Cold & Snow
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24 | Frigid Weather
By Tuesday, Jan. 7, the icy air covered about half the U.S., crushing records that in some cases had stood for more than a century. An estimated 190 million people were affected and 21 deaths were later blamed on record cold.

28 | Biological Attack
There are several strategies that can aid in the early detection of biological attacks using real-time surveillance and data mining.

Correction A story in the January/February issue of The Journal incorrectly stated that a new regulation in Cincinnati, Ohio, requires all 9-1-1 dispatchers to be trained as Emergency Medical Dispatchers. The legislation was tabled, with no further action.

CoverShot The County Press/Phil Foley
Inform CAD+911

Stop by Booth #201/300 at Navigator
Although I’m writing this in mid-December, it’s the lyrics, “beginning to look like spring,” that are far more appealing than the actual version of the holiday song.

And this is two weeks before the winter solstice.

The first week of December 2013 picked bitter cold, snow, and icy extremes in many parts of the country. On the morning of Dec. 7, Jordan, Mont., recorded a beyond-shivering low temperature of -42 degrees Fahrenheit. On Dec. 8, Harve, Mont., was the coldest spot in the U.S. with a low temperature of -37 F. The forecast on Dec. 10 showed lows reaching in the -20s F in areas of the Dakotas. That’s crazy cold stuff.

Temperatures at 32 F (and that’s above zero) can kill in as little as 20 minutes (if, for example, you are wet from falling through the ice).

Forty below is the point where Fahrenheit and Celsius are the same—where the two scales cross. Minus 40 F is also the point where it’s no longer safe to expose any skin to the cold.

At -40 F removing your mittens to unlock a door is dangerous. As your fingers and hand quickly react to the cold, your skin will still feel depressingly soft to the touch as it freezes. But wait a few seconds and frostbite could set in, freezing the tissues under your skin. The skin will become hard to the touch and lose sensation. Your hands, face, or other exposed body parts will go numb.

Cold temperatures typically raise the risk of house fires caused by electric space heaters kept running too close to flammable materials or insufficiently maintained wood stoves. On a Saturday night in December, a wind chill dipping into the single digits froze the water firefighters in Boone County, Mo., were spraying on a house fire, and the water promptly froze wherever it landed.

More people slip, have heart attacks, suffer breathing problems, catch the flu, and suffer road accidents when the temperature drops, putting the ambulance service under increasing pressure. And similar to other drivers navigating in bad weather, ambulances crews also struggle along icy roads, risking collision and injury.

Working in the extreme temperatures is much more difficult.

In 2010, a 10-member team on an Antarctic expedition wore sensing devices on their chests to wirelessly collect and process data on the physical effects of -40 F.

Feeling chilled is only the tip of the iceberg.
Jenifer Goodwin 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 joined the IAED™ after spending nine years with an 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™.

Colleen is deputy director over Operations for SLC911. Colleen is responsible for the day-to-day operations of the bureau, as well as many other duties. She assisted in the consolidation of fire and police dispatch offices and the move to the city’s Public Safety Building. Colleen was the project manager for the implementation of PPDS®. She has worked for Salt Lake City since 1982.

Brett is an Academics & Standards associate and Medical Council of Standards chair for the IAED™. His role involves training, curriculum, protocol standards and evolution, quality improvement, and research. He is a member of the IAED College of Fellows and Rules Committee. Brett became a paramedic in 1981 and began his EMS communications career in 1987. Prior to accepting a position with the IAED, he spent 10 years working in Pinellas County, Fla.

Colleen Conrad

Brett Patterson

Jenifer Goodwin 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.

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Helping you save time — and lives — since 1996.
Why Two Journals?
Each offers unique perspective

Scott Freitag, IAED President

People have been asking me why the Academy has two journals.

We have The Journal of Emergency Dispatch (The Journal) that publishes six times a year and the Annals of Emergency Dispatch & Response (AEDR) that publishes semiannually, at least for now.

The Journal has been in existence for 20 years, evolving from a newsletter to the current magazine format that debuted in 2007. The Academy introduced the AEDR at NAVIGATOR 2013. The third edition of the AEDR is attached flipside to this issue of The Journal.

The Journal is a blend of a popular magazine and a trade publication. As a trade journal, it targets our members and provides practical information, including industry news, trends, features, continuing dispatch education articles, and FAQs. As a popular magazine, it tries to entertain while promoting the IAED’s viewpoint.

