relevance in the dispatch community. In this case, combining KQs could be the next step behind the logic of ProQA®. Results could increase an EMD’s ability to send the most appropriate response for calls involving breathing problems and further the optimum use of our limited emergency response systems.

Future research will build on these past studies using different sets of data and a methodology dependent on the study’s objective. And that’s what I call the joy of research. We are never exactly sure where research will take us and every project gives others the opportunity to view the subject from a new perspective.

Sources
**Be Prepared**

Active assailant incidents develop quickly

Shawn Messinger

Active Assailant (Shooter) incidents are one of the most dynamic and difficult situations encountered by law enforcement officers today. Incidents such as those that occurred in Jonesboro, Ark.; Columbine, Colo.; and Virginia Tech University, Va.; develop very quickly, when and where we least expect them, and are over in a matter of minutes.

These factors make a rapid response by our first responders essential to saving lives. Yet, despite intensive officer training in practiced response to active shooters, several minutes might lapse between a 9-1-1 call and officers arriving on scene. Add in the time it may take to defuse the situation and the scope of the tragedy can stretch considerably.

There is, however, a way to stem the flow of lost time: Protocol 136: Active Assailant (Shooter), which was added to the Police Priority Dispatch System™ (PPDS®) v4.1. During this response time, this sort of emergency a “no man’s land,” the protocol prepares calltakers to give Pre-Arrival Instructions (PAI) to protect callers against further danger and to ask questions that provide the framework for scene safety. Through questioning callers at the scene, calltakers can let officers know what they might expect on arrival to these high-risk situations.

Protocol 136 is tailored to effectively bridge the gap between the time of the call and officer arrival. Protocol 136 adds an ECHO Determinant to PPDS, modifies police officer response to certain situations, and gives instructions easily relayed to callers.

The International Academies of Emergency Dispatch® (IAED™) in partnership with the National Tactical Officers Association (commonly referred to as NTOA) developed the protocol in association with PPDS users from California, Colorado, New York, Maryland, Florida, North Carolina, Canada, Washington, D.C., and the United Kingdom.

The Active Assailant protocol fills a big gap in response, although it’s not the only piece that should be in place for these types of situations. Precaution also takes careful and concerted preparation.

Representatives from businesses, schools, shopping centers, and other venues accommodating large numbers of people should work with local police departments to design coordinated response to active shooters, and, ideally, practice active shooter scenarios. Trying to respond without a plan is like putting a seatbelt on during a car crash. It’s too late. Preventative plans can and do save lives.

The following are issues you might want to consider for the communication center:

- Are my telecommunicators familiar with the responses officers require to better anticipate what information is needed from the scene?
- Are policies in place to cover the scope of the incidents including but not limited to multi-jurisdictional agency notification, radio traffic, and the possibility that family of staff are involved in the incident?
- What about training for calltakers forced to make the mental switch from taking a cold theft report to the fast pace and urgency of an active assailant incident?

Many public service agencies provide public outreach, and have done so for years, but rarely does the outreach involve the communication center. Protocol 136 encourages full participation by everyone on the side of response.

I also ask communication centers to work with field responders. Consider roles and responsibilities collaboratively and consider unconventional ways to achieve goals to defuse the incident while safeguarding responders and the public.

For example, in jurisdictions with limited field staff on duty, the communication center can function as the Incident Command post until response arrives and organizes the command post on scene. A place at the Incident Command post—either the center-based or incident-based post—should be dedicated to a police dispatcher. During initial response, the police dispatcher has the job to coordinate information vital to deployment: the number of units and jurisdictions responding, the placement of units arriving on scene, the entry points available to responders, and suspected location of the shooter(s).

The police dispatcher’s involvement gives first responders the opportunity to focus on information relayed and on-scene deployment, rather than taking attention away from the scene in the effort to multitask communication and active response. As mentioned earlier, the arrangement requires training specific of incident command roles for communications staff to effectively cover this duty.

This might seem an unconventional approach, but how many communication centers are trying to assume that role without specific training? It’s another seatbelt while the accident is happening scenario.

Unfortunately, Protocol 136 won’t remain untested for long. There is undoubtedly someone somewhere planning the next event. While we cannot stop the next active assailant incident from occurring, we can help mitigate the severity of the event, and our professionally trained telecommunicators can make a difference in the lives of our callers and responders. Are you ready?
Although turnover is usually measured in a human resources (HR) setting, it is advantageous for communications managers to understand how to evaluate its impact. More importantly, communications managers should understand the implications in regards to the budget, training, scheduling, morale, and meeting the demands of the organization’s goals.

**Reasons**

Studies indicate a national turnover rate between 17%–19% in telecommunications. In other words, two out of every 10 telecommunications leave the profession each year. A telecommunicator’s career averages two to three years.

Reasons for high turnover include: low knowledge, skills, and abilities (KSAs) of applicants leading to costly errors and terminations; the “adjustment factor” or inability to conform to the demands of the profession; disciplinary issues; stress; low pay; scheduling conflicts and rotating shifts; workload; lack of leadership; inefficient training programs; and limited promotional opportunity.

Regardless of the reasons, the impact of turnover must be evaluated. There are several ways to calculate turnover. For simplicity we will use the W-2 Method.

- Identify the number of W-2s issued in a particular year
- For that same year, determine the final number of employees on Dec. 31
- Divide the number of W-2s issued by the number of employees remaining on Dec. 31 of the year evaluated
- Subtract 1
- Multiply by 100

Say you have 60 employees at the end of 2010; however, 70 W-2s were issued. Divide: 70/60 is equal to 1.17. Subtract 1 by 100 and 17% is your turnover rate. Ultimately, this means out of 70 employees, 10 were lost in 2010.

Management should primarily focus on turnover types for classification purposes since it is essential to identify the categories in range of the manager’s control. Employee loss due to low job satisfaction or low KSAs must be of primary concern to leadership. Employee loss due to health issues, retirement, childcare, or maternity leave is not under leadership control; however, these reasons are numerically predictable and should be monitored.

There are three factors attributing to an employee’s decision to leave: the perceived desirability of leaving, the perceived ease of leaving, and the alternatives available to the employee. As the desires of an employee change, so does the employee/organization relationship. Members may perceive the current work-based compensation and rewards inadequate. This is especially the case when organizations increase the workload of employees without compensation. The absence of flexible work schedules and limited perks may also cause employee dissatisfaction.

**Budget impact**

Budgeting is usually a part of a manager’s responsibilities. Line items might include capital, supplies, training, personnel costs, overtime, maintenance, facilities, and certifications. Several line items are directly impacted by turnover. Of course, overtime is easily recognizable. How about training? What is the amount your center actually spends on training each year (the bottom line)? In evaluating a more inclusive cost factor, how much is your center spending per new hire?

**The math**

To determine the training cost per employee (TCPE) you will need:

- NHHR: The hourly rate of the new hires—this is not the base hourly rate; include benefits in the hourly rate for accuracy (An employee making $12 per hour may actually cost the agency $16.50 per hour with benefits)
- TH: The true number of training hours—include certification courses, orientation, and on-the-job-training
- AOT: The attributed overtime—A new hire placed on the allocation cannot be counted on the daily schedule. A trained member must cover the shift until the new hire finishes training. Although overtime is usually budgeted, capturing this number gives a detailed account of overspending in the overtime line item.
- I: Incentives paid to the trainer
- CC: Certification costs

**Equation**

\[
\text{Equation breakdown}
\]

Seventeen employees would equate to $312,596. This is an astronomical number. Do you ever wonder why you are always overspent in the overtime line item? In the next column, we will look at controlling turnover as part of the HR process and ways to increase employee retention.

**Sources**

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2. Carlson, B. (2012, Oct.) America’s butts are plaguing emergency responders with mistaken calls. The Daily
Cellular providers agree to “best effort” text-to-9-1-1 services

Four of the nation’s largest cellular providers have voluntarily agreed to provide “best effort” text-to-9-1-1 emergency communication services no later than May 2014. According to the agreement, the service will allow SMS messaging to public safety answering points (PSAPs) to meet “near term objectives” of providing text-based emergency communications until a comprehensive national NG9-1-1 service is available. In addition to meeting the needs of wireless subscribers, the text-to-9-1-1 service accommodates the emergency communication needs of the deaf, hard of hearing, and speech-impaired. The “best effort” services commitment alludes to the technological shortcomings of SMS, which is a store-and-forward messaging technology never designed to provide time-sensitive service.

The voluntary agreement includes the following provisions: text-to-9-1-1 service will be implemented within a reasonable time, within six months, of a PSAP’s request and the four cellular providers will submit quarterly reports on their progress. These reports will include details on the number of subscribers using the service, the response times, and any technical issues encountered.

RECOGNITION

National groups honor Dr. Clawson for contributions to EMS

Jeff Clawson, M.D., was recently presented awards from two national organizations in recognition of his contributions to Emergency Medical Services (EMS).

Dr. Clawson said he felt very honored by the awards.

“There’s no greater tribute than the respect of your peers for work that has been both personal and rewarding,” he said. “It says we believe in what you do. Your contributions have helped people in need.”

The Dr. Ronald D. Stewart Award from the National Association of EMS Physicians (NAEMSP®) honors an individual or a group making a lasting, major contribution to the EMS community nationally.

IAED™ Academics & Standards Associate Brett Patterson nominated Dr. Clawson based on his tenacity and dedication to EMS through the development of the 9-1-1 Medical Dispatch Protocols now used in 2,861 emergency dispatch centers in 43 countries, including the United States, Canada, United Kingdom, Australia, Austria, Germany, and Brazil.

“The EMD is the principle link between the public and the caller requesting emergency medical assistance and provides a fundamental role in the first responder, ambulance and paramedic delivery system,” Patterson said. “Dr. Clawson’s dedication to their continued development, especially the initial training and certification of professionals, represents a major contribution to EMS and has saved countless lives.”

Dr. Clawson was honored during the awards luncheon held on the final day of the three-day annual NAEMSP conference held mid-January in Florida.

“It was so great to see him amongst his fans and he has a lot of them at NAEMSP,” said NAEMSP Executive Director Jerrie Lynn Kind.

Dr. Clawson was also presented the J. Walter Schaefer Memorial Award of Excellence from the American Ambulance Association (AAA). He is only the second individual in the award’s history who does not direct an ambulance service to be so honored. The award recognizes excellence in leadership and dedication to the betterment of EMS nationwide.

The AAA resolution accompanying the award praised Dr. Clawson for having “revolutionized the way that EMS calls are processed and created and the first evidence-based system related to the field of EMS (dispatch protocols).” He is also noted for working “tirelessly to promote high standards in training, education, and a universal emergency protocol, making a difference to countless citizens and emergency responders alike.”


The IAED is an international organization headquartered in Salt Lake City created in 1988 as a standard-setting organization for the field of emergency medical dispatch. IAED has occupied two roles: one as a membership-driven association for the professional recognition of dispatchers and, the other, as an Academy that develops and maintains fire, police, and medical dispatch protocols and training curriculum for member use in response to emergency calls for help.
NG9-1-1 Institute elects Denise Amber Lee Foundation VP to board

Mark Lee, vice president, Denise Amber Lee Foundation, is among five new members recently elected to the Next Generation 9-1-1 Institute Board of Directors.

Lee, who was elected to represent the member at large position, said mandatory, uniform training is a foundation priority that meets the institute’s objective to raise awareness of issues in 9-1-1.

“What better way to raise awareness and emphasize the importance of a well trained and technologically advanced 9-1-1 system than to highlight the tragedies that can happen with a less than perfect system,” he said.

Denise Amber Lee was abducted from her home on Jan. 17, 2008, and despite numerous calls to 9-1-1, including one from a person witnessing the crime in progress, she was murdered by her captor; her body was discovered several days later buried in a shallow grave not far from the Lee family home in North Port, Fla. The death of the 21-year-old mother of two boys was ultimately blamed on the communication center receiving the 9-1-1 calls and its failure to dispatch response.

In response to the tragic death, the foundation has worked diligently over the past several years to improve the 9-1-1 system. Founders Mark and Nathan Lee, Denise’s father-in-law and spouse, respectively, have traveled extensively in their campaign to push minimal standards that, if in place in 2008, could have averted the tragedy in their family.

A major milestone was Florida’s state mandated standardized training for telecommunicators that went into effect Oct. 1, 2012. According to the law, all public safety telecommunicators must be state certified, and they are required to accumulate continuing education hours leading to recertification every two years. The Florida Department of Education established a 232-hour curriculum for new hires.

The Next Generation 9-1-1 Institute was established in 2003 to assist the NextGen 9-1-1 Caucus in advancing emergency communications. The 2,000-member institute elects board members from public safety, industry, and other non-profit agencies to provide guidance and recommendations.

Lee said he would also like the institute’s “Hometown Security” events conducted on a regular basis to raise public awareness and bring publicity to the issues in each state.
The signs are sold at the $8 cost to the department, and all residents have to do is stop by with the exact amount for purchase. If the house or business happens to be near a dry hydrant, the fire department provides a blue sign instead to set them apart.

“The signs have helped,” Lt. Schultz said. “We’ve been selling them as long as I can remember and I haven’t heard any complaints.”

Right time, right place, and right call

The crime-solving stars must have been aligned exactly right for EMD Danielle Shorrock in early December 2012. The dispatcher for the Fenton Police Department (Mo.) was driving home from work when she noticed an Oakland County Sheriff’s deputy placing into his patrol car a red, chopper-style bicycle with a distinctive red flame pattern on the seat.

“The bike looked exactly like the one reported stolen earlier in the day,” said Shorrock, who had heard about the non-emergency call from a Fenton woman describing her son’s bike that went missing from their yard earlier that day.

Safety Administration (PHMSA) ruling put the National Emergency Number Association (NENA—The 9-1-1 Association) quick to the call.

A PHMSA ruling effective Oct. 11, 2012, requires pipeline companies to “immediately and directly” contact the nearest 9-1-1 center in the event of an actual or potential emergency. Prior to that date, a pipeline operator might have reached a 9-1-1 center thousands of miles away when the call landed at the center closest to the source of the call as opposed to the source of the emergency.

NENA jumped to the rescue, launching a database designed to put pipeline operators in direct contact with the 9-1-1 center closest to the source. The PSAP Information for Pipeline Emergencies, or PIPE for short, database provides direct, inbound, 10-digit numbers to be used for specific 9-1-1 centers.

The database is available on an annual subscription that includes the initial setup and three free updates per year. Subscriptions rates vary according to the number of jurisdictions being served.

National fire protection regulations stipulate 9-1-1 response times

There’s good news for emergency medical dispatchers (EMDs) from agencies adopting the National Fire Protection Association (NFPA) standard for emergency services communications (NFPA 1221).

According to the NFPA release, the NFPA revised the total dispatch transaction time to within 90 seconds at 90% of the time and within 120 seconds at 99%. The revision affects six categories of calls (as listed in Section 7.4.2.2), including calls requiring EMD questioning and pre-arrival medical instructions.

The former blanket for transaction time was 60-second dispatch 90% of the time (Note: Before that, the standard had been (within) 60 seconds 95% of the time). Total dispatch transaction time takes into account receipt/pick-up of initial 9-1-1 call, caller interrogation, determinant prioritization/selection, and tone out of resources.

The revision went into effect in 2013 and remains in effect for at least three years, until the next edition in 2016.

Greg Scott, operations/research analyst for the International Academies of Emergency Dispatch (IAED), said the Academy favors extended time windows, although—at the same time—the Academy has never endorsed a single national standard for call processing times.

“The reality is that there is no validated research to support a 60-second dispatch standard, particularly one that requires 90% compliance to all calls, regardless of their nature,” he said. “We are often asked about national standards for total dispatch transaction time, but is it really reasonable to expect the dispatch time standard on a sprained ankle be the same as for a sudden arrest?”