The AEDR is a peer-reviewed scientific publication. It broadens the spectrum of EMS/dispatch scholarly research that you might read in other peer-reviewed journals. It also opens research into police and fire emergency dispatch, as well as emergency nurse telephone triage, which is unique to emergency dispatch, as well as emergency dispatch research than print space in the past has allowed.

“We want to stimulate study in emergency dispatch,” said Christopher Olola, AEDR editor emeritus. “In addition to enhancing dispatch process and science, we want to motivate others in the profession to further research.”

The articles are written by, and addressed to, experts or aspirants in the profession, and they demonstrate the methods used by all scholarly publications.

A reviewer specializing in the same scholarly area as the author, evaluates each article submitted. Nothing goes in the AEDR without review, either by an external board of peer-reviewers and/or the Academy’s research staff, who are members of the AEDR editorial board.

Peer-reviewers check against accepted organizational standards—abstract, background, methods, discussion, results, and conclusion—and investigate the author’s major assumptions and conclusions. The works of other authors that are cited in the article to document each fact or opinion are listed in the bibliography.

“We examine the manuscripts for accuracy and assess the validity of the research methodology and procedures,” Olola said. “If appropriate, we suggest revisions. Some submissions we haven’t used.”

Reviewers are also impartial in their evaluation, Olola explained.

The author’s name and other identifying marks are removed from the article at the time of the review. In other words, the article succeeds or fails on its own merit, not the reputation of the expert writing the article.

There is no advertising in the AEDR since it’s not in the business of making money for the Academy, but rather focused on enhancing dispatch response protocols, science, and research.

And it’s open to more than data.

A new section focuses on case studies—the challenges inherent in certain calls and the lessons we learn from calltakers and dispatchers put in those situations. In this issue, one case study examines a true footling breech birth. The patient-caller was at home alone in an isolated rural area of Australia. The breech presentation was the calltaker’s first in six years of ambulance calltaking. The lessons apply to everyone in the profession.

So far, the reception to AEDR has been positive.

We are establishing a major step ahead in the science of emergency dispatch and response. This was confirmed in the following comment (among many others) Olola received:

“The enormous impulse beams our emergency dispatch spaceship into a new and fascinating galaxy. My heart is beating very fast looking forward to being part of this enormous step speeding the ongoing evolution and visualizing its future in my mind!”

Does that answer your question?
Dead Man Walking?
Not OK to overlook extreme fall potential consequences

Jeff Clawson, M.D.

Dear Tech Support:
I have a question. It has really happened. I’m not sure if this should be a PFC or what the rationale behind it is. So can you help me please? It concerns Protocol 17: Falls used in ProQA® Paramount 5.0.0.675.

77-year-old male
Fall from 12 meters (about 39 feet)
The caller there when it happened
CE5 = Not awake
CE6 = Breathing
KQ1 = ≥10m/30ft (3 stories) or more
KQ2 = Accidental
KQ3 = No bleeding now
SEND 17-D-1: EXTREME FALL
This means in this system: 2 ambulances, 1 police car, 1 fire truck, and 1 medical helicopter.

Then another caller rings and says that the patient is awake, and that the fall was into a pile of cardboard boxes, and that the patient has no injuries. The caller adds that the patient has been lucky and is walking around. It’s then not possible to reconfigure into P17 itself or change the CE5 into “yes.” That’s because I now have only one ambulance that was needed for a checkup.

However, in Protocol 9: Cardiac or Respiratory Arrest/Death, with the ECHO codes, it’s possible when the situation changes, but not in 17-D-1. And in this protocol code, it’s not possible. Is this a hiccup in Paramount or is it deliberately blocked?
Can you please help me out on this one?
Thanks!

Hello:
I have included Pam Stewart as this is more of a protocol question.
I can tell you that the DELTA-1 is based on the EXTREME Fall (≥ 10m) regardless of whether the patient was awake/not awake or that he fell into cardboard boxes; thus the software is working correctly. Pam will have someone supply the clinical rationale on this from the Academy’s perspective.
Thank you,

Tamara Haislip
Technical Support Supervisor
Priority Dispatch Corp.

Dear friend:
The 17-D-1 logic is based simply on the distance of the fall being more than 10 meters (30 feet). It doesn’t matter whether the patient and/or caller says they are OK or not. They still fell that distance. Occult (hidden) injuries are not uncommon in patients involved in high mechanism of injury (MOI) conditions. The fact that the patient regained consciousness may be completely (and likely) separate from any potential internal injuries or bleeding in the body or brain not manifest early on. Those of us involved in respecting high MOIs are not deterred by the apparent “wellness” of the patient—especially in the few minutes after the event (as reported here by the caller that he was “better”). Walking around doesn’t rule out a ruptured spleen, liver, or other internal injury.