Pragmatically speaking, Scott said, the one-size-fits-all approach doesn’t work for
several reasons. For one thing, existing computer-aided dispatch (CAD) technology is not standardized enough across emergency call center boundaries to accurately compare times from agency to agency. Beyond that, he said, there may be design and control weaknesses that significantly affect conclusions based on data.

“Call processing standards should reflect the nature of the call,” he said. “That is, DELTAs and ECHOs should have one target time window, while the remainder should have another longer time window. Only a small percentage of 9-1-1 calls are true emergencies where shaving seconds from the call processing clock could have any impact at all on the case outcome.”

In general, he said, a 90- (to 100-) second time frame is a reasonable target for completing DELTA and ECHO cases, although 90 or 95% fractal compliance to such a target is difficult to meet given issues with address verification from wireless phones.

“The problem with any dispatch time standard is that it takes the focus away from the most important elements of emergency dispatching—safety and accuracy,” Scott said. “Anyone can complete a process fast if you make lots of errors. But errors are the last thing we need more of in a 9-1-1 center.”

Jay Dornseif, Priority Dispatch Corp.” fire consultant, agreed that the extended time window was a necessary revision in NFPA standards, but he also cautioned against the urge to meet a time standard simply to make the center’s statistics look good to outside observers.

“That’s when mistakes are made,” he said. “It’s more important to do it right the first time than do it a few seconds faster and get it wrong. Fortunately, calltakers who follow a protocol consistently gather more information in the same time frame or faster than those who try to make up questions and instructions on the fly.”

Other revisions in the standard include a change to 80% (from 90%) of emergency alarm processing must be completed within 60 seconds, and 95% of alarm processing must be completed within 106 seconds. The exceptions—calls that must be completed within 90 seconds 90% of the time and within 120 seconds 99% of the time include (as listed in 7.4.2.2):

- Calls requiring emergency medical dispatch questioning and pre-arrival medical instructions
- Calls requiring language translation
- Calls requiring the use of a TTY/TDD device or audio/video relay service
- Calls of criminal activity that require information vital to emergency responder safety prior to dispatching units
- Hazardous materials incidents
- Technical rescue

The NFPA uses the term alarm processing instead of call processing as a throwback to the era of fire alarm boxes. The NFPA promotes telecommunicator certification and quality assurance/improvement to “ensure the consistency and effectiveness of alarm processing.”

West Virginia EMD mandate goes into effect July 2013

The state of West Virginia has mandated that by July 2013 all 9-1-1 centers must have an emergency medical dispatch process in full swing and have the money to bear the costs of training and hiring any extra staff required.

According to the legislation, the director of each county emergency dispatch center must develop policies and procedures to establish a protocol for dispatching emergency medical calls using a nationally recognized emergency medical dispatch program or an emergency medical dispatch program approved by the Office of Emergency Medical Services. Gov. Earl Ray Tomblin signed the legislation in March 2011 after legislators approved the bill with little debate.

According to statistics at the time the legislation was approved, about 40% (21 counties) of 9-1-1 centers in West Virginia provided EMD, 40% (20 counties) were planning to provide EMD, and 20% (7 counties) had no plans to provide EMD.

Name your road

If you’ve ever had a hankering to name your road or lane—and you happen to live in Marshall County, WV—here’s your chance. As part of Marshall County’s conversion to E9-1-1 addressing, county residents currently living on unnamed roads or lanes are being asked to suggest a name for their road.

Since each name can only be used once, the county E9-1-1 site provides a list of names no longer available (already taken). The list is long, dating to March 2003, and includes the following unique names featuring a mixture of local family names, geographical markers, wishful thinking, and fun: Almost Heaven Lane, Black Sheep Lane, Buzzard Road, Deedle Drive, Grannies Lookout Loop, Hog House Road, Lala Lane, Mozart Meadows, Never Seen Lane, Ram Drive, Redneck Drive, Sallys Backbone Road, and Sputnick Run Lane.

Downtime from outages affects PSAPs of all sizes

Outages in public safety answering points (PSAPs) resulted in downtime during a 12-month period at 72% of PSAPs serving populations of more than 80,000 citizens, according to an October 2012 survey of 390 PSAPs conducted by Stratus Technologies. Survey results also showed that 50% experienced 2–4 outages and 11% had more than
five. PSAPs in communities of less than 80,000 fared somewhat better, with six out of 10 suffering downtime at least once in the past year.

Survey respondents identified themselves according to job responsibility, size of population served, and geographic entity—town/city, county, metro, multi-county, and state; town/city and county accounted for 83% of respondents.

In addition to the number of incidents, respondents reported on the duration of downtime per incident. Fifty-seven percent of outages lasted at least 15 minutes and 26% stretched beyond an hour. One hour of downtime could potentially affect six 9-1-1 calls at a PSAP handling 50,000 calls annually, or 29 calls at an annual volume of 250,000. The number of calls affected could be higher or lower at various times of day.

In answer to questions relating to preparedness for natural disasters or catastrophic outages, 29% said they had no formal disaster recovery/contingency plan or, just as disconcerting, did not know if a plan existed. Another 25% said they did not have or were uncertain about a back-up location for restarting dispatch operations in the event of a primary-site failure.

Communication breakdown

Front and center of the after-action reviews following Hurricane Sandy this past October was the less-than-hoped for performance of communication equipment. The multiple after-action reports—based on tests by U.S. troops in Iraq—are showing another kind of emergency communication hitch—including the one-radio-fits-all Joint Tactical Radio System—remains a problem with a thousand theories but so far no single solution.

Research and development will continue after a fashion, but the hope of having an all-in-one master Ground Mobile Radio device, with local PSAP applications eventually available, won’t be part of it.

According to an ongoing reckoning of the Ground Mobile Radio Device by the Center for Public Integrity and radio communication device experts, the problem whether in war, or hurricanes, or emergencies such as fires or large motor vehicle accidents or mass shootings is the old problem of normally independent frequencies being able to talk to each other in a crisis; it’s still the problem and will be for some time.

Despite the capacity and variety of emergency communications, dissonance and static caused numerous calls for help to be lost, remaining a similar obstacle but on a smaller scale that many agencies are overcoming with more advanced mobile command center communication hubs that make it possible for normally independent frequencies to “talk” to each other. Even those advances remain mostly on emergency services agencies’ wish lists, given budget cuts still being imposed by a sluggish revenue stream due to the still-faltering U.S. economy.

Difficulties in communications were the dominant discussion points in after-action meetings regarding the response to Hurricane Sandy, with service providers saying they were able to get by with trading radios with other responders or resorting to personal cell phones.
After seven years of dedicated and determined call processing, Shane Elliot finally made it to the front of the line. Not that the No. 1 spot was the EMD’s sole objective at the Niagara Emergency Medical Services communications center in Ontario, Canada, but the ability to take first place surely has its benefits.

“It’s bragging rights,” said Dayman Perry, operations commander. “Although there’s a lot of good-natured ribbing about who gets the award, this is something they take very seriously.”

The “seriously” is more about their job, than the award, although the two are certainly related.

The center has used the Medical Priority Dispatch System™ (MPDS®) Protocol since beginning operations seven years ago and is looking to its third medical ACE recertification. The center was initially certified in 2006.

The 25 full-time and 5 part-time systems status controllers have never been without their EMD certifications, and each year for the past seven, they have competed for the honor to be among the top five EMDs chosen for the annual Priority Dispatch Award for Excellence in Compliance. The award recognizes high compliance—scores greater than 99%—and figures in the individual results of at least 48 randomly selected calls audited by the in-house ED-Qs™.

This is Elliot’s sixth year making it to the top five, but his first year at the No. 1 spot. Matt Rate, who took top place in 2010, came in second, followed by Rick Morency (first in 2011), Kelly Newell, and Julie Noble. The leading EMD receives a trophy and a gold pin, while the four others receive a bronze pin. They also receive letters of commendation and certificates. Three additional EMDs scoring greater than 99%, but slightly below the winning scores, received honorable mentions.

Perry said the award isn’t just about individual achievement, but it does further motivate his already “highly dedicated” staff and reinforces the center’s ongoing commitment of excellence to the public.

“One hope is to set the example and for some, it is a goal,” he said. “But they’re all hard working. They’re all dedicated to giving excellent service.”

The Niagara EMS communications center receives more than 70,000 calls a year that result in the transportation of about 38,000 patients.

Success using the Medical Priority Dispatch System™ (MPDS®) convinced the Safety Region Noord-Holland Noord in the city of Alkmaar to become a dual protocol user through the implementation of the Fire Priority Dispatch System™ (FPDS®). Director Jos Stierhout said it was the natural step to take.

“The Fire Protocol was a logical step in the constant quality improvement of the center,” he said.

The consolidated center answers calls involving fire, medical, and police response. All EMD calltakers are registered nurses and, also, trained as fire calltakers and dispatchers. EFD certification is next in line, and will precede the goal to go live with the Fire Protocol in fall 2013. The center received 8,368 fire-related calls in 2012.

Alkmaar is a city in the province of Noord Holland in the Netherlands and is home to one of the country’s 25 safety regions. North Holland has a population of 2.6 million people and covers approximately 2,671 km² (approximately 1,660 square miles) including both urban and rural communities. Medical emergency calls are immediately transferred to the regional EMS dispatch center. The European emergency number 112 is the only emergency number in the Netherlands.
Attitude Is Everything
Sunstar goes the distance for employee satisfaction

By Audrey Fraizer

When Tinker Bell or Sleeping Beauty age out of Disneyland, they will still be welcome at a place that’s not much of an amusement park although every bit as people conscious.

But, the same wouldn’t apply to Captain Hook or Maleficent.

“Attitude is 100% with us,” said Ron Shiner, communications training coordinator (CTC), Sunstar Paramedics/Pinellas County Emergency Medical Services, Fla. “We will go to great lengths for someone with a great attitude.”

Shiner wasn’t kidding about the “tremendous lengths” the agency goes; he wasn’t exaggerating the focus on attitude. Granted, this is no Magic Kingdom, but the Sunstar communication center makes it a point to create a positive environment (which, in turn, translates into satisfied customers).

“Attitude is a choice I make when I come through the door,” Shiner said. “It’s a choice employees make at work. We hang our hats on attitude every day.”

An off-track, off-game employee might be guest to pep talks Disney World style, cool down and de-stress via walks through the neighboring botanical garden, or a sit-down with a CTO at a local restaurant to discuss the problem.

Employees going above board can earn points to “spend” on gift certificates and time off, while Sunstar Paramedics, which holds the license for paramedic ambulance services in the county, invites all of its employees—no matter performance or attitude—to barbecues, discounted eats, and free tickets to sporting events.

Turnover isn’t a major issue.

“A lot of our employees are long term,” said Eric Fayad, a CTO at the center located on the west coast of Florida. “We bend over backward, almost to a fault.”

Shiner and Fayad shared the podium at NAVIGATOR 2012, discussing the strides the communication center has taken in the past decade to train candidates and keep them employed. Their 50-minute talk and 17-slide PowerPoint presentation, “When They Just Don’t Get It,” highlighted red flags raised in the hiring and training processes and solutions to warning signals that effectively—and quite hopefully—“nip the problem in the bud,” according to Fayad, also a Sunstar paramedic since 2001.

“It’s not always possible,” he said. “But we certainly try.”

Red flags in the training phase are the stuff familiar to centers: trouble multi-tasking, a less than nice personality, poor work ethic, or loss of dedication.

They try to catch the flags during the hiring process, which includes a 30-minute more personable chat to pick up on quirks not noticeable in a general interview, and that’s despite an already fairly well vetted profile of the person. Most of the center’s candidates—close to 100%—are Sunstar paramedics with at least two years working experience in Pinellas County.

“We rarely hire from outside,” said Shiner, also a Sunstar paramedic. “But if someone you thought would be great doesn’t turn out that way, there’s a good chance that person can return to the field.”

A candidate making it past the hiring phase moves to 64 hours of seat time that involves lecture and hands-on practice in the center’s dedicated training room equipped with the technology of their future, such as CAD-installed ProQA® (although the off-line
training dongle version) and a geographical information system. Graduation from the classroom requires passing an eight-section test; a candidate failing one section can retest in six months, while a candidate failing two or more sections must wait one full year.

Once a candidate goes out on the floor, a minimum of 14 shifts (one full month) are spent learning radio, followed by 14 shifts devoted to EMD training and certification.

Candidates must achieve 95% compliance, although the center’s 98% compliance standard must be reached in the months following completion of the training program.

The center uses a three-tier training program: preceptors, CTOs (who are also the center’s QAs), and the CTC (Shiner), meaning candidates are never left out in the cold. Supervisors are never part of the training team.

Preceptors are the “bread and butter,” Shiner said. The one-on-one teachers are responsible for writing up daily evaluations, signing off on task competency lists, and asking the CTOs for advice when it comes to modifying the training program to suit the “just don’t get it” candidate. Preceptors are required to pass the center’s adult learning education program that Shiner admits borrows from Disney’s customer service training.

“Be nice,” Fayad said. “We want to treat every caller, every responder with kindness.”

When attitude and work ethic go south for an employee during any stage of employment, Shiner and Fayad suggest the high road. Immediate termination is rare. Management tries to get to the root of the problem, understanding what experience has taught them.

“Most times there’s more than what you’re seeing,” Fayad said. “It could be that the person is going through a divorce, can’t make the mortgage payment, or doesn’t get along with the supervisor. We’ve taken people off headquarters. We try to make it more comfortable for the person to say what’s happening.”

The communication center has EMD and radio honor boards listing that month’s high compliance achievers. Honorees receive points that in combination with points earned for “pats on the back” can be cashed in for gift certificates and time off.

Larger company-sponsored events address the entire Sunstar community: managers and directors cooking hamburgers at the second Thursday of every month barbecues, once a month dining out excursions to local ethnic restaurants featuring employee discounts, and tickets to Tampa Bay Rays games.

Of course, there is only so far you can go with any trainee or long-term employee, Shiner said.

“That’s something you have to decide,” he said. “At some point, you might have to admit it’s not working.”

Shiner oversees the training and standard of care for the communication center’s 35 paramedic EMDS. Fayad was the Pinellas County EMD of the year in 2012. The center receives about 225,000 9-1-1 calls a year, of which more than half require transport, and it is an Academy Accredited Center of Excellence.

The rapid pace of communications-related technological changes has made teaching people what 9-1-1 can—and can’t—do both more urgent and more complicated.

“Telephony has changed dramatically over the years with wireless phones, texting, and Voice over IP,” said Alisa Simmons, manager of public marketing for the Tarrant County (Texas) 9-1-1 District. “It’s very important that citizens understand the differences between landlines and other devices when they try to reach 9-1-1 for help.”

April 2013 marks the sixth annual National 9-1-1 Education Month, and a busy time for Simmons who spearheads the district’s 9-1-1 public education efforts to reach nearly 2 million people in Fort Worth.

The National 9-1-1 Education Coalition took inspiration from the efforts like that of Tarrant County.

“There’s power in speaking with one voice when it comes to public education and the critical role of the public safety telecommunicator,” said Angel Arocho, NG9-1-1 Institute Board chairman and a Coalition member on behalf of Comcast.

The National 9-1-1 Education Coalition was created to leverage the resources of membership organizations serving the 9-1-1 community, including the NG9-1-1 Institute and the International Academies of Emergency Dispatch. Aside from the expertise it represents, the Coalition also provides educational and public relations materials, including banners, fliers, and posters, free of charge to the nation’s PSAPs.

With 80% of calls to 9-1-1 coming from cell phones, Campaign 2013 focuses on teaching the public to “be 9-1-1-ready” and give clear, precise location information, Arocho said.

“Even if you’re a small PSAP operating on a small budget, there are simple things you can do to promote public education.”

Here is how three programs celebrate the month.

Tarrant County, Texas

A 2011 survey of 1,000 residents in Dallas-Fort Worth commissioned by the Tarrant County 9-1-1 District found that 62% believed calltakers could pinpoint their location if calling from a landline in a hotel or office building. Nearly 38% believed that calltakers would know the
address if the call to 9-1-1 was from a cell phone, while 17% were unsure.

The survey also found significant misinformation about texting 9-1-1. Nearly one-third (31%) of respondents thought they could text 9-1-1, while 35% said they were unsure. Only 34% correctly answered that 9-1-1 couldn’t accept texts.

To correct such misperceptions, 9-1-1 education is a year-round effort there, said Simmons, with activities that include school assemblies, safety fairs, and other community events. Special events for April include her favorite, an annual “Heroes Conference,” which recognizes members of the public, usually children, who have made a heroic call to 9-1-1.

To gather their stories, Simmons starts asking 9-1-1 center managers for referrals about six months before the event. She reviews the audiotapes looking for certain criteria, such as a child dialing 9-1-1 without the help of an adult. She doesn’t touch calls involving domestic violence cases and looks for stories with happy endings, such as the five-year-old girl who dialed 9-1-1 to report that her grandmother had a seizure while cooking dinner. The dispatcher even helped the little girl safety turn off the stove.

“In all these calls, you can hear the emotion of the kid,” Simmons said. “They are a little upset, a little panicked, but they are in control because the calltaker has them in control.”

Children recognized as 9-1-1 Heroes receive a plaque, a medal, and a backpack with goodies such as movie tickets, gift cards, 9-1-1 umbrellas, a jacket, and a coloring book.

Simmons also provides individual PSAPs with brochures, pens, and other 9-1-1 educational giveaways to hand out at community events and school presentations.

“I will go out to events with them the first few times,” she said. “Once they get going, they handle it on their own.”

King County, Washington

Power outages from winter storms in Seattle turned into a problem-solver for the King County E.911 Program Office, which administers 12 PSAPs making up the regional emergency 9-1-1 system. Knowing the frustration that comes with repeating the same information over and over again in relation to recurring non-emergency calls, the office created the website “Links by Zip” and taught the public how to use it.

By simply accessing the site and supplying a zip code, the resident can retrieve the correct phone numbers for

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**Honor your dispatchers during Public Safety Telecommunicators Week**

While getting the word out about 9-1-1 to the public is important, so is showing appreciation for those on the other end of the line—the calltakers, dispatchers, and other public safety telecommunications professionals who are the “first, first responders.”

And the perfect opportunity each year is during the third week of April in celebration of Public Safety Telecommunicators Week when PSAP administrators, public safety colleagues in police, fire, and EMS; and the general public are urged to thank 9-1-1 professionals for their contributions to the health and safety of their communities.

Here are a few ideas for how you can celebrate in your community.

1. Host a PSAP open house and give the community a closer look at the public safety system and the people on the receiving end of the 9-1-1 call. Be sure to invite your elected officials, the media, and your public safety colleagues in EMS, fire, and law enforcement.

2. Celebrate with food! At the Salt Lake Valley Emergency Communications Center (VECC) near Salt Lake City, Executive Director William Harry enlists the help of police, firefighters, EMTs, and paramedics to order pizzas, arrange a potluck, or cater a lunch for each shift. Other centers might provide desserts, have a cookout, or pull together gift bags filled with snacks and movie passes donated by local vendors.

3. Recognize a staff member who helped save a life with dispatcher-assisted CPR. Share the story with the media, particularly if the person saved is willing to participate in interviews.

Create a dispatcher of the year award and host an annual dinner to announce the winner and, also, honor all of your calltakers.

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**About the National 9-1-1 Education Coalition**

In October 2010, a volunteer group of public safety, education, and industry stakeholders formed the National 9-1-1 Education Coalition to support the nationwide coordinated promotion of National 9-1-1 Education Month and National Public Safety Telecommunicators Week.

The Coalition’s 9-1-1: The Number to Know awareness campaign promotes public awareness and the effective use of 9-1-1 resources.

The Coalition also supports access to the “best of the best” 9-1-1 educational and promotional ideas and promotes the advancement of 9-1-1 technology and services to foster public access to emergency help.

Coalition members include:
- NG9-1-1 Institute
- 9-1-1 for Kids
- Association of Public Safety Communications Officials (APCO)
- Industry Council for Emergency Response Technologies (iCERT)
- International Academies of Emergency Dispatch® (IAED™)
- National Association of State 9-1-1 Administrators (NASNA)
- National Emergency Number Association (NENA)

For more information about the Coalition, visit www.ng911institute.org or contact Carla A. Anderson, deputy executive director, at carla@ng911institute.org.

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**The National 9-1-1 Education Coalition toolkit provides an example at www.know911.org**

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**The Coalition’s 9-1-1: The Number to Know awareness campaign promotes public awareness and the effective use of 9-1-1 resources.**

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**The National 9-1-1 Education Coalition**

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- National Association of State 9-1-1 Administrators (NASNA)
- National Emergency Number Association (NENA)

For more information about the Coalition, visit www.ng911institute.org or contact Carla A. Anderson, deputy executive director, at carla@ng911institute.org.
city service inquiries. Since the site was developed in 2009, it has averaged about 40,000 visits annually.

“Just telling people don’t call 9-1-1 for this or that doesn’t work,” said Kayreen Lum, the public education coordinator for the E-911 Program Office. “In a panic, they call 9-1-1. But if you can tell them where to call, and put that information in their hands beforehand, they will be less likely to call (9-1-1).”

A second initiative—“Know Your Cell Well”—reminds residents that texting 9-1-1 isn’t an option and to lock cell phones to cut down on “butt” and “purse” dialing. The number of accidental calls from cell phones has since dropped 19% (from 30% to 11%).

Their most recent program—“Smart911”—established a secure PSAP integrated database of voluntarily registered cell phone numbers correlated with personal profiles, such as work and home addresses, languages spoken, and information about medical conditions or disabilities.

“What we really like about Smart911 is the ability to associate an address with a cell phone,” Lum said. “I live in a 105-unit condo complex. I don’t have a home phone. If I’m not able to speak, and I call 9-1-1, dispatchers can see what complex I’m in, but not what unit I’m in. With Smart911, they will know to try my unit first.”

So far, they’ve collected more than 4,500 profiles from 2,200 households, Lum said.

**State of Utah**

Several years ago, the Utah 9-1-1 Committee partnered with an outside marketing agency to launch a statewide educational program stressing the importance of remaining calm when calling 9-1-1 and the use of non-emergency numbers when appropriate. The multimedia campaign, themed “Help Us Help Out,” features a website, billboards, a smartphone app for accessing non-emergency numbers, televised public service announcements, and radio spots in Spanish and English. Check out the TV ads at http://911.utah.gov

“The 9-1-1 system isn’t just the technical part—the equipment and network,” said William Harry, executive director of the Salt Lake Valley Emergency Communications Center (VECC), and a member of the state committee. “The most important element is the person who has to use the system. People don’t use 9-1-1 on a routine basis and usually they are distraught. They need to know how to use the system to make it easier and more efficient for them for when they do have that emergency.”

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No Matter What’s Dealt
Hialeah has another ACE up its sleeve

By James Thalman

If emergency communicators can be on a roll, the public safety dispatchers in the city of Hialeah, Fla., are on one.

In October 2009, separate dispatching centers located six miles from each other merged into a one-stop shop—a 3,000-square-foot communications center with 15 state-of-the-art consoles—for 50 police, fire, and medical dispatchers. Less than two years later, the City of Hialeah Public Safety Communications Division became a triple-accredited emergency dispatch center by the International Academies of Emergency Dispatch® (IAED™).

As part of the consolidation, a new computer-aided dispatch (CAD) system was added, making the division one of the most effective communications centers in the country as well as one of three tri-ACEs in the world while residing in a state widely regarded as the forward point of how emergency dispatching gets done.

Hialeah, the fifth-largest city in Florida, is growing like a strand of bamboo, and the dispatching center handles nearly 345,000 calls each year. Hialeah Director of Communications Chief Lazaro Guerra said the tri-ACE designation was a point of pride across the center.

“Not only does it show us that we’re actively seeking to be excellent in emergency response, technical capability, and the definitive example of public safety, it shows the nearly 300,000 residents we serve that we’re doing all we can to achieve those goals across all three agencies,” Guerra said.

The nationwide recession and the burst of the housing bubble six years ago hit Florida particularly hard. Having a new and improved communications center gives Hialeah residents a kind of ace up their sleeve when it comes to maintaining a new sense of community as the economy continues to rebound, not just economically but in its sense of community.

Obtaining the designation was well worth the effort, Guerra said, noting, “and it does take effort.” To other agencies considering whether to go for it, “the decision to do so must be a group decision. You don’t make it if everyone isn’t on board,” including the overseeing boards. “And it won’t stick if you don’t make maintaining and achieving excellence an integral part of the daily routine, and I do mean every day.

Quality improvement and assurance has to be part and parcel to every decision, both inside and outside the center, “not just for now but forever,” Guerra said, noting that slippage can seep into a center unnoticed and quiet like dry rot in a home’s foundation. “Quality doesn’t just happen to come by, it has to be invited, and welcomed, and tended to, and made part of a center’s environment.”

The center didn’t have a lot of ground to make up in meeting the standards for becoming a tri-ACE, but it was bobbing below acceptable levels in how well dispatchers were following the Medical Priority Dispatch System™ (MPDS™) structured call taking guide. Case review scoring was hovering around 90% adherence, but some tweaking was needed to stop a small, slow leak in keeping top scores aloft.

“Again, the main fix to the adherence requirements was a buy-in from everyone that it mattered,” Guerra said. “Everyone decided that it’s not about the score but what those case review scores mean to how well we’re doing in responding to people in their moment of need.”

Florida has been through a lot of changes the past seven or eight years—financial upheaval and a lot of community ties that bind with it, Guerra said. “We’re remaking and helping rebuild the confidence and connection in our community, and that makes us both proud and keeps us humble.”

To achieve accreditation, Public Safety Communications dispatchers must meet specific standards for certification and the agency must submit an ACE application form along with a detailed, self-study of 20 specific categories. Accreditation is voluntary and involves review of everything from the center’s description to procedures outlining a quality improvement plan, continuing dispatch education, and compliance to the life-saving IAED™ emergency dispatch protocols developed by Academy Co-founder Dr. Jeff Clawson.

Hialeah and other agencies that have taken getting and keeping ACE designa-
Just Ahead

If you can’t be in Salt Lake City for NAVIGATOR 2013, you can at least have the opportunity to relive some of the outstanding conference moments through stories featured in the next issue of The Journal. Although we’ll spare you a heavy song-and-dance revue, risqué jokes, and fashion commentary, we will be rolling out our own brand of red carpet to introduce the people behind the many awards recognizing the Dispatcher of the Year, the Dr. Jeff Clawson Leadership choice, ACE achievers, and CCM graduates. As always, we will highlight the never ordinary and always extraordinary stories we hear from dispatchers and—as best as we can—give an overall scenic view of a conference held in the city where the whole thing about protocol started nearly 35 years ago. But that’s not all. The Journal will also include the standard favorites: continuing dispatch education, Your Space, industry-related news, and columns written by experts in the emergency communications profession. And you won’t want to miss a chilling look at team “Shock and Thaw” as they brave the frigid waters of the Chatfield Reservoir in Colorado all in the name of a special cause.

In one way, if there was an Uber-Protocol for communication centers, structured and continuous attention to quality improvement would be it, Dale often tells students, staff, and veteran center supervisors. Quality assurance and improvement is the real bottom line of any center. Not engaging in reasoned, full-team quality improvement is like a sink without a faucet or a clock without hands—not all that much help.

Every center director or supervisor shouldn’t be daunted when hearing about a center becoming an ACE but instead view it as an engraved invitation to take quality improvement seriously, and accept it.

“It comes down to that single decision, and then a daily decision to keep at it,” Guerra and every other ACE-designated center supervisor says in so many words.

“It’s the easiest and hardest decision, but it has to be a decision,” says veteran center supervisor Tom Norvelle. “It won’t happen by accident; accidents happen out there, not in here. And, it’s the definitive example of ‘Easier said than done.’ Then again, what in the world isn’t easier said than done?”

Hialeah Public Safety Communications dispatcher Anita Martin

Hialeah Public Safety Communications dispatcher Daniel Cabrera

Hialeah Public Safety Communications dispatcher Daniel Cabrera
Ventilation 1st Pathway
Is breathing problem use restricted to asthma?

Brett:
I am an EMD using the Advanced Medical Priority Dispatch System™ (AMPDS™). I answered a call in which the patient had severe breathing problems due to chronic obstructive pulmonary disease (COPD). The patient stopped breathing and I used the Ventilations 1st pathway to begin CPR. This was marked incorrect and the reason given was that this should only be used for asthma and the other conditions listed. Is this correct? If so, why is asthma the only breathing problem appropriate for V1st pathway?

Tracey Grouden, EMD
Great Western Ambulance Service
Chippenham, U.K.

Tracey:
Your thought process was right regarding the use of the V1st pathway for COPD arrest. In fact, COPD will be added to the Protocol 6: Breathing Problems suffixes and Post-Dispatch Instructions (inhaler/nebulizer use) in v13 of the Medical Priority Dispatch System™ (MPDS™). Your e-mail serves as an important reminder to the Standards Council to include COPD in the V1st list of the Pathway Director on PAI-c.

With that said, I cannot fault your ED-Q™ for making the scoring deduction since this provision does not yet appear in protocol. I hope you will share this e-mail with your ED-Q and use it as a learning experience. A patient with an acute exacerbation of COPD resulting in cardiac arrest is best handled using the V1st pathway due to the hypoxic nature of the arrest, just as is the case for a severe asthma attack that results in cardiac arrest.

Thanks for the excellent question and congratulations on your insight into the case.

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

Heather Rochefort
Quality Support Coordinator
Clinical Governance Unit
Sydney Ambulance Centre
Eveleigh, New South Wales

Heather:
Typically, non-traumatic arrests are handled using Protocol 9, and the trauma protocols have been augmented in recent years to accommodate arrests so that safety issues are not overlooked.

An OVERDOSE or POISONING is a bit of an anomaly because, technically, the substance taken is an “outside force,” which is part of our dispatch definition of trauma. However, the actual mechanism or action on the body is more akin to a medical problem. Therefore, OVERDOSE or POISONING is widely considered a medical emergency by DLS experts. This is why there is no arrest Determinant Descriptor on Protocol 23; Protocol 9 is appropriate if the patient is not breathing.

The Standards Council is of the opinion that the OVERDOSE or POISONING patient found in arrest is not a potential scene safety risk, so the call can be handled safely and effectively using Protocol 9, and the patient can benefit from the resulting ECHO response and expedited treatment.

The arrest link is included in ProQA simply to make sure the EMD gets to the right place if Protocol 23 is selected. It was not included in the cardset because it would be misleading, and the unconscious or INFECTIVE BREATHING and Not alert links go directly to appropriate PAIs.

Your second question is a bit easier to answer. The issue was raised by way of a Proposal for Change and was considered in a Standards Council meeting for version 13. The result? “Other lung problems” was added to the Key Question and to the PDI regarding the use of an inhaler or nebulizer because these prescribed treatments are safe and effective for COPD patients as well as asthma patients.

While v13 is not yet out, you can safely advise your EMDs to select “yes” if the caller reports emphysema or COPD.