There is a reason for the common (American?) phrase—“Dead man walking.”
17-D-1 is what it was—a high MOI EXTREME Fall. Nothing changes that until the patient is evaluated in person. The main problem here appears to be, in my humble opinion, a significant over response assigned to D-1 initially: 2 ambulances, 1 police car, 1 fire truck, 1 medical helicopter—5 units for a single patient! The MPDS® can’t account for the way folks respond locally.

Finally, such situations, where the patient “appears” to have been very lucky after an EXTREME fall, should not change the way we practice medicine or design the protocol. The high MOI rules exist because we get fooled all too often.
I hope this helps to clarify the reason the protocol functions as it does in this regard. In this case, it is functioning as clinically designed.

All the best,
Doc
Onward and Upward
NAVIGATOR conference powers advances in emergency dispatch research

Tracey Barron

The NAVIGATOR conference offers the perfect forum to discuss ways we can further stimulate research into the emergency dispatch profession and practice.

Together, given the time and space to concentrate on the science of dispatch, we can prioritize subjects that individuals from different parts of the world might not recognize—the forest from the trees analogy. We see what’s there in front of us—the pieces—and that can change depending on where you stand.

We took a step last year by introducing the Annals of Emergency Dispatch and Response (AEDR). Readers have responded positively to the aim and content, especially since AEDR provides a venue for research not only into EMS response but, also, fire and police emergency response, including Emergency Communication Nurse System™ (ECNS™) response.

In fact, AEDR is the only peer-reviewed journal that focuses on emergency medical, fire, and police dispatching and associated activities. We are proud of the foresight to open serious research into the dispatch profession and practice.

The reality, however, is that despite the insight, there is a lot to be done to prepare a path for others to follow. As a start, Isabel Gardett, Ph.D, associate director of research and academics/AEDR editor-in-chief, led a literature review team to identify gaps in research and potentially fruitful extensions of current lines of study.

The review, which used dispatch-related terms to search for papers in various research databases, identified a total of 149 papers (114 original research and 35 seminal concept papers). As previously mentioned in this column (Jan/Feb 2014), four issues continue to dominate the studies: dispatch as first point of care, standardization of the dispatching process, resource allocation, and best practices for dispatching.

The gaps include a lack of consistent metrics, the near-nonexistent research into fire and police emergency dispatching, and an overall lack of studies in many areas closely related to dispatch and its relationship to EMS in general.

A next step is scheduled at NAVIGATOR in the form of a 2 hour and 15 minute Research Forum to discuss our latest projects: stress in the dispatch workplace, challenges with bariatric patients in dispatch, geospatial techniques in dispatch research, and distribution of the most frequently used protocols in centers offering the ECNS. We will also discuss topics we’re considering for future study and the overall goal of our work. A session later in the conference is open to discuss our work and findings from the previous year.

We want our audience to participate.

We want to hear about the projects you want to pursue, explore ways to fill in the gaps identified, and develop collaborative dispatch research relationships.

We want to outline the design and construction of studies, taking into consideration the added layers of complexity due to an environment that is always changing.

We want to add your name to the Academy’s professional roster in the anticipation of blending expertise to complement the goals of ongoing and future research studies.

Ultimately, as a research powerhouse, the Academy’s goal is to conduct collaborative cutting-edge investigations that lead to improvement in pre-arrival care and the development of new knowledge in the emergency medicine sciences.

In the future, a good place to start your research will be the AEDR registry—currently under construction. It will represent an online review of literature—a repository for pertinent information on completed and ongoing research in the field of police, fire, and medical emergency dispatch, emergency nurse triage dispatch, and public health and public safety telecommunication.

By submitting your research using the template provided, the registry will inform of potential collaborations, disseminate your work, and reduce duplication. Rather than starting from scratch, investigators will have a source list to build upon the published and/or ongoing discoveries of others.

The creation of the dispatch-centric research journal was truly only the beginning.

The AEDR opened the academic, peer-reviewed bottleneck when it comes to turning the Academy into a dispatch-science hub of truly international rank. Now, together, we can produce studies that further edify the dispatch world, building upon the resilience of the protocol system introduced more than 35 years ago.

Mark your calendars for NAVIGATOR and be part of the discussion. We look forward to your contributions.

Chris Olola, Ph.D, the Academy’s director of biomedical informatics and research, will moderate the Research Forum, scheduled from 9 a.m. to 11:15 a.m. on Thursday, May 1. The four 30-minute sessions, each presented by a different speaker, will allow space in between for questions and answers. A second session—IAED Research—where the Academy’s research over the last year will be presented in detail will take place the following day, Friday, May 2, at 10:30 a.m.
Learning Experience
CCM course worth taking to become a better leader

Colleen Conrad

I’m sitting in Kansas City, Mo., during the second week of December. It’s early afternoon and the temperature, with the wind chill factor, is below 0 degrees Fahrenheit. Snow is frozen on the ground. I have five more days here, and less than a tenth of my Christmas shopping is done. It’s a stressful time to be away from home.

Am I complaining? Not at all. I’m away from my home. I’m away from my family. I’m away from my friends. I’m away from my job. It’s all for a good reason.

What am I doing, you ask?
I’m attending the Communication Center Manager Course (CCM) sponsored by the International Academies of Emergency Dispatch® (IAED™) and the consulting group Fitch & Associates. CCM, which is in its 12th year, was developed for supervisory personnel in the emergency communications field. It is designed to make us better leaders and, as has been said before about CCM, to step back for a look at the bigger picture, both professionally and personally.

The course begins in September and runs through mid-December. A major part of the course is done online, but it also requires a one-week stay in Kansas City during the month of October and another week during December. We have the opportunity to come together again at NAVIGATOR for formal graduation ceremonies.

CCM isn’t a lecture course. On-site instructors provide valuable information; but mostly, CCM is about learning from each other using tools speakers present. Homework is assigned from the start, and it’s weekly until the course ends. There is also a group project that involves interviewing communication managers about specific components of the communications world, such as budgets, project management, and technology.

The best part is what you take away.
CCM has shown me ways to work more effectively with staff by using elements found in effective leadership—coaching and motivating personnel and decision making.

I’ve learned a lot about myself from my CCM team—strengths and weaknesses. Sometimes it hurts to hear the not-so-good stuff, although it’s meant to make you a better leader. Maybe it’s intended to hurt. After all, it ultimately depends upon what you do with the information.

The people are the most amazing part of CCM. These are people I will never forget. Forty-one students attended from the U.S. and Canada. One person—Louise Ganley—came from the U.K. Groups, with six or seven individuals in each group, were created to include a diversity of personalities. We “met” between the on-site visits through conference calls, emails, and phone conversations.

Constant communication and the back-and-forth of suggestions and opinions connected us during the course and, as many of us plan, for the long run.

Relationships are built and furthered by listening to others and realizing we are not alone. No matter the size of the center or the call volume, we suffer and celebrate for many of the same reasons. We have the same issues. We each have some of the same strengths and weaknesses. We want the best for our centers. We want the best for our employees. We want to be the best at what we do for the good of our communities.

Some people are drawn closer for reasons not always easy to explain. I met a soul sister who will be my friend forever. I am so excited to see what the future holds for this amazing woman, and I’m looking forward to the day we can again sit down and catch up over margaritas. A second friend for life is an organizational genius.

We all brought something unique to CCM, and all of us will go home better leaders because of what we learned about the profession and about ourselves. It’s quite a commitment for agencies to send personnel and quite the commitment for personnel in terms of time away from the office and homework. However, it is a good investment.

You learn a lot, you meet amazing people, and you search your soul to discover whether you are an effective leader. Whatever happens over the course of our lives and careers—one thing is for certain—I will hold this experience and these people in my heart forever. CCM Class of 2103, I salute you!
Looking Ahead

The Journal staff will be meeting with their editorial board in April, as has been the tradition for the past several years at the conclusion of NAVIGATOR.

The board is made up of dispatchers, communication center supervisors, and, basically, people who have been involved in 9-1-1 and are advocates of the MPDS®, PPDS®, or FPDS® protocol. Staff looks forward to discussing the board’s reaction to past issues and filling up the schedule for the next year.

In the past year, Journal staff has accomplished many of the goals our board members suggested, and board members also contributed their expertise in preparing articles for publication. Three board members—Kim Rigden-Briscall, Jim Lanier, and James Marshall—did most of the legwork for our story about resilience in the workplace (as opposed to stress). Board members were also helpful in directing us to experts outside the board for stories involving NG9-1-1, consolidation, and emergency preparedness.

We couldn’t do our work without their valuable assistance. We are truly grateful for their time and interest in contributing to The Journal’s success.