1. Selection of the overdose protocol for a patient reported as not awake and not breathing. There is no arrest descriptor in MPDS or ProQA; however, in MPDS there is a DLS link for “Unconscious” and in ProQA the DLS link is for “Unconscious or Arrest.” Should we advise call-takers to select Protocol 9: Cardiac or Respiratory Arrest/Death or Protocol 23: Overdose/Poisoning (Ingestion)? If the call-taker should select Protocol 23, please explain since there is no arrest descriptor.

2. In Protocol 6: Breathing Problems in relation to the Key Question about asthma, would you recommend selecting an answer choice of “yes” if the caller reports emphysema or COPD?

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

We have a calltaking workshop this coming Monday and have two issues that we would like to get clarified:
The 2013 NAVIGATOR conference reaches new heights with a confluence of topics, product demonstrations, speakers, and views you can use, all in its native home of true grit and grandeur.

The International Academies of Emergency Dispatch (IAED®) and Priority Dispatch® were founded in Salt Lake City, a place that until the mid-19th century was the roaming and hunting ground for such colorful figures as Jim Bridger and Jedediah Smith, who explored, trapped, and mingled with native Indian tribes including the Bannock, Shoshone, and Goshute.

Industry invariably changed the landscape; development became king. Mountain men became the stuff of lore. Indians were pushed farther north and west. Industry beckoning the “new immigrants” to a mile-high terrain drove Utah (statehood achieved 1896) along a path of alliance with innovation and an international attention:

- Mormon settlers devised a method to irrigate the desert that is used in arid lands around the world to this day.
- The digital world became a reality in Salt Lake City and nearby Provo with pioneering word processing and computer graphic design, from Pixar’s hopping desk lamp to the Apple iPhone 2012 app of the year.
- A coalition of Mormon, Jewish, and Catholic settlers built a public health and safety network that could be a national model for a modern hospital/clinic system of medical care if anyone in that field would take a closer look.

That amalgam of collaboration is the foundation of IAED Co-founder Dr. Jeff Clawson’s idea of structured dispatch that at last count is being used in nearly 3,000 emergency call centers in 43 countries staffed by 54,100 IAED-trained dispatchers.

City NAVIGATOR a special occasion, and the 2013 conference marks a defining point between the organization’s three decades of improving emergency dispatching across the world and the organization’s full realization of its role internationally.

“We couldn’t ask for a better location,” Fletcher said. “We’re in the heart of a downtown that’s turning heads here and abroad. We’re very excited about making the IAED a visible part of the skyline as well as a visible partner of this city’s influence around the world.”

Also on display downtown, just a several block walk or a short TRAX light-rail train ride from the conference site, is the city’s new Public Safety Building. The $125-million complex features what architects would like to be known as the “centerpiece of emergency dispatching worldwide.” The building will be in the last week of its construction schedule, so it won’t be occupied, but conference attendees will be invited on guided tours.

The structure, which is the first Net Zero Energy public building in the country—it produces as much power as it uses—will meet a multitude of needs for Salt Lake City public safety, including consolidating the administrative offices of the police and fire departments, centralizing dispatch, and acting as a disaster/emergency operations center. It replaces the tightly crammed building the agencies have occupied since 1958.

Courses at the conference range from how to survive shift work, to the power of peer case evaluations, to how not to sink in the rising tide of digital data. A full list of course sessions, listed by track, can be found by visiting www.emergencydispatch.org/NAVIGATOR.

NAVIGATOR wouldn’t be complete without a number of between-days and off-hours socializing, including an official Opening Gala Reception and the annual Closing Luncheon with the Communication Center Manager (CCM) Graduation and the announcement of the recipient of the Dr. Jeff Clawson Leadership Award.

Keynote speakers include Jim Shea, Jr., gold medal winner in skeleton racing at the 2002 Winter Olympics held in Salt Lake City. Both his father and grandfather were Olympian competitors. His father competed in Nordic combined and cross-country skiing in the 1964 Winter Olympics in Innsbruck, Austria. His grandfather won two speed skating gold medals in the 1932 Winter Olympics at Lake Placid, NY.

Entertainer Jason Hewlett and the two dozen or so famous actors and personalities who reside in him will be the Closing Luncheon keynote speaker. The singer/piano player/humorist is a Salt Lake native who tours the corporate convention circuit but whose show is making wider ripples across the country. With a cast of character impressions ranging from Nat King Cole to Led Zeppelin, Hewlett’s show has been called “unique,” “a blast,” and “funnier than heck.”
Two weeks that will change your life...

...without the obedience training

THE COMMUNICATIONS CENTER MANAGER COURSE
ONLINE SESSION BEGINS: September 9, 2013
ONSITE: October 6-11 | December 8-13, 2013

“The CCM course is much more than a constructive learning experience for communications center professionals…it is a reaffirmation of the value of the individual as a whole and the priceless gift of an entire new network of colleagues who have now become part of my extended family.”

—Sherri Stigler,
Waukesha County Communications,
Waukesha, Wis.

Presented by:
Fitch & Associates on behalf of NAED

NENA has approved this course as credit toward recertification for the Emergency Number Professional designation.

Online registration for the 2013 course is now open.
Go to www.emergencydispatch.org/certccmcourse
or call Sharon Conroy at (816) 431-2600 for more course curriculum and registration information.
The world didn’t come to an end in December 2012 as the long-gone Mayan timekeepers had hinted it might some 5,000 years ago, but for a big chunk of the United States it looked like it might when life along the Eastern seaboard was brought to a sudden, sodden stop by Apocalypse-sized Hurricane Sandy.

As Sandy plowed through Battery Park in New York City at about 8 p.m., Oct. 29, a 13.7-foot storm surge, pushed by 85 mph winds, pummeled seawater as high as the hem of the Statue of Liberty’s robes and put wide swaths of the Northeast coast temporarily below sea level. Hurricane winds fanned out across 1,100 miles—the largest diameter of an Atlantic hurricane in recorded history—and led emergency services responders on a weeks-long wild goose chase across 24 states. The storm blew apart the daily routine like a Louisville Slugger beating dirt from a throw rug and, in a not-so-fond farewell, hooked up with a lingering rainstorm that spawned sidewinding blizzards in Virginia and Tennessee and left parts of Michigan and Wisconsin flapping in the breeze.

At about 8:30 p.m., Oct. 29, power outage calls to the University of Medicine and Dentistry of New Jersey—Emergency Medical Communication System (UMDNJ-EMS) started going off like fireworks on the 4th of July. Call loads increased 30% to 45% above the norm across the Northeast and stayed there. Great swells of seawater lifted cars like so many tub toys and winds tore out old-growth trees by the roots, flinging them across power and telephone lines and generally sending anything not made of concrete or tightly attached to it someplace else.

Calls from the stranded, sinking, or suddenly sunk gave way to a flashflood of possible carbon monoxide (CO) poisoning calls due to natural gas leaks and the large number of storm victims trying to keep warm with poorly ventilated kerosene heaters and gas stoves.

By midmorning, Tony Guido, a veteran dispatcher and IAED™ certified quality assurance officer with North Shore Long Island Jewish Health System for Emergency Services (NSHS) in Syosset, N.Y., was into the 20th hour of what would be 90 hours straight inside the communication center.

“We began prepping for worst-case scenarios starting on Sunday,” Guido told The Journal during a telephone interview. “When the calls hit—and we were easily up 40% of normal right away—we had already reassigned everyone to Emergency Medical Dispatching duties. We had shut down all patient transfers and had all 110 available response vehicles staged and ready when it hit.”

Shutting down all but emergency operations is just about as rare as a monster hurricane for NSHS. It is the largest hospital-based ambulance service in the New York metropolitan area and among the largest in the country, with a catchment area of 1,700 square miles of New York City and Nassau and Suffolk Counties. It handles more than 120,000 requests for service a year.

“That kind of [call] bump is a big one for us, but we really felt on top of things and ready to handle anything,” Guido said, noting that the Medical Priority Dispatch System™ (MPDS®) “really made handling the calls the easiest part.”

The hardest part, Guido and dispatchers from Manhattan to Goshen, NY, agreed, was directing response vehicles around tree-blocked or flooded roads.

“We had hiccups here and there; the power would go off and on for the first little while, but the back-up generators kept us going smoothly,” Guido said.

The agency had stowed back-up protocol cardsets in plastic bags and in a locked cabinet should power supplies to the consoles suddenly give out. “We unlocked the cabinet, but that was as far as we had to go into that back-up plan,” Guido said.

Communication center supervisors had stories about both their dispatching crews and responders matching the storm blow for blow with a joint effort to reach people. Dozens of times, emergency medical responders waded waist deep through the dire straits that a few hours earlier had been their neighborhoods.

Two NSHS hospitals are located in areas that, in heavy rains and especially in hurricanes, turn into a kind of Passaic wetlands that can muddy the routine transfer of patients among facilities. With an increase in emergency calls of around 15,000 during the first two days
of Sandy, transfers were limited to neonatal/pediatric moves determined to be a matter of life and death.

“The call volume didn’t throw us because we had basically shut down all but emergency operations,” Guido said. “Coordinating calls and retriaging en route is habit around here, so we just went into overdrive mode. We never got ahead of the need, but we kept up with it for the worst part of the aftermath during the next three weeks.”

The spike in calls reporting unconscious or semi-conscious or suspected CO poisonings involved people feeling sick with flu-like signs and symptoms.

UMDNJ received more than a normal year’s worth of calls requiring Protocols 31: Unconscious/Fainting (Near) and 32: Unknown Problem (Man Down) during the first week.

A “first and worst” incident involved two simultaneous CO poisoning deaths. Despite best efforts, two school-age girls in the same bedroom in Newark died as calltakers tried in vain to glean Key Question information from a highly emotional caller. The fire department requested EMS for nearly every CO alarm call they were on “to evaluate” patients; if the firefighters got a reading on their CO meters, they called for EMS.

So-called “good intent” calls put a huge initial strain on every communication center not only because of the high call volume but, also, because of suspected poisonings that were unfounded and caller refusal for care or transport, Guido and other supervisors said.

**As far as the eye couldn’t see**

All of Newark, N.J., and the surrounding metropolitan area went dark at 6 p.m. on Oct. 30. Floodwaters were filling roadways and subway tunnels, shorting out the power to pretty much everything that runs on electricity.

Rescuing stranded or sinking motorists dominated emergency call traffic throughout the New York City metropolitan area. Outages lasted from three days to three weeks and many were man-made—Public Service Electric and Gas Company intentionally cut power to many of its substations along the flooding Passaic River.

UMDNJ emergency dispatcher Ryan Caiazzo, who was “unfortunately on vacation” during the peak of the storm, kept tabs mostly via cell phone by listening to Newark Fire and Port Authority Police. When the power went out, so did his Voice over Internet Protocol (VoIP) line that’s part of his home cable TV package but without battery back up.

A fellow dispatcher whose home was directly in the path of the storm stayed at Caiazzo’s place for a week to ride out the storm and work his scheduled hours. They listened to news using an iPad and RadioReference.com.

“We were in complete darkness with only the glow of the iPad and some candles listening to the terror unfold around us,” Caiazzo recalled in an e-mail to *The Journal*. “It truly was scary. The radio calls never stopped … water rescues, fires, carbon monoxide, traffic accidents, trapped vehicles, wires down and arcing, people on oxygen who didn’t have backup when the power went out, people stuck in elevators, etc., etc., etc. Police, fire, and EMS were completely overwhelmed despite extra staffing and all the solid preplanning.”

Cell phones operated for a few hours then went dead. Caiazzo’s 4G service went to 3G and then to 2G, 1G, and then to no data at all. Even though most of Newark’s cellular antenna sites are on top of commercial buildings, it wasn’t Sandy’s winds that took them out but the lack of back-up electrical generators to keep their batteries charged.

“Finally, there was no voice capability,” he said. “By the next morning, a city that has over 300 cellular antenna sites had virtually no cellular voice service and therefore no contact with the outside world. Landlines worked for those who still have them, but because people depend on cell phones to the exclusion of landlines and other forms of communication, it was a huge problem.”

Federal, state, and local public safety administrators as well as elected public officials began continuous and urgent public requests to dial 9-1-1 only in the event of clearly life-threatening emergencies and to use social media networks and news media for damage updates or to check on the status of family members and friends.

**Whiplashed**

Dispatchers describe handling the initial call traffic as something like trying to deal poker hands by throwing playing cards in the air, and the aftermath like juggling a bowling ball, a sledgehammer, and a head of lettuce.

On Halloween, Mother Nature showed up on the doorstep of Orange County 9-1-1 in Goshen, NY, dressed as hell and high water.

Veteran dispatcher and supervisor Melissa Alterio was girding up to face the fourth but by far scariest hurricane of her career. Floyd, Irene, and Lee had taught Alterio what Sandy would teach every dispatcher: Hurricanes are like whiplash injuries in a car crash, with the actual concussion coming when a center is slammed by calls in the immediate aftermath.
“For a dispatcher, disaster recovery is just as stressful and busy as when the storm is passing through,” Alterio said. “I don’t think most people—the public that is—realize that. We received numerous calls for days later for flooding, power outages, generators running out of fuel, and individuals requiring oxygen. And, we spent weeks dispatching mutual aid to the more devastated areas of the state.”

Even with that self-imposed triage supposedly limiting 9-1-1 calls for situations at their worst, “[call] traffic was three times busier than I’ve ever seen, and I’ve seen a lot of bad storms,” Alterio said. “Irene was by far the most memorable storm incident I’ve experienced in my career. While our 9-1-1 team handled themselves amazingly well during Irene, it also assisted us greatly for preparation for Sandy.”

Part of that experience was the abiding concern among dispatchers that their lives outside the center were being turned as upside down as everyone else’s.

“Many of them were just as fearful as the callers we were dealing with,” Alterio said. “I think for everyone, the most difficult aspect was knowing our families and loved ones were home, and perhaps somewhat vulnerable, and not able to be there with them or reach out to them when we would have liked to.”

Role reversal

Sandy changed Caiazzo’s view of 9-1-1. A fight outside his apartment building the night after the storm sounded serious and lengthy enough that he dialed 9-1-1. The call could not be completed and he never got through despite numerous tries. Several hours later he received a callback asking about his “abandoned” call.

“I was, for once, on the other side of the fence, experiencing the frustration that our callers experience when they can’t get through or when the system just doesn’t work the way it should,” he said. “It was a sickening and helpless feeling that I, as a 9-1-1 dispatcher, instructor, and advocate couldn’t reach help myself; it completely changed my worldview in my career. While our 9-1-1 team handled themselves amazingly well during Irene, it also assisted us greatly for preparation for Sandy.”

Communications in the aftermath of any emergency can be a problem, Pompper and other communication center supervisors said, but it can be a train wreck on top of a big natural disaster unless emergency services are able to create their own luck by plugging into an active volunteer network, regardless of how large or small their coverage area.

“Everyone was queued up and ready to roll, but there was no point in sending them when we weren’t sure they could get there and be reasonably safe once they did,” Larry Fisher, Salem County chief of communications and 9-1-1 coordinator, told The Journal a month after the storm subsided.

Surprisingly, no injuries were being reported in the region, and even more remarkable, no serious injuries occurred as the full response and cleanup began in the aftermath, Fisher said. “So, while it was the worst storm we’d ever seen, no one being seriously hurt somehow in the biggest storm anyone has ever seen is a record event in its own right.”

Unfortunately, dispatchers rarely put personal contingency plans into place, Caiazzo said.

“While 9-1-1 centers have contingency plans for disasters and loss of communications, most 9-1-1 telecommunicators don’t have their own similar contingency plans for personal communications, meals, and accommodations if their homes are destroyed, unpowered, and inaccessible for any period of time,” Caiazzo said. “Sandy should teach us that preparation and preplanning on behalf of the communication center needs to translate down to the personal level too. If you don’t have a way to rest, have shelter, or to prepare meals, you’re not going to be very effective at work.”

Lessons learned

The quick and sustained use of volunteers was a key reason the situation didn’t turn out a lot worse, said Jeff Pompper, executive director of emergency services and the emergency management coordinator in Salem County, N.J., which had extensive damage but not a single injury.

Was the center just well prepared or mostly lucky?

“It’s probably a lot of both,” Pompper said. “But having a coordinated and willing network of volunteers definitely helped; supplementing communications with the hundred or so tireless folks who were ready, willing, and able—and able is the key.”

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More about Hurricane Sandy at www.iaedjournal.org

A note to fellow dispatchers

Despite the 12/12/12 rock ’n roll concert at Madison Square Garden to raise funds for Hurricane Sandy relief, unsung that night were the dispatchers who worked long and without breaks answering the flood of 9-1-1 calls that swamped PSAPs throughout the region.

Tony Guido, a veteran dispatcher and an IAED-certified quality assurance officer with North Shore Long Island Jewish Center for Emergency Services (NSHS) in Syosset, N.Y., said perhaps that’s how it should be.

“We’re not really front and center but we’re always there, and proud to be,” Guido said. “Keep in mind, not only did dispatchers handle the storm from their consoles, many took calls regarding their own houses.”

During the height of the storm, neighbors and fellow dispatchers texted photos of homes owned by dispatchers showing damage ranging from flooding to total losses. Based on accounts of center supervisors in the New York City metropolitan area, at least 20 dispatchers lost their homes due to fire, wind, and rain.

That’s why the 911 CARES project is facilitating support and sharing needs received from area public safety communications centers. Donations are still being accepted, and a list of losses suffered in the wake of the storm shows the need will continue for some time. 911 CARES asks that donations be sent to:

FDNY Communications
Attn: FAYE/SANDY RELIEF
83-98 Woodhaven Blvd
Woodhaven, NY 11421

Monetary donations can be made online via 911 CARES at www.911cares.com, where continuing updates are posted.
A couple embraces after they were released from the Clackamas Town Center in Portland, Ore. Two people were killed and at least one other was shot at the mall on Dec. 11, 2012.
Shooting Spree
Clackamas County responds to lone gunman at shopping mall

Audrey Fraizer

He was young, had worked in a sandwich shop, and, fortunately for the thousands of Christmas shoppers at the crowded Portland, Ore., mall, his semi-automatic rifle jammed.

The possible interval the breakdown destined between shots might be the reason 22-year-old Jacob Roberts took his own life, ending the apparent random attack that left two dead and one wounded.

“As bad as it was, it could have been worse,” said Ryan DesJardin, technical manager, Clackamas County (Ore.) Communications. “When anybody dies violently it is a tragedy, and I send my condolences to the families. But we’re lucky that more people weren’t killed.”

DesJardin was off duty on late Tuesday afternoon, Dec. 11, when Roberts entered the busy mall wearing a load-bearing vest over his darkly colored clothing and carrying an AR-15 and several magazines full of ammunition. A white hockey mask covered his face.

According to police reports, Roberts opened fire in the second-level area in front of the Macy’s department store facing the food court, fatally wounding Cindy Ann Yuille, 54, a hospice nurse, and Steven Mathew Forsyth, 45, who ran a custom coaster-making business at the mall. A third victim, 15-year-old Kristina Shevchenko, was shot at an unknown location, but was able to make it outside the mall on her own. Once Roberts’ automatic weapon supposedly jammed, he hurried past the food court, descended a service stairwell, and shot himself. His body was found approximately 12 minutes after the shooting started.

Police and mall officials attributed the malfunctioning gun and a one-day training seminar held the past spring that was given by Clackamas County sheriff’s deputies for the limited number of casualties. According to local news reports, police had staged active shooter scenarios for the mall’s unarmed security staff and provided advice to mall tenants for how to respond in such an emergency.

Clackamas County Communications Operations (CCOM) Manager Mark Spross also credited his staff during the desperate situation.

“My staff did amazing work,” he said. “They had so much being thrown at them at one time for a very long time, and they just kept at it. The center was as calm as I’ve ever seen it. There was extreme focus. They were operating as if they were one person. Incredible.”

Spross was paged when the first call came in at 3:29 p.m. and responded to the dispatch floor.

Six dispatchers assigned to the police and fire radios jumped into action, informing emergency responders that an active shooter incident was reportedly in progress. Within minutes, every single line at the center was in use.

“The cell trunks were saturated,” said DesJardin, who was paged and on his way to the center moments after the shooting started. “We’re a mid-size agency [six dispatchers/shift, maximum staffing level] but it would be difficult for most centers to staff up 24 hours [a day] for this type of incident.”

Within five minutes, 50 calls were in the primary calltaker’s queue. The number doubled less than five minutes later, according to Spross, who compiled the data shortly after the incident in anticipation of media questioning.

“We had one caller who was a witness to the suspect but most people called asking what they should do,” Spross said. “We couldn’t provide a lot of information and all we could tell them was to find a safe spot if evacuation was impossible. Given the situation, the majority of our callers sounded really calm.”

The initial response of sending a single medic and two engines quickly accelerated as callers revealed the scene of a lone gunman running at large and people scrambling frantically for the mall’s exits or taking cover. The first deputies arrived within one minute of the first radio alert, with a massive ensuing call-out bringing more than 100 police from federal, state, and local agencies.

Along with Clackamas County Sheriff’s Department’s regional partners, Clackamas Fire District #1 arrived, along with members...
of the Portland Police Bureau, Oregon State Police, the Federal Bureau of Investigation, and the Bureau of Alcohol, Tobacco, Firearms, and Explosives.

9-1-1 calls continued well past an incident that lasted 12 minutes between the time Roberts started shooting and police discovered his body in the stairwell. Incoming calls saturated cell tower lines, pushing overflow to nearby centers, including the City of Portland communications center.

The volume relating to the shooting plus other emergencies going on—such as traffic accidents—activated an all-call alert to communication staff. Fortunately, the timing near shift change meant dispatchers were already on their way to work.

"But it didn't take the all-call to get people here," Spross said. "Staff dropped what they were doing once hearing early reports coming over the radio [media]."

Within an hour of the first call, all 14 seats were filled, and those who didn't get a seat helped out in other ways. In addition to answering calls, crews monitored the two police and one fire net set up at the scene and took turns at calltaking and dispatch. Spross concentrated on coordinating the situation—notification to other agencies, assistance to supervisors, and emergency management—and making sure staff was able to stay in control despite the intense stress.

Two hours into the incident, Dispatcher Brenda Fahey jumped into her car for the 20-minute drive to the CCOM from the Portland City Dispatch Center. She picked up coffee and pastries, compensating for the food breaks no one could take.

Fahey is a member of Portland City's Critical Incident Stress Management (CISM) team, and this was the first time in her 11 years of working in communications to offer support away from her home center. Although the CCOM appeared calm when she arrived, she had Spross' permission to assess signs of stress in a group of people that commonly denies they're bothered by what's going on.

"If someone is crying or looking distracted, we're trained to help diffuse those emotions," she said. "It's all very confidential. We talk to the individual to see what can be done. It might mean suggesting the person goes home or, at least, takes a break."

The "in the moment" CISM counseling is followed up the next day; if the stress continues, the CISM member will suggest referral to a specialist.

Once the incident ends, and the pace settles down, that's when stress can really raise its ugly head. Spross compared the aftermath to driving in a car on a freeway while mindful of a tornado bearing down on your path.

"The tornado passes and you're out of danger," he said. "You're tense. The situation is over but the body reacts."

Since the time lag for stress, when it does occur, can vary from the same day to days later and affect even those not present during the incident, the CCOM offered debriefings for anyone at work or not.

"Everyone had a connection to what was going on," Spross said. "I don't care where they were at the time. When things like this happen, everyone is affected."

The shooting was the largest incident the center had handled both in terms of people involved and call volume. An estimated 10,000 people were at the mall at the start of the incident, and between the hours of 3 p.m. and 7 p.m., calltakers answered 365 combined cell and landline 9-1-1 calls.

Two days later, a lone gunman killed 26 people—six adults and 20 children between the ages of 6 and 10—at a grade school across the country.

"The second shooting made our shooting hit home for a second time," Fahey said. "We can only imagine how those dispatchers were feeling. Bad things like this affect our entire community."

A line of silver and red stars offering words of support for retailers and shoppers were hanging from the glass railing near the Clackamas Town Center food court when it reopened for business on December 14. The stars were available for customers to sign and officials are reportedly considering a permanent memorial.
Trauma Is Inside And Out
MOI key to determining likely internal injuries

By James Thalman and Cynthia Murray

During this past Christmas shopping season, a Buffalo, NY, mom turned back to the bolts of the red-balloon-bedecked flannel in the center ring of a local craft store just as her 4-year-old daughter was turning a pint-sized shopping cart the toddler had pestered to push “all by myself” into a battering ram.

Out of sight, but coming just as intently from the opposite direction, was an orange-punch-fueled Lancelot who had just feasted on two six-piece chicken McNugget orders at a 5-year-old’s birthday party at the McDonald’s across the parking lot. As the two each pushed their carts from lope to full gallop, the mom noticed that the other fast-approaching steed was mounted by a 2-year-old in the cart, facing backward but craning forward. She got the jousting officially started with a scream that brought the hustle and bustle—not to mention the hearts—of every customer in the place to a screeching halt.

The trilogy of tykes collided with a force that witnesses said could have stood a bumper car on its nose. An EMD-dispatched siren, which symptoms have yet to manifest.

The ripple effect
Falls, crashes, and sudden deceleration incidents on any scale follow specific laws of physics and have their own MOI. That’s why some of the MPDS® traumatic incident protocols are designed to pose questions that are incident-based (rather than symptom-based or even medical in nature), such as “How far did s/he fall?” and “How did this happen?” These questions are also more natural to callers reporting a traumatic incident, as they can describe what happened but may not yet know the severity of injuries or even whether or not the people involved are conscious or breathing.

On the surface, the term “mechanism of injury” appears to be just a fancy way of describing what happened, but understanding the incident is vital for a pre-hospital emergency care provider to assess the impact on the patient’s body and develop an appropriate level of concern for the potential of injuries. For instance, vehicle versus pedestrian incidents exemplify how MOI outweighs the apparent seriousness of the patient’s injuries described to the EMD. Though severe injuries may not be visible, an impact of that nature may cause slow internal bleeding or a developing head injury for which symptoms have yet to manifest.

“MOI is how we can begin to mentally reconstruct the scene or incident and determine if the mechanism was significant,” Dale says. “Because Emergency Medical Dispatching occurs over the phone and at a distance from the incident and beyond the sight of the dispatcher, the dispatcher must base his or her evaluation on the history and other more subtle pieces of information given by the caller.”

Determining when MOI takes precedence over known or obvious external injuries is crucial in identifying the most appropriate Chief Complaint Protocol, response, and Post-Dispatch Instructions (PDIs) to meet the needs of the patient. Becoming skilled in deciphering the most significant variables in these situations goes a long way to facilitating better patient safety, triage, and care.

Though the example of a collision of two shopping carts isn’t considered a high-mechanism incident, when dealing with trauma triage protocols, it’s best to err on the side of patient safety, Dale says. Remember the Second Law of Medical Dispatch states “When in doubt, send ‘em out.”

When a body encounters sudden deceleration forces, “the injuries aren’t in what the caller hears or in what the responders can see, but how the organs have fared as the energy passed through,” Dale says.

Less-than-obvious damage to the brain, kidneys, heart, and lungs can be factors in assessing internal injury accurately. Traumatic forces can cause the liver or its surrounding tissues to be separated or sheared, resulting in significant internal bleeding. Additionally, a traumatic incident may sever the connection to the aorta, resulting in severe respiratory distress. However, these critical internal injuries cannot be observed visually.

“This is why obtaining specific information from the caller is critical,” Dale says. “On Protocol 29 [Traffic/Transportation Incidents], we ask whether anyone was thrown from the vehicle, and we col-
lect information on whether the incident involves a pedestrian, motorcycle, or bicycle. These scenarios are considered HIGH-MECHANISM incidents that suggest severe injuries and require a DELTA-level response. Persons who are pinned or trapped in a vehicle collision also require a DELTA-level response, but are not considered HIGH-MECHANISM incidents as entrapment accounts for a lower number of significant injuries than ejection from a vehicle.

This past January, a New York City mom was checking out at her local supermarket when she checked the status of her 3-year-old daughter for the 40th time and noticed that her knee had become wedged in the fold-up back of the cart and the frame of the cart. The child’s whimper quickly became a four-alarm wail as her mom calmly and without too much pressure tried to pull her leg free. The checkstand clerk, a store manager, and a security guard responded and provided assistance that was the opposite of help. “Get some Crisco!” “Don’t touch it!” “Call 9-1-1!” The panic-stricken mom yelled for someone to get a bolt cutter.

As the ambulance arrived, the knee had been freed. The child had sustained bruises, a few scratches, and a big scare. Things could have turned out a lot worse.

“Of prime concern to the EMD is that the individuals on scene not be allowed to do something that they believe will help, but that can or likely will exacerbate existing injuries or even cause primary injury to the intended rescuer,” Dale says.

An appropriate safety guideline for EMDs is the First Law of Medical Dispatch: “First, do no harm.”

A child getting stuck in a shopping cart is a minor trauma most parents have dealt with at least once, and without their child sustaining a serious injury. However, outcomes can be far more serious than people might think. In 2005, an estimated 24,200 children were treated in U.S. hospital emergency departments due to injuries sustained in or around store shopping carts. Most of those incidents—85%—involve children under age 5 and primarily resulted from a child falling out of a cart, a cart collision, or a tip-over.

Shopping carts are inherently top-heavy and are even more so with a toddler aboard. The V-shape array of the wheels (the back wheels are farther apart than the front) makes carts even more inclined to tip. A stuck child wanting desperately to be unstuck, and a parent aiding in that effort, can turn a minor emergency into a major injury if the cart falls over.

According to Pediatrics, the research journal of the American Academy of Pediatrics, shopping cart–related injuries to children are common and can result in severe injury or even death. Injuries to the head and neck represent three-fourths of cases.

Dale points out that a small child strapped to a cart that falls over will travel two to three times his own height before hitting the ground. When an adult falls a distance of three times his own height, the incident is considered a “LONG FALL” (10–29 feet), which may indicate severe injuries. To account for size differences, a LONG FALL is defined as only 6–29 feet for an infant. A rule of thumb for EMDs handling such incidents is the younger the child, the more severe the potential for injury.

“One of the top five questions dispatchers ask IAED instructors in training is why a maximum response is sent when a patient in a vehicle accident or a long fall is reporting only minor injuries. Dale points out that EMDs, along with their field provider counterparts, will treat the MOI, regardless of known injuries. The patient is “at risk” until an on-site assessment proves otherwise. “The only way to protect the system and our patients is to complete a thorough interrogation of all callers reporting such incidents.”
CDE Quiz + Medical

Answers to the CDE quiz are found in the article “Trauma Is Inside And Out,” which starts on page 33. Take this quiz for 1.0 CDE unit.

1. What is the No. 1 cause of injury and death to children under age 14?
   a. shopping cart incidents
   b. traumatic falls
   c. automobile accidents
   d. sudden cardiac arrest

2. Some of the MPDS traumatic incident protocols are designed to pose questions that are ____________, such as “How far did s/he fall?” and “How did this happen?”
   a. symptom-based
   b. medical in nature
   c. commonly expected
   d. incident-based

3. Vehicle versus pedestrian incidents exemplify how mechanism of injury (MOI) outweighs the apparent seriousness of the patient’s injuries described to the EMD.
   a. true
   b. false

4. When dealing with trauma triage protocols, it’s best to err on the side of:
   a. responder safety.
   b. patient safety.
   c. bystander safety.
   d. none of the above

5. Internal organ damage to the brain, kidneys, heart, lungs, liver, and aorta can be visually observed in the patient.
   a. true
   b. false

6. Which of the following scenarios is considered a HIGH-MECHANISM incident?
   a. ejection
   b. auto-pedestrian
   c. auto-bicycle/motorcycle
   d. all of the above

7. The First Law of Medical Dispatch is:
   a. A thing not looked for is seldom found.
   b. First, do no harm.
   c. Don’t be in doubt so much.
   d. Don’t take more victims to the scene.