At this year’s editorial board meeting, we anticipate a similar agenda. We look forward to feedback and recommendations in producing a relevant publication for our audience. Readers can send their suggestions to us at editor@emergencydispatch.org.
Volunteers needed for dispatcher health and wellness studies

A clinical psychologist known for her research into post-traumatic stress disorder (PTSD) among public safety dispatchers is looking for dispatcher trainees in their first four months of work, and dispatchers with at least one year of experience for two health and wellness studies.

Michelle Lilly, Ph.D., an assistant professor who heads the Trauma, Mental Health, and Recovery Laboratory at Northern Illinois University, has developed a system of periodic online surveys to gather data. The studies will be recruiting participants through November 2014.

The first study for trainee dispatchers will potentially help in stress prevention, training, and hiring practices. The second study calling for experienced dispatchers is intended to provide an accurate picture of the extent of health-related problems and the factors predicting health problems and job satisfaction.

Participation is confidential and anonymous.

For the earlier study into the extent of on-duty emotional distress experienced by dispatchers, Lilly and her team of graduate and undergraduate researchers analyzed the responses of 171 on-the-job emergency dispatchers from 24 states, with an average age of 38 and more than 11 years of service.

The dispatchers participating in the survey were asked about the types of potentially traumatic calls they handle and the amount of emotional distress they experienced. They were also asked to rate the types of calls that caused the most distress and to remember the worst call they had dealt with during their careers.

The most commonly identified worst calls were the unexpected injury or death of a child (16.4 percent of respondents), followed by suicidal callers (12.9 percent), shootings involving officers (9.9 percent), and calls involving the unexpected death of an adult (9.9 percent).

Training focuses on communicating with people who have autism

Emergency dispatchers are among the public safety personnel from the city of Temecula, Cal Fire, and the Riverside County Sheriff’s Department qualifying for training to recognize and effectively communicate with people who have autism.

According to a Temecula City, Calif., press release, training among emergency personnel likely to encounter individuals with special needs is one of several priorities identified within the city of Temecula/Southwest Riverside Autism Task Force Community Playbook.

“A first responder’s chance of encountering an autistic person is a matter of when, not if,” said Temecula Mayor Mike Naggar, who led the formation of the Southwest Riverside Autism Task Force. “Training all emergency personnel is a necessity.”

Local firefighters, EMTs, paramedics, and law enforcement will also participate in the training developed by Ralph Carrasquillo Jr., of the San Diego (Calif.) Fire-Rescue Department, and Dennis Debbautd, who offers first responder autism training.

Autism is the fastest growing developmental disability in the United States. In 2002, the Centers for Disease Control and Prevention (CDC) reported that autism affected about 1 in 150 children—a number that has since increased to 1 in 50 school-aged children between the ages of 6 and 17.

Video gives nuts and bolts of NG9-1-1

Want a short video that explains the benefits of NG9-1-1? The National 911 Program might have just what you need with its three-minute animated video that covers a variety of issues, such as technical standards, governance, and potential legislative changes, including:

• an introduction to NG9-1-1
• a non-technical overview of the expected benefits of NG9-1-1
• potential challenges in the transition process

“The national 9-1-1 community identified the need for a tool that provides a quick, non-technical review of NG9-1-1 that could be used to begin conversation about a particular aspect of transition,” said Laurie Flaherty, who is with the National 911 Program. “We hope that this video will meet that need. It can be used to spur discussion on a number of NG9-1-1 implementation issues in states, counties, and cities, and it’s supported by other NG9-1-1 resources the National 911 Program has developed.”

State administrators, 9-1-1 authorities, and county and city 9-1-1 leaders may consider sharing the video with other 9-1-1 community leaders, or with first responders, legislators, and state and local agencies.
The video is free and available for use at conferences, in presentations, in one-on-one meetings, or at town hall gatherings.

More information, tools, and resources, including the Guidelines for State NG911 Legislative Language, the State of 911 webinar series, and a Review of Nationwide Data Collection can also be found at www.911.gov.

**Mobile app delivers dispatch code to the field**

A team from the University of Arizona concluded that hands-only CPR one-minute training sessions delivered in public kiosks could save lives, according to findings presented at an American Heart Association (AHA) Resuscitation Science Symposium held in Dallas, Texas.

The study, conducted via a touch video screen training kiosk installed at Dallas/Fort Worth International Airport, recruited 100 volunteers without CPR training or experience to practice hands-only CPR on a dummy.