8. In 2005, an estimated _______ children were treated in U.S. hospital emergency departments due to injuries sustained in or around store shopping carts.
   a. 20,400
   b. 22,400
   c. 24,200
   d. 26,400

9. Three-fourths of the injuries sustained in shopping-cart incidents affect the patient’s:
   a. central organs.
   b. head and neck.
   c. peripheral areas.
   d. fingers and toes.

10. The EMD should evaluate and treat the __________, surrounding the traumatic event.
    a. mechanism of injury (MOI)
    b. patient assessment
    c. priority symptoms
    d. time of onset

To be considered for CDE credit, this answer sheet must be received no later than 04/30/14. A passing score is worth 1.0 CDE unit toward fulfillment of the Academy’s CDE requirements. Please mark your responses on the answer sheet located at right and mail it in with your processing fee to receive credit. Please retain your CDE letter for future reference.
Harm’s Way
Caller In Danger Protocol guides caller to safer place

By Jaci Fox

In police calltaking, safety is our No. 1 priority and the central focus of our higher commitment to excellence. The Police Priority Dispatch System™ (PPDS™) provides several specific instructions and pathways to address the issue of safety, whether regarding the safety of an officer, a caller, or the general public. This article will discuss, in particular, Pre-Arrival Instruction (PAI) Protocol C: Caller In Danger (CID) and the Post-Dispatch Instructions (PDIs) on that protocol.

The specifically scripted instructions on Protocol C: Caller In Danger are aimed to guide a caller from a potentially dangerous situation to a safer place. If the caller cannot take the phone with him or her while getting to safety, the EPD instructs the caller to put the phone down and call back from a safe location, if possible.

In some cases, the caller may not be able to leave without facing potential danger, in which case the EPD encourages the caller to communicate only if s/he is able to do so safely. If the caller cannot speak freely, nor communicate otherwise, the EPD will stay on the line as long as necessary. If the caller is able to speak freely, the EPD returns to the main interrogation sequence and continues to obtain critical information for the incident.

Certain rules stipulate when and how to use the CID Protocol. The CID Protocol may be accessed at any point in the interrogation when circumstances or caller statements indicate that the caller is in immediate danger; however, it is important to note that the CID Protocol should not be used until after dispatch has been initiated. It is essential to first get responders on the way to provide protection and assistance for the caller.

In version 4.1 of the PPDS, a new ECHO determinant was added as a send point on Case Entry for a CALLER IN IMMINENT DANGER discovered at the onset of the call. This early send point allows the EPD to initiate a 100-E-1 response, provide PDI-a, and go immediately to the Caller In Danger Protocol, bypassing the Chief Complaint and addressing the caller’s safety first. “CALLER IN IMMINENT DANGER” is defined as:

“A situation that places the caller in immediate danger of death or serious injury...
The situations listed as exceptions in this definition (sinking vehicle, vehicle in rising floodwater, etc.) do, in fact, pose a real threat to the caller, but are better handled on more specific protocols to provide explicit instructions tailored to each situation.

Whether the CID Protocol is used during Case Entry or Key Questions, it is important that the EPD be familiar with how to use this PAI Protocol.

Navigating Protocol C: Caller In Danger

Protocol C: Caller In Danger is a Pre-Arrival Instruction Protocol designed using panel logic, just like any other PAI. Each panel includes a question such as “Are you able to get yourself to safety?” or “Can you take the phone with you?” The caller’s possible responses are listed with directors indicating which panel to go to next.

The Caller In Danger Protocol operates like any other PAI in the IAED™ protocols. However, on rare occasions, it may require the EPD to use creative thinking to handle situations where callers are limited in what they can safely say (or otherwise indicate) on the line.

The May/June 2012 issue of The Journal detailed a call taken by William “Will” Stein of Prince George’s County (Md.) 9-1-1 that was a stellar example of handling a CALLER IN IMMINENT DANGER situation with quick, clever thinking balanced with patience and competence.

When Stein answered the call and began the Case Entry Questions, he received no answer. Though unclear at the time, the caller [later identified as a female] could detect the presence of an intruder in her home and was certain that she was in danger. Her predicament was so precarious that she could only whisper three times during a call lasting well over 13 minutes.

At the onset, Stein tried to determine the location/address of the caller. Receiving no response, he stayed on the line, noting that the caller’s measured breathing was audible at one minute and 30 seconds. It was obvious that the caller could not readily communicate this information, so Stein moved directly to Panel 6 of Protocol C, which asks, “Can you answer yes or no questions?”

Though this may sound like a simple solution, we all know that EPDs are conditioned by habits and that they are not in the habit of constructing simple yes or no questions outside of the scripted protocol. However, this call—a portion of which is available on YouTube—is incredible. Stein breaks the questions down to the molecular level.

Continuing on Panel 6, if the caller cannot answer yes or no questions audibly, as in this case, the EPD asks, “Can you tap on the phone 1 time for yes, 2 times for no?” During this particular interrogation, the caller did not “tap” on the phone, but, rather, pushed one of the phone’s buttons: one tone for “Yes” and two tones for “No.” Stein was quick to understand what was happening without the caller saying a word. At approximately two minutes, the caller indicated the first “Yes” in answer to his question, “Are you in danger?”

In less than four minutes of using this interrogation method, Stein learned that the caller was home alone, that she did not live in an apartment complex, and that she heard someone on the same floor as her bedroom where she was hiding. When Stein realized that he’d accidentally asked more than one question at a time, he backed off and repeated questions singularly.

The absolutely spot-on part of this call was Stein’s creative approach to obtain the address. The caller pressed the phone button twice to a Prince George’s County address and once to a home in Washington, D.C. Stein then asked the caller, “Beep the first number of your street; beep the number of times for the first number in your address.” This is brilliant!

The caller/EPD team communicated all four digits in the address and then the street. Stein stayed on the line after transferring the call to police in Washington, D.C., and explaining the interrogation method to that dispatcher. This now three-way communication provided the destination for officers to attend to the caller’s needs. Stein reassured the caller that help was on the way and that someone would stay on the line until that help arrived.

Exceptional practice

These tenuous CID situations are rare exceptions that require innovative thinking. Because the silent caller scenario is not often practiced as part of continuing dispatch education, the EPD may not be familiar with the tools that would enable the smooth processing of such an unusual, high-acuity call. You can try one of the following ideas to practice this skill in your communications center:

• Practice using the CID Protocol with another EPD. Adapt a written training scenario, or create your own and test it out. This exercise provides valuable experience and familiarity with a different style of interrogation.

• Try ordering a pizza using only yes or no questions (within the practice arena of your center, of course—not from a real business). You could even set this up as a group competition to see which pair of EPDs gets the right order down first.

• Review and take notes on Stein’s call as an example of how Panel 6 of the CID Protocol can be used. A real-life situation gives new EPDs something tangible to remember and use as another tool in their toolbox.

• Another great training idea is to play a game called “Yes/No,” which is aimed at developing a person’s deductive logic, ultimately preparing for the silent caller scenario. Here is how it works: One lead player mentally chooses an object that is in plain view of all of the players. The rest of the players take turns trying to guess the object by asking only yes or no questions. If the lead player answers “Yes,” to a question, the player who asked the question may continue questioning until the lead player’s response is “No,” at which point the next player may begin questioning. The game ends when a player correctly guesses the object; he or she can choose the next object for another round. Try it! You might be amazed at just how difficult it is to narrow the playing field with only yes or no questions.
These instructions vary according to the situation, instructing the caller to:

- get away and call back from somewhere safe
- keep very quiet and stay out of sight
- avoid contact with the individual
- lock the doors and windows
- let the EPD know if the individual leaves or returns
- speak only softly to the individual if necessary
- observe the individual continuously if safe to do so

**Safeguarding the caller**

Post-Dispatch Instructions are a critical component in safeguarding the caller, and these specific instructions should not be overlooked on the CID Protocol.

The EPD should give these instructions when possible and appropriate, though obviously not all of these instructions are appropriate for every situation. The EPD should carefully consider the caller’s situation when deciding which PDIs to give. Inapplicable PDIs could put the caller in greater danger.

In some situations, the EPD may leave the CID Protocol to return to Key Question interrogation. After completing Key Questions and providing the PDIs on the appropriate Chief Complaint Protocol, the EPD should return to the CID Protocol to give appropriate PDIs there.

When using “Legacy ProQA,” this requires going back to the CID Protocol and clicking on the blue “Special Information” tab. This pathway has been simplified in Police ProQA Paramount, which provides easier access to a direct DLS Link to the Caller In Danger PDIs.

Whether using cardsets or ProQA software, the EPD must ensure that he or she is well practiced and adept at navigating the CID Protocol. Remember, caller safety depends on the EPD’s proficiency in using the tools to provide the highest standard of care. There is no time to practice or second-guess what needs to be done when a real caller is in danger.

Note: The IAED held a special Locator Diagnostic Tool Standards Committee meeting in 2010 to discuss a diagnostic tool to address callers who don’t know where they are or who are sick or under duress and unable to communicate verbally. A draft version of this diagnostic tool is under development to run in ProQA Paramount. The exact release date of the diagnostic tool has not yet been determined.

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Answers to the CDE quiz are found in the article “Harm’s Way,” which starts on page 36. Take this quiz for 1.0 CDE unit.

1. The Caller In Danger Protocol is considered a Pre-Arrival Instruction Protocol.
   a. true
   b. false

2. The CID Protocol may be accessed at any point in the interrogation when circumstances or caller statements indicate that the caller is in immediate danger only:
   a. after dispatch has been initiated.
   b. before dispatch has been initiated.
   c. after the caller satisfactorily answers all of the Key Questions.
   d. after providing PDIs.

3. In version 4.1 of the PPDS, a new ECHO determinant was added as a send point on Case Entry for which of the following situations?
   a. Bomb Threat
   b. Mental Disorder
   c. CALLER IN IMMINTENT DANGER
   d. all of the above

4. “CALLER IN IMMINTENT DANGER” is:
   a. an ECHO determinant on Case Entry.
   b. a situation that places the caller in immediate danger of death or serious injury.
   c. a situation that does not involve a sinking vehicle, vehicle in rising floodwater, stuck accelerator, ACTIVE ASSAULTANT (SHOOTER), bomb found, mental disorder (suspect caller), or suicidal person/attempted suicide (suspect caller).
   d. all of the above

5. The CID Protocol is designed using:
   a. panel logic.
   b. mandatory instructions.
   c. informal directors.
   d. concluding pathways.

6. Which panel on the CID Protocol asks “Can you tap on the phone 1 time for yes, 2 times for no?”
   a. Panel 2
   b. Panel 4
   c. Panel 6
   d. Panel 8

7. The Post-Dispatch Instructions on the CID Protocol include locking the doors and windows, letting the EPD know if the individual leaves or returns, and observing the individual continuously if safe to do so.
   a. true
   b. false

8. All of the Post-Dispatch Instructions on the CID Protocol are appropriate for every situation.
   a. true
   b. false

9. After completing Key Questions and providing the PDIs on the appropriate Chief Complaint Protocol, the EPD should:
   a. proceed to the Case Exit Protocol.
   b. end the call on Panel 3 of the CID Protocol.
   c. stay on the line.
   d. return to the CID Protocol to give appropriate PDIs there.

10. ProQA Paramount provides easier access for the EPD to:
    a. link to the Caller In Danger PDIs.
    b. put the caller on hold while reconfiguring the data.
    c. go back to the CID Protocol and click on the blue “Special Information” tab.
    d. navigate the casual conversation pathway.

To be considered for CDE credit, this answer sheet must be received no later than 04/30/14. A passing score is worth 1.0 CDE unit toward fulfillment of the Academy’s CDE requirements. Please mark your responses on the answer sheet located at right and mail it in with your processing fee to receive credit. Please retain your CDE letter for future reference.
Think snow—360 inches of snow to be exact. Snow the height of a 30-story building and people with shovels, snow blowers, and snowplows buzzing around like gnats to get rid of the snow before the next storm arrives. Think of signing off your CAD, climbing a ladder, and shoveling the snow off the roof of your communication center, being careful not to cover the police chief’s official car.

Now you can picture Valdez, Alaska. But Lorrie Mott and William Comer don’t just think about it. They live it.

Mott is an Emergency Medical Dispatcher for the City of Valdez, which is at the head of a deep fjord in the Prince William Sound most might remember for the huge and environmentally disastrous oil spill of March 24, 1989. Although the oil from the spill 25 miles away never reached Valdez—the oil spill is actually named for the oil tanker Exxon Valdez that ran aground—the city became the center for clean-up operations.

Mott’s family moved there when she was four years old. That was more than a decade after the city was nearly destroyed by the 1964 Good Friday Earthquake, forcing residents to relocate their homes and the
Multitasker Paradise  Boredom is not a term EMD Lorrie Mott would use to describe her job at the agency.

“There’s always something going on but we’re not as wild west as it sounds.”

– Lorrie Mott

Calls requiring emergency assistance run to about 500 a year, while calls for service top 5,500. They answer calls common to every dispatch center—domestics, drugs, and traffic accidents—and calls unique to their type of environment—bear alerts, moose standoffs, and tourists ill-prepared for conditions and navigationally challenged.

They are computer savvy, going to full CAD operations in 2006 from a dispatch system relying on notes handwritten during phone calls and transmitted over the radios to public safety personal and EMS. They assist with tactical communications off site and, as Mott said, “all other duties as assigned.”

They also take on job responsibilities unique to their relatively small operation. The PST staff books prisoners into the 4-cell, 12-bunk jail located in the other wing of the building, and they clean the cells. They are Taser certified for prisoner transport, pepper spray certified, and firearms qualified. The PSTs are trained in defensive tactics and know how to collect evidence at a crime scene. Mott is the evidence custodian.

Mott enjoys the variety. She even wrote the center’s training manual.

“There’s always something going on but we’re not as wild west as it sounds,” she said. “We’re all in this together.”

And that includes the snow shoveling.

A city emergency was declared during the 30 days of straight heavy snowfall from December 2011 through January 2012. A record 19 inches fell one day, shutting down Richardson Highway—the only highway in and out of Valdez. Despite the city’s big fleet moving oil and removing snow, Valdez hired 150 people to shovel snow loads exceeding capacity off the roofs of every city building. Mott was quick to grab a shovel and, intermittently, for the next two weeks climbed up onto the roof to save the building from collapsing under the weight of accumulating snow.

“All maintenance went to snow removal,” Comer said. “We kept piling it up on the park strips and playgrounds.”

Snow drifting to eight feet high and 272 inches of total snowfall by January, however, did not crush daily routines. Schools opened on time each day, and employees of the Alyeska Pipeline Service Company went to work moving oil and removing snow. Snow pushed to the edge of roads and sidewalks created white-walled tunnels and canyons. People unable to leave their homes simply stayed put and took the snow in stride.

Mott admits Valdez isn’t everyone’s dreamscape, and she has a keen sense of the type of people who will last on the job.

“We don’t have a lot of turnover,” she said. “If they like the outdoors and have the ability to do more than one thing at a time, they find this a great place to be.”
Protocols In Action
EMD sculpts 33 figures depicting medical calls

Prank or unintentional misuse of 9-1-1 are not laughing matters at the New Hampshire Bureau of Emergency Communications but one did bring out unknown artistic talents in an EMD.