Volunteers were divided into two groups. One group went through the one-minute CPR training, while the other group did nothing for one minute. All participants were then asked to do what “they thought best” when presented with a mannequin simulating a sudden collapse.

The study’s third step—a 30-second test checking hand placement and measuring the depth and rate of compressions—rated how well each participant carried out CPR.

According to findings, participants in the one-minute CPR training were more likely to call 9-1-1 and start chest compressions sooner; the trained group also had an increased chest compression rate and a decreased hands-off interval.

With 44 podcast episodes of “Within the Trenches” already in the can and available to the public, former dispatcher Ricardo Martinez is now looking to expand the discussion using Google Hangouts.

Martinez and co-host Whitney Wisner said the podcasts spark discussion in the dispatch community and inform the public about the emergency call process from the dispatch side of the phone. Google Hangouts is a video chat service that permits one-on-one chats and group chats with up to 10 people at a time. Users can share documents, images, and YouTube videos. “Hangouts on Air” is a feature for broadcasting live video conversations accessible to anyone with a Web browser.

Martinez is also developing topic-related discussions relevant to 9-1-1, such as post-traumatic stress disorder, critical incident stress management, and Telecommunicator Emergency Response Taskforce (TERT).

Some things you might think will never change can take an unexpected twist that revolutionizes the way you go through your day.

Well, that’s probably going a little too far in announcing the new mobile Field Responder Guide (MobileFRG) app, but it sure makes knowing the full read of the dispatcher’s code much faster for the first responder.

The MobileFRG app takes all the information printed in the paper field guides that responders turn to when interpreting the code transmitted from dispatch and puts it into one place—a mobile phone. Instead of flipping pages when Medical Priority Dispatch System™ (MPDS) “15-D-1” transmits over the radio, the responder can go to his or her Android phone, type in the code, and view the full description: Electrocution/Lightning – DELTA – Unconscious.

The app applies to the medical, fire, and police protocols, and users can download the app directly from the Google Play store. MobileFRG provides access to all three protocol systems, although the system(s) available for field responder activation depends on their agency’s communication center. The app allows electronic updates for existing licenses.

**Podcaster expands the dispatch conversation**

Martinez developed “Within the Trenches” based on his perspective from nearly 13 years as a 9-1-1 dispatcher. The podcasts feature interviews with dispatchers from the USA, Ireland, Australia, and Canada.

Anyone interested in being a guest on the show can email Martinez or Wisner at wttpodcast@gmail.com.

**Even brief CPR training encourages survival from cardiac arrest**

The study’s third step—a 30-second test checking hand placement and measuring the depth and rate of compressions—rated how well each participant carried out CPR.

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**Awareness and intervention make inroads into cutting drunk driving**

If any news about drunk driving can be considered good news—and this is according to statistics from The Century Council—between 1991 and 2011, the rate of drunk driving fatalities per 100,000 decreased 49 percent nationally and 63 percent in people under age 21.

In numbers, for every 100,000 people in the U.S. in 2011, slightly more than three people were killed in a drunk driving fatal crash, down from a rate of slightly more than six people in 1991.

The Century Council, established in 1991...
by the distilled spirits industry, attributes at least part of the decline to its programs directed at eliminating alcohol misuse, especially among underage drinkers. “We Don’t Serve Teens” (2007), “Don’t Even Try” (1999), the “Pop-Culture” campaign (2000), and “65%” (2004) are all examples of the group’s research-based point-of-sale initiatives.

A study conducted by Brian Suffoletto, M.D., from the University of Pittsburgh’s Medical Center, indicates that texting messages about intervention reduced the number of binge drinking episodes per month and the number of drinks per occasion among self-identified dangerous drinkers between the ages of 18–24.

The messages were delivered to study participants over a 12-week period after discharge from the emergency department due to an alcohol-related incident.

The American College of Emergency Physicians through its research arm, the Emergency Medicine Foundation (EMF), sponsored the project to examine the feasibility of using text messaging as a way to further reduce risky drinking among college-age students.

Watch out for these scams

A fraudulent piece of electronic marketing threatens a cut-off of 9-1-1 services unless a surcharge is paid via a user-friendly online system. According to the scammer, the money paid would be turned over to the government authority “pursuant to their requirements.” If you have access to 9-1-1 services but do not pay this government-imposed charge—as threatened in the phony message—the emergency communications district in the jurisdiction may seek to collect any amounts directly from the individual.