“I’d call this one off-color,” EMD Kathleen McCarty said. “It had to do with a caller’s indigestion.”

Since the center acknowledges exceptional events such as childbirth and delivery with the stork lapel pin, fellow dispatchers figured why not the same for answering calls for other out-of-the ordinary or extraordinary circumstances.

McCarty set to work, crafted the lapel from clay, and found herself a new and rewarding hobby.

“I had no idea I had it in me,” she said.

In the months following her first “release” of the lapel pin, McCarty extended her artistry in clay to 33 action figures, each depicting a medical condition related to the Medical Priority Dispatch System™ (MPDS) Protocol. Her preferred “sculpting medium” is the polymer clay she finds ideal for the detail work each protocol model requires. She buys the clay in the multi-color packages and bakes the sculpture in an oven until it hardens.

The results are impressive.

Each sculpture is from one to two inches in height. Each is different from the next. Some are elaborate. Some are simply understated. The childbirth and delivery figure is all in one color, while the more complicated multi-vehicular traffic accident on a highway bridge involves a black and white aircraft, yellow bus, orange and white propane tanker truck, and red compact car.

McCarty admits the creativity isn’t all hers.

“People here make suggestions and I come up with the idea of how to make it,” she said. “We have a good time with this.”

While McCarty certainly finds nothing funny about the emergencies the protocols attend to, she has found the hobby to be a good way to relieve the stress that comes with the job.

“She said her doctor recommended something to take her mind off work,” said Operations Chief David Rivers. “I don’t think this is exactly what the doctor meant.”

McCarty laughs at his comment, although she has found the concentration required to work in clay does help her relax. In keeping with her sense of humor, she sculpted a figure of Rivers standing in his “we know he’s worried” pose.

“He always grabs his left arm like he’s in stress pain,” she said.

Rivers likes the sculptures for both the artistic merit and the fun they bring into the communication center. He plans to put them on public display in the lobby outside the dispatch room.

“I can’t say I’ve seen anything like this in any other communication center,” he said. “And in their own way, they say a lot about what we do.”

McCarty has worked at the same agency since entering the profession 11 years ago. She likes the variety of emergency dispatch, the multitasking the work requires, and a job that lets her help people at the moment no one else can.

“What we do can affect a big change in a person,” she said. “It feels really good when we can calm a person while they wait for response to arrive.”

See more of McCarty’s action figures at www.iaedjournal.org
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www.prioritysolutionsinc.com

As we continue to grow and expand, IAED™, PDC™, and PSI are proud to announce their relocation in January 2013 to a 72,000-square-foot building in the heart of downtown Salt Lake City. Please update your records with our new address to ensure we receive your mail in a timely manner.
Odessas (Texas) City Mayor Jim Reese knew a good thing when he heard about it and this time, back in 1969, it was a letter from a constituent telling him about an article he had read in a recent edition of Reader's Digest.

The article—911: A Hot Line for Emergencies—published in the December 1968 issue of the popular magazine was written by U.S. Rep. J. Edward Roush, an early proponent of a three-digit system to summon emergency assistance. Roush's hometown of Huntingdon, Okla., made history in March 1968 as Bell Telephone's first-ever 9-1-1 installation; not long afterward, Roush sponsored legislation to adopt the three-digit number nationally.

Rep. Roush might never make it on anyone's list of American heroes, but to Kevin Jones he does merit a place in 9-1-1 history right next to Rankin Fite and Tom Bevill, the two Alabama representatives known for placing and answering the first-ever 9-1-1 call on Feb. 16, 1968, in Haleyville (Ala.).

"9-1-1 is a big deal," said Jones, executive director, Ector County (Texas) Emergency Communications District. "A really big deal."

Jones has lived in Odessa for 55 years and as a youngster in the 1960s, he remembers seeing funeral home station wagons arriving at accidents to pick up the victims. The people weren't dead, but, at that time, there were very few city-owned or privately-owned ambulance companies. Fire department dispatchers referred the calls to the local mortuaries.

That bothered Jones, especially after the time a station wagon picked up his brother following an accident in a public swimming pool. His brother was fine—a bump on his head from a shallow dive—but the memory stuck.

Jones grew up and pursued a degree aligned with police work, and 12 years into his chosen field, changes in 9-1-1 administration presented him with a choice.

State legislation in 1987 put 9-1-1 services and the operational funding collected under local control. The overall responsibility was transferred from the Odessa Fire Department to the Odessa Police Department and its newly formed Computer Operations Division.

Sgt. Jones and fellow police Lt. Les Blalock were transferred to the new division, with Jones turning down a promotion to detective in exchange for the task of revamping the existing program into an Enhanced 9-1-1 system. By 1992, the growing
district and 9-1-1 service required led to hiring Blalock and Jones full time along with Administrative Secretary Janet Bean.  

Blalock retired on Dec. 31, 2009. Jones, the district’s former operations manager, succeeded Blalock as executive director. Jones can’t say he never looks back at the decision made 25 years ago, but he does enjoy looking back at the history of how his second profession came to be.

“Mayor Reese read the letter and contacted his city manager [Ronald Neighbors],” Jones said. “They were a very progressive team. The whole city was. Odessa was one of the first cities to own an ambulance service. I was one of three EMTs in the police department after I graduated from college in 1975 and joined the department.”

Reese and Neighbors also saw the potential for making a name for Odessa.

Neighbors was eager to see Odessa as the first city in Texas to have the 9-1-1 system installed. It was a prestige thing, Reese wanted to make it easier for citizens to get help in an emergency. He was altruistic. They appointed Assistant City Manager Ernie Crawford to get the ball rolling.

“This system will turn every telephone into a fire alarm box and police station house,” Reese said. “Properly used, the people of Odessa won’t have to worry about remembering numbers and wasting time trying to dial the various emergency agencies.”

In a preliminary meeting, the police department, Ector County Sheriff’s Office, ambulance service, fire department, and Texas Highway Patrol seemed genuinely excited by the plan to set up a single three-digit emergency number.

Jones credits field supervisors from the Southwestern Bell Telephone Co. for coordinating a service that routed 9-1-1 calls to a red phone set up in the Odessa Fire Department and answered by officers doubling as dispatchers.

Odessa became the sixth city in the U.S. and the first city in Texas to offer 9-1-1 services to its citizens when operations began on April 1, 1970, at an operational cost of $113 a month for the first year; the rate dropped to $59 per month in the subsequent year.

Participating agencies included the fire department, police department, public safety department, sheriff’s department, and ambulance service. Agencies not connected to the city contributed $250 a month. Southwestern Bell picked up the tab for modifying its switching equipment.

Galveston followed their lead 20 days later.

The new emergency system in Odessa took some getting used to, although Neighbors had heard about people dialing the three digits before the 9-1-1 system was actually operational; they were understandably curious and wanted to see how it worked and whether dispatchers could handle the job of transferring calls once reserved for general telephone operators.

Reese and his administrators pointed out advantages of a trained dispatcher handling the calls and the speed of making a call compared to looking up and dialing a seven-digit number. Southwestern Bell would continue to provide emergency service through operators, although the phone company emphasized 9-1-1 as the fastest method for securing emergency aid.

Helen Reeves, who in 1977 started her career as an Odessa Fire Department dispatcher, was honored for 18 years of service when she retired in 1995. The job's stress took its toll on her, she said, but the upside was saving lives.

“I was good, and I was quite proud of it,” she said.

The district designation shifted the taxing structure to a monthly fee paid by phone subscribers. The fees collected today continue to cover telephone equipment, public education, and training. The district also provides support and training to the two PSAPs in Ector County: Odessa Public Safety Communications Center (a primary PSAP) and the Ector County Sheriff’s Office dispatch center (a secondary PSAP).

The dispatchers at the Odessa center are EMD certified, and they are in the process of getting EFD and EPD certified.

According to an article in the book Ector County, Texas: 125 Years of History, the district never let up on growth:

In 1999, there were over 43,000 calls made to 9-1-1, with 32% of the calls coming from wireless phone lines. In 2005, more than 57,000 calls were made to 9-1-1, with 53% of the calls coming from wireless phone lines. For the year 2009, there were 79,914 calls made to 9-1-1, with 7% of the calls originating from wireless phone calls.

The district supports several 9-1-1 emergency-related projects, including the Red E. Fox Public Education Program and the Annual Telecommunicator of the Year awards. The district is prepped and ready for NG9-1-1.

Jones commemorated the district’s 25th anniversary in 2012 by presenting a challenge coin to each member of the Texas 9-1-1 Alliance (an organized group of all Emergency Communication Districts in the State of Texas). The district’s logo was engraved on one side and the date of the 25th anniversary on the other side.

“Everyone said they wished they had thought of bringing something,” he said. “I was glad to be the one that did.”

**Sources**

2. See Note 1
5. See Note 1
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OnStar works with First Responders to provide exact GPS location and relay critical crash data to help determine resources to send to the scene.

Automatic Crash Response in OnStar-equipped vehicles has built-in sensors that can automatically alert an OnStar Advisor if there’s been a crash and Injury Severity Prediction helps to predict if there is a high probability of severe injury. OnStar Advisors can relay this critical crash data to emergency dispatchers to help determine appropriate resources to send to the scene. Even if the occupants can’t respond, OnStar Advisors work with 911 personnel to provide the vehicle’s exact GPS location to help direct them to the scene. EMD-Certified OnStar Advisors can provide emergency medical dispatch instructions to subscribers until first responders arrive. Emergency responders can also be conferenced into the vehicle to speak directly with the injured while OnStar relays helpful crash information. We understand details help you save lives and resources. And like you, we’re committed to helping people when they need it the most.

For more information, www.onstar.com/publicsafety
Police Legal Science  **BOOTH #113**

911 CDE Online, Reality Based Training from PLS is a reality-based, interactive training platform for Telecommunicators. Each monthly lesson is based on the analysis of two actual 911 calls, referred to as Target Calls. The analysis involves listening to the audio recording of a Target Call and identifying issues unique to the call, followed by an examination of the essential skill sets necessary for the effective handling of the call. Emphasis is placed on visualization, professionalism, and customer service. 911 CDE Online reinforces classroom training and supplements agency-specific practices and protocols. The lessons establish an environment for group learning and intra-departmental discussions about the effective aspects of the call and the aspects that could have been handled differently and better. The final section of each Target Call analysis addresses how the handling of the call impacted the issues of legal liability and public perception. Each lesson requires that the lesson taker pass a 10-question final exam that covers the key concepts of the lesson. The lessons are delivered monthly in a user friendly online format and are affordable for departments of all sizes. IAED™ and APCO have recognized 911 CDE Online training for EMD recertification credits.

For more information, visit www.policelegalsciences.com

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**ProQA® Paramount  **BOOTH #511**

ProQA Adds Active Assailant Protocol

After intense research and development, Priority Dispatch® announces the release of Protocol 136: Active Assailant (Shooter) in the Police Priority Dispatch System™ (PPDS®) v4.1a. The new ECHO-level determinant is designed for use in high-risk situations to decrease potential risk to the public and responders and, also, assist police officers in determining the appropriate deployment tactics. Here are some of the protocol’s powerful features:

- Response tied to goal of locating the killer(s) as quickly as possible to either contain or neutralize the shooter(s)
- EPD selects and sends the 136-E-1 Determinant Code during Case Entry
- Link to Pre-Arrival Instructions (PAIs) appears within the Key Questions section of the protocol
- Key Questions specifically designed to quickly collect the information responders need to address these unique incidents
- New suffix “M” for Multiple weapon types to address situations in which an assailant may be using more than one weapon
- Automatic ProQA code reconfiguration when weapons information is gathered in response to Key Question 1
- PAIs can remove potential victims from the immediate area through actual evacuation or LOCKDOWN instructions
- Protocol and PAIs developed with the important assistance of the National Tactical Officers Association

For more information about the protocol and the Active Assailant course, visit www.prioritydispatch.net or call Client Services at 800-363-9127.

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Russ Bassett  **BOOTH #412**

Russ Bassett, a leading manufacturer of 911 dispatch furniture consoles, is proud to display the recently introduced Desience Flex at this year’s NAVIGATOR 2013 conference. Desience Flex compliments Russ Bassett’s already widely installed PSAP Desience Console line of dispatch console furniture. Both Desience Flex and Desience Consoles provide public safety communication centers with the most advanced configuration options, technology integration and cable management. Flex as its names implies offers agencies the most flexible PSAP furniture in the market based on budget, technology and configuration requirements.

For more information, visit www.russbassett.com
Smart CAD  BOOTH #313

New, intuitive and it’s SMART.

The Smart Day Group has worked for the past four years with their colleagues at Priority Dispatch® and Priority Solutions to perfect a total solution for all American emergency C & C centers. The 911 call starts on the Smart, ProQA® Paramount, platinum certified, command and dispatch system seamlessly separating the lights and sirens from low acuity calls. For EMS, the Smart CAD is fully integrated with “Smart Care” an EMS app for iPads available to download free from the iTunes app store. Smart Care app boasts state of the art GPS mapping and tracking with a full HIPAA compliant electronic record for in transit completion and electronic handovers at the ED. Back at the center, Omega calls automatically populate a seamlessly integrated PSIAM/LowCode™ screen for nurse triage with the determinate automatically presenting the most appropriate local service for the nurse to select an endpoint. Upon selection a two-way communication portal fires up for electronic referrals and secure messaging to be transacted between the center and service provider. The Smart package is completed by offering integration for insurance billing, local and national reporting plus analytics as well as automation for controlled data sharing back to the citizens and their regular carers. We all know what we need for the ever increasing demand, we all know we need to get smart and we have all been waiting far too long.

Now it is here and it is SMART.

For more information, visit www.smartdaygroup.com

TriTech Software Systems  BOOTH #201

While citizens can use any number of internet search engines to quickly access millions of records related to a topic, the same cannot be said for public safety personnel because of the sensitivity of the data they need and the databases where it is stored. TriTech Software Systems proudly introduces TriTech.com IQ, a cloud-based solution which aggregates data from multiple sources for searching, alerting, and reporting.

By providing access to 9-1-1, CAD, Records, and Jail data, TriTech.com IQ combines the simplicity of a search bar with a powerful engine that gives users the ability to find data in comments, narratives, structured fields, and user-defined elements using partial words, misspellings, phrases, and alternate names. This eliminates the need for Communications Center staff to look for information in multiple, separate systems.

Hosted at Nlets, one of the most secure and established hosting systems in the nation, TriTech.com IQ provides agencies the assurances that access to their software is in compliance with stringent FBI-CJIS policies and data is stored in a facility with a redundant technical infrastructure and 24/7/365 onsite monitoring. TriTech.com IQ eliminates the needs for expensive hardware and resource-intensive maintenance. With TriTech staff managing the software updates and data backups, public safety staff can direct their focus on fulfilling their mission of ensuring the safety, security, and preservation of life and property.

For more information, visit TriTech.com

Xybix Systems, Inc.  BOOTH #411

For over 22 years, Xybix has provided innovative, industry leading furniture solutions for the problems faced by Dispatchers, Technicians and Communication Center Managers. Xybix’s workstations comply with recent ergonomic standards, helping users achieve their best performance in a mission critical environment. Unique features not found elsewhere include:

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- Focal depth adjustment – patented by Xybix, Rollervision® allows the focal depth adjustment of all workstation monitors with one motion.
- Open Footwell Space – Go ahead and stretch out! There are no computers under your workstation.
- GreenGuard Indoor Air Quality – Xybix’s workstations have been indoor air quality tested giving Dispatchers a clean healthy environment to work.