The biller was identified as MagicJack, which is a subscription-based phone service that offers a 9-1-1 emergency call package that is not related to 9-1-1 services offered in the public sector. MagicJack is a device that plugs into a router and allows the subscriber to make phone calls in the USA and Canada.

Another scam popular in 2013 and reportedly coming back on the attack, called telephony denial of service (TDoS), overwhelms emergency phone lines with automatically generated calls aimed at crushing the networks and blocking legitimate incoming and outgoing calls.

Dozens of such attacks have targeted public safety answering point lines (not the 9-1-1 emergency line) as part of an extortion scheme. Scammers, impersonating collections representatives, ask the victim to pay for an alleged debt of up to $5,000.

If those funds are not received, the caller launches a TDoS attack. The organization will be inundated with a continuous stream of calls for an unspecified, but lengthy period of time. The attack can prevent both incoming and/or outgoing calls from being completed. It is speculated that government offices/emergency services are being “targeted” because of the necessity of functional phone lines.

Victims should report incidents to the FBI via the official Internet Crime Complaint Center.

Dog’s call to 9-1-1 is all in the training

Yolanda the golden retriever can understand commands that are head over heels above “sit” and “lay down,” and that includes picking up the receiver to begin a 9-1-1 call.

According to a story in the Philadelphia Inquirer (July 24, 2013) Maria Colon, 54, went to bed in her Holmesburg rowhouse around 10 p.m. on May 3 with her trusty golden-haired Yolanda at her bedside. Yolanda’s growling during the night and the voice she recognized as her neighbor’s alerted Colon to potential danger.

Colon next heard more growling followed by the soft sound of paws padding downstairs and in full charge against the intruders. Satisfied they were again alone, Yolanda padded softly back upstairs with a telephone receiver at her mouth and a police dispatcher on the other end of the call waiting for a reply.

Arriving police got her and Yolanda to safety. Colon’s testimony of the voice she heard led to the arrest of her neighbor.

Colon is blind and Yolanda was trained to respond to danger in the house by pushing a large 9-1-1 button on a special phone and then bringing Colon the receiver.

Hurricane forecasting losing its wind

The annual hurricane season forecast issued by climatologists may go the way of WSR-57 radars unless the wind changes in favor of smaller operations.

Despite a year of mostly accurate forecasting, potential losses in funding come from the nature of the work and not the precision. The insurance industry and some government agencies have placed forecasting at a lower priority.

But don’t despair. The National Oceanic and Atmospheric Administration (NOAA) isn’t going away. Aircraft provide NOAA’s scientists with environmental, geographic, and atmospheric data essential to hurricane research. They provide aerial support of coastal and aeronautical charting, as well as aerial surveys for hydrologic research and marine mammal population prediction.

In addition, data buoys placed throughout the Gulf of Mexico and along the Atlantic and Pacific seaboards relay by radio signals and/or via satellite information, including air and water temperature, wind speed, air pressure, and wave conditions. Although data buoys are used for more than just predicting and monitoring tropical cyclones, they do provide very valuable information during hurricane season.■
Middle East NAVIGATOR
a good tool for sharing best practices

Middle East NAVIGATOR kicked off the Academy’s seven scheduled conferences for 2014.

IAED™ Conference Coordinator Claire Ulibarri said this year’s three-day event (Jan. 21–23) in Doha, Qatar, at the Renaissance Doha City Center Hotel drew 179 people—an 18-percent increase from 2013—from Bahrain, Kuwait, Jordan, Pakistan, Saudi Arabia, and Qatar.

Attendees at this year’s conference included those from Kuwait EMS (serves an estimated population of 2.7 million) and Hamad Medical Corporation EMS (HMC) in Qatar (serves an estimated population of 1.87 million). There was a lot for them to take in.

A full day of sessions on Tuesday, Jan. 21, included those about the Priority Dispatch System™ and the International Academies of Emergency Dispatch® (IAED), Chief Complaint selection, and becoming an Accredited Center of Excellence (ACE). Attendees were invited to tour Qatar’s National Communication Centre that evening.

Wednesday, Jan. 22, gave attendees the opportunity to attend six sessions, including one about the Know The 5 To Save A Life campaign presented by HMC, and two presented by the Saudi Red Crescent Authority: the former about its role to develop public relations projects to increase awareness and involvement and the latter about EMS services during hajj, the pilgrimage to the holy city of Mecca in Saudi Arabia that draws about two million people each year.