Xybix prides itself in being the industry leader in ergonomic furniture and continues to innovate for better Form, Function, Health, and Performance.

For more information contact Xybix at www.xybix.com, info@xybix.com or 1-800-788-2810
Infor EnRoute

BOOTH #301

Emergency responders need to get the right resources to the right location right now. For more than 25 years, Infor has provided agencies with fast, comprehensive, and reliable dispatch systems that help you respond quicker and be better prepared. Hundreds of agencies across North America use Infor EnRoute Dispatch, a leading computer-aided dispatch (CAD), records management systems (RMS), mapping, mobile data computing, field-based reporting, and automatic vehicle locating solution to help improve call response times and to provide critical, accurate information quickly. Infor is a ProQA® Platinum-certified CAD vendor for fire, police, and medical dispatch protocols. WIN THE RACE AGAINST TIME®.

For more information, visit www.infor.com, call 813-207-6951, or e-mail info@enroute911.com

Priority Dispatch

BOOTH #511

Priority Dispatch Corp.” (PDC™) is the leader in multi-service 9-1-1 dispatch calltaking solutions and is endorsed by the International Academies of Emergency Dispatch®. While many have attempted to provide products and training for communications center calltaking, PDC is the only company to take a comprehensive systems approach. The Priority Dispatch System™ has been in use for over 30 years with substantial, frequent updates. Historical data shows the system reduces the risks to field responders, lowers the cost of emergency services and liability for local governments, and increases the quality of service and citizen satisfaction.

The Priority Dispatch System is available in ProQA® software format, which interfaces with most CAD and phone systems, as well as in a cardset format. We also offer AQUA® quality assurance and improvement software, training, consulting, and Academy accreditation support.

For more information, e-mail info@prioritydispatch.net, call 800-363-9127, or visit us at www.prioritydispatch.net

TriTech Software Systems

BOOTH #201

TriTech Software Systems’ sole focus is public safety software. The company’s experienced team of more than 350 industry experts each contribute, on average, more than a decade of industry experience. TriTech has delivered the most trusted public safety software for over two decades and continues to lead the market with innovative, enterprise-wide solutions for call-taking, dispatch, records management, jail management, analytics and intelligence, field-based reporting, patient care reporting, and billing.

For the best end-to-end integrated solution with unparalleled workflow to serve any size and type of agency, join the 2,700+ agency installations serving over 200 million citizens across 7 countries who rely on one company – TriTech Software Systems.

For more information on TriTech, visit www.tritech.com
LAW and ORDER

Now celebrating 60 years, LAW and ORDER magazine remains the “go to” publication for top and middle management... offering solutions to the many challenges law enforcement professionals and agencies face today. Whether it’s finding new ways to reduce the number of officers killed in traffic-related incidents; implementing successful strategies for attracting and retaining the best qualified personnel; or reporting on the consolidation of communication centers, LAW and ORDER delivers it all to our loyal 38,000 readers.

For more information, call 800-843-9764, or visit us online at www.hendonpub.com.

National Emergency Number Association

BOOTH #519

The National Emergency Number Association (NENA) serves its members and the greater public safety community as the only professional organization solely focused on 9-1-1 policy, technology, operations, and education issues. The association works with public policy leaders; emergency services and telecommunications industry partners; like-minded public safety associations; and other stakeholder groups to develop and carry out critical programs and initiatives to improve 9-1-1; to facilitate the creation of an IP-based Next Generation 9-1-1 system; and to establish industry leading standards, training, and certifications.

Find out more at www.nena.org

OnStar

BOOTH #307

OnStar, the leading provider of in-vehicle safety, security and communication services, is exhibiting to educate the First Responder community about the vital and life-saving information OnStar can provide to 911 centers. OnStar provides services to over 6 million subscribers in the U.S., Canada and China, and is available on most GM models for 2013. OnStar offers a comprehensive portfolio of safety services, including Automatic Crash Response, Injury Severity Prediction, Emergency Medical Dispatch, Stolen Vehicle Slowdown and Remote Ignition Block. Working together, we can help to save lives and keep our roadways safe.

More information can be found at onstar.com/publicsafety

Public Safety Training Consultants

BOOTH #318

The PSTC “family of companies” is your one stop shop for all of your 9-1-1 and emergency communications needs. Please stop by our booth and learn more about our in-person, in-service training, our amazing 911 CARES project and our innovative DVD based training. PSTC is proud of our many in-service and supervisory workshops. Whether it’s training, appreciation products or DVD’s, PSTC is your answer. Stop by our booth for a FREE training DVD. We are also the only company that offers Gordon Graham training DVDs!

For more information, visit www.pstc911.com
Alert Public Safety Solutions, Inc.

BOOTH #210

Alert Public Safety Solutions is a company that has been built to address the demands and ever-increasing needs of public safety. As a result, Alert PSS has designed, developed and implemented a state of the art software solution which allows data sharing at the highest levels of interoperability. We provide Next Gen 911, CAD, Mapping, Records and Report Management, Mobile solutions, and Jail Management. With upgrades and new advancements provided at no additional cost and unique payment options available, Alert PSS is truly a partner in the industry.

For more information, visit www.alertpss.com

American Association of Poison Control Centers

BOOTH #207

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BOOTH #305

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BCE Nexxia

BOOTH #512

BCE Nexxia is a Bell Canada company. Bell is Canada’s leading provider of information and communications technology solutions. Bell delivers innovative technology platforms, coupled with unparalleled connectivity to address the business communications needs of governments and commercial enterprises alike.

Bell’s Public Safety Group provides solutions for police, fire and EMS agencies. Our solutions help improve client operating efficiency and productivity while reducing costs, and ultimately improving public safety. Bell specializes in integrating to other solutions to meet the most demanding customer needs.

For more information, visit www.bell.ca

CCM™

BOOTH #111

The Communications Center Manager™ (CCM) Course, now in its 11th year, is a one-of-a-kind program that presents the latest management and leadership practices used by emergency service providers around the world. It has proven to be successful for business leaders and students in implementing effective changes in today’s communication center. CCM is structured as an accelerated program designed to deliver minimum time investment with maximum results. A small group of up to 40 students progresses through two dynamic, separate weeks of education and training building a lifelong network of peers and colleagues.

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With over 9,000 locations installed in the past 30 years, Evans Consoles designs and manufactures furniture and turnkey solutions for public safety, government, command and control, and homeland security environments.

Evans’ worldwide headquarters and 170,000 SF manufacturing plant is located in Calgary, Alberta, Canada. Evans US operations centers are located in Washington DC and Grapevine, Texas with a dedicated Public Safety office in Bainbridge Island, Washington.

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Global Software Corporation

As a public safety agency, you need technology that can adjust to the way that you operate — every day. At Global Software, we connect people with information through proven software solutions that evolve over time. Our comprehensive suite of products gives your frontline responders the critical edge when it matters most, while providing you freedom and flexibility in your own system configuration. With integrated computer aided dispatch (CAD), records management software (RMS), wireless mobile applications and regional data sharing, Global delivers reliable, integrated and timely solutions that ensure a safer community.

For more information visit www.globalsoftwarecorp.com or e-mail info@globalsoftwarecorp.com today

International Academies of Emergency Dispatch

The IAED™ is a non-profit, standard-setting organization promoting safe and effective emergency dispatch services worldwide for 30 years. Comprised of three allied Academies for medical, fire, and police dispatching, the IAED supports first responder-related research, unified protocol application, legislation for emergency call center regulation, and strengthening the emergency dispatch community through education, certification, and accreditation.

For more information, visit www.emergencydispatch.org

First Watch

FirstWatch is a web based, real-time data analysis and Dashboard software system that allows authorized users to drill down into Charts, Graphs, and Maps featuring detailed statistical trends, patterns and geographic clusters of incident information, all based on user-defined criteria. FirstWatch is used every day for Situational Awareness, Homeland Security, Health Surveillance, as well as for Operational and Performance monitoring/quality improvement for Public Safety teams. FirstWatch analyzes more than 45,000 real-time records daily (that’s one new record every 1.8 seconds) from 9-1-1 (EMS, Fire and Police) CAD systems, ProQA®, RMS, Paramedic ePCR’s, Hospital Emergency Departments, Hospital Diversion systems, Poison Control Centers and more – all in real time, automatically!!

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Keystone Public Safety, Inc.

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NationalQ

BOOTH #415

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New World Systems

BOOTH #105

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For more information, visit www.newworldsystems.com

Police Legal Sciences

BOOTH #113

911 CDE Online, Reality Based Training from PLSs provides unique reality based training to Telecommunicator personnel. Through the analysis and study of actual 911 emergency calls our lesson takers improve visualization skills, critical thinking abilities, decision making capacity, professionalism and customer service. 911 CDE Online is cost effective and available in a user friendly online format. Our ultimate goal is to strengthen the capacity of Telecommunicators to enhance the quality of life in the communities in which they serve.

For more information, visit www.policelegalsciences.com

Priority Solutions Inc.

BOOTH #315

We distribute and support the unique, patented software product LowCode®, which integrates into a single call center platform the most widely used nurse triage algorithms and the most widely used emergency ambulance dispatch protocols and pre-arrival instructions software ProQA®.

EndPoints™ is a fully-integrated Directory of Services software application that interfaces seamlessly with LowCode software, assisting comm. centers in building a team of community healthcare providers to partner in scheduling appointments; callers are immediately matched with their closest provider and given directions and advised of wait times.

For more information, call 801-363-9127 ext. 110 or visit www.prioritysolutionsinc.com.

Russ Bassett Corporation

BOOTH #412

Russ Bassett Corporation is a leading designer and manufacturer of Desience Dispatch Consoles for mission-critical public safety communications centers and emergency operations centers. Our reputation for providing the highest quality products is unmatched in the industry. All of our products are made in the USA at our state-of-the-art manufacturing facility in Whittier, CA.

Our team of experts works with end users to provide innovative dispatch center design ideas for today’s technology intensive facilities. Our singular focus is to provide our customers the highest quality products and services that will enhance the functionality of their dispatch operation.

For more information, visit www.desience.com

Plantronics

BOOTH #206

Powered by a 50 plus year obsession with perfecting headsets and backed by a worldwide network of services and support, Plantronics audio devices have earned a sound reputation in mission-critical applications. Plantronics holds the exclusive contract with the FAA for ATC headsets, and is a prime supplier for E911, NASA, DoD, the Armed Forces, emergency dispatch services and first responders.

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Schedule Express

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ScheduleExpress addresses the complex scheduling problems facing emergency services. Unlike other “calendaring” solutions, ScheduleExpress not only allows you to build and maintain shift-based schedules, but it also uniquely automates the absence, trade, overtime, training and special assignment processes – from request through approval – effectively eliminating paperwork, man-power costs and substantially reducing errors, omissions and abuse.

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Come see why so many agencies are choosing ScheduleExpress for all their scheduling needs!

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Smart CAD

BOOTH #313

Have you heard about Smart Cities where a smart Command & Dispatch system automatically identifies a Smart citizen’s demographics from that citizen’s own Smart storage safe, seamlessly running ProQA® AMPDS™, dispatching and tracking mobile units using iPads. Automatically outputting low acuity calls to PSIAM or LowCode™ for nurse triage then using their determinates to offer appropriate local service providers, whilst firing up a two-way communication portal for onward referrals with a HIPAA compliant EHR.

NO! then you need to come to NAVIGATOR and see it in operation. Come and see us on the Smart stand number 313.

For more information, visit www.smartdaygroup.com

Spillman Technologies

BOOTH #202

Spillman Technologies provides comprehensive public safety software solutions for more than 1000 police departments, sheriff’s offices, communications centers, fire departments, and correctional facilities nationwide. Spillman specializes in integrated software, including CAD, RMS, Mobile Data & Field Reporting, Mapping & GIS, Crime Analysis & CompStat, JMS, Fire, Data Sharing, and Personnel & Resources.

For more information, visit www.spillman.com

SunGard Public Sector

BOOTH #407

A proven leader in public safety and government information technologies, SunGard Public Sector provides integrated enterprise-wide solutions for public safety and justice agencies, city and county governments, and non-profits. Our innovative software and services solutions enable public safety agencies to connect departments, officers, telecommunicators, and citizens with information at the point of need. More than 115 million citizens in North America reside in communities where SunGard Public Sector products are in use.

SunGard Public Sector software suites include ONESolution for Windows, NaviLine for IBM’s iSeries platform, and the PLUS Series. The comprehensive ONESolution product line includes computer-aided dispatch, records management, jails management, mobile computing, and justice applications, alongside a full enterprise-wide software suite for local government finance, human resources, and community services.

For more information, visit www.sungardps.com

Voice Print International

BOOTH #101

Voice Print International is a leading developer of mission-critical call and radio recording solutions. Since its inception, VPI has been dedicated to expanding the capabilities of digital voice recording. Public safety and government agencies benefit from VPI’s non-proprietary, flexible, software based design. Designed around the familiar, intuitive Microsoft NT/2000/XP operating system and constructed of Commercially Off The Shelf (COTS) hardware, upgrades and maintenance are simple. VPI is dedicated to providing its clients with the industry’s most reliable and flexible voice recording solution, saving them precious time, money and, most importantly, giving them peace of mind.

For more information, visit www.VPI-corp.com

Xybix Systems, Inc.

BOOTH #411

Over the past 20 years, Xybix has been an innovative leader in providing ergonomic furniture for mission-critical, 24/7 environments. Xybix’s unique, user friendly, ergonomic workstations have top-of-the-line features that include end-to-end cable management, dual height-adjustable work surfaces, simultaneous monitor adjustment for focal depth, and more. Taking an extra step to ensure safe indoor air quality, Xybix’s GreenGuard® Certified furniture creates a clean and healthy work environment.

For better Form, Function, Health and Performance visit Xybix’s booth TODAY!

Call 800.788.2810 or e-mail info@xybix.com for further information!
IVAN WHITAKER
Ivan is a medical dispatch consultant with Priority Dispatch Corp. He worked as a field and communications lieutenant for the Emergency Medical Services Alliance in Marion County, Fla. He also worked for the Polk County Sheriff’s Office as a dispatch manager. Ivan is a paramedic, National Q, EFD, and EMD instructor. He has a bachelor’s in Business with a minor in Human Resources and a MBA in Leadership with a minor in Organizational Development. He will complete his Ph.D. in Management in 2014.

JENIFER GOODWIN
Jenifer is a professional journalist who specializes in issues related to 9-1-1 and emergency medical services. A former reporter for the Union Tribune newspaper in San Diego, she has served as the associate editor for the highly regarded Best Practices in Emergency Services newsletter for the past three years.

TRACEY BARRON
Tracey joined the IAED™ after spending nine years with the ambulance service as a paramedic, EMD, dispatcher, and education manager. While Tracey still teaches EMD, the majority of her time is spent working with European agencies on research projects using the Priority Dispatch System™.

SHAWN MESSINGER
Shawn is a police consultant and Emergency Police Dispatch instructor for Priority Dispatch Corp.™ He is a former chief deputy for the Okanogan County Sheriff’s Office where he was the director of a combined 9-1-1 communications center. During this time he oversaw the deployment of a new CAD and countywide RMS system, a VoIP 9-1-1 phone system, and the deployments of ProQA® in EMD and EPD. Shawn was also commander of a multi-jurisdictional SWAT team.

BRETT PATTERSON
Brett is an Academics & Standards associate and Medical Council of Standards chair for the IAED. His role involves training, curriculum, protocol standards, quality improvement, and research. He is a member of the IAED College of Fellows and Rules Committee. Brett began a career in EMS communications in 1987. Prior to accepting a position with the IAED, he spent 10 years working in Pinellas County, Fla.

CONTRIBUTORS
get the **right** information.

at the **right** time.

to the **right** people—every call.

That means faster, safer responders and safer communities.