But not everyone attending the conference uses the Priority Dispatch System. Chip Hlavacek, PDC™ director of technical implementation/support/CAD relations, said some attendees weren’t current clients and came to gather information.

“They are looking to see what the international best practices are,” he said.

In addition to the sessions offered on the first two days of the conference, the Exhibit Hall was open Tuesday and Wednesday with representatives there from Priority Dispatch®, Infor Public Safety Sector, and Atheeb Intergraph. On the last day of the conference, attendees were able to participate in either the medical, fire, or police leader seminar.

IAED President Scott Freitag presented Nasser Mohammed Saeed al-Yazidi, from HMC, with the Dispatcher of the Year Award during the Opening Session on Tuesday. The call sent in with al-Yazidi’s nomination was made by a son calling to report that his father had collapsed while exercising, and was unconscious and not breathing. During the call al-Yazidi provided Pre-Arrival Instructions (PAIs) to the caller including instructions for performing chest compressions.

“Nasser Mohammed Saeed al-Yazidi displayed compassion and strict compliance to protocol, he repeatedly reassured the caller, and he obtained vital information to relay to the responders,” said Carlynn Page, IAED associate director.
Say you had a long list of objectives to reach an overall goal of protecting people and keeping public order. And, say the list is one of many lists you must satisfy in an ambitious quest to fight endemic corruption and build a modern state based on democracy, the rule of law, good governance, and market economy principles.

Finally, pretend you represent a populous and economically struggling country in Eastern Europe determined to become part of the European Union (EU) following your country’s political break from Russia nearly two decades earlier.

What would you do? Who would you contact?

Well, miles away and an ocean apart, protocol seems to be the answer.

Those asking the questions were the directors of a recently built emergency communication center in Georgia. This Georgia is not the southern state in the USA, but a country at the dividing line of Asia and Europe. Georgia spent decades under the Soviet Union’s communist rule before finally declaring its independence from Russia in 1991.

Since the break, Georgians have experienced continued political strife and economic hardship while, at the same time, their leaders have held aspirations to join the EU. The desire to belong, however, is much different than actually being in the position to sign an EU association agreement. While a signed agreement confirms a commitment of cooperation between member nations, it also requires proof of cooperation within the country for the welfare of its people.

The list to satisfy internal cooperation is long, and among the many points is the protection and security of persons and keeping the public order during natural disaster, catastrophe, and other emergency situations and rendering assistance to victims and helpless persons.

A consolidated communication center was built to complement the creation of a “1-1-2” emergency number program. The center is on a hilltop overlooking Georgia’s capital, Tbilisi, and across the valley from the Mtatsminda Mountain Amusement Park. A famous Ferris wheel, perched at the park’s edge, provides one of the best views of the Caucasus Mountains in the distance.

“It’s beautiful,” said Tudy Benson, PDC™ director of European operations.

But as the Georgian emergency center directors discovered soon after the building’s construction, the know-how of establishing
Making Connections

The communication center in Tbilisi, Georgia dispatches medical, fire, and police emergency calls.

To help smooth the way, Jerry Overton, chair of IAED’s Emergency Clinical Advice System Program, will fly to Tbilisi to discuss the emergency medical service process. The Georgian emergency call center directors will visit Salt Lake City to tour the new public safety building, which includes the 9-1-1 Communications Bureau.

Admittedly, this is only the start, but if resolve is anything like the country’s zeal to become an EU member nation, it could be the start of something big for Georgia.

They’re so proud of what they have been able to do,” Benson said. “They’re ready to go on to the next steps. They want a comprehensive system to provide the most advanced assistance available to their people.”

Georgia’s president-elect, Giorgi Margvelashvili, hopes to sign an Association Agreement with the EU in 2015. ■
Setting the Tone
Let them hear you helping

James Thalman

Sunnyvale, Calif., Dept. of Public Safety communication center manager and ED-Q™ instructor Michael Spath has a large audio collection of 9-1-1 calls, some featuring him in the central role. He believes his calls should be as subject to open review as anyone else’s.

His favorite recording, though, has nothing to do with dispatch. He played it to open his “100 Percent Customer Care” course at NAVIGATOR. It is the opposite of customer care depicted in a nearly six-minute, meandering voice menu from an actual but nameless Department of Motor Vehicles.

Callers, after being thanked for dialing the DMV, are given a list of around two dozen options, after first selecting English or Spanish. At that point, rotary phone users are advised to stay on the line to be transferred (where to isn’t made clear). As callers paddle against the stream of options, they are told that pressing various numbers will take them from watercraft registration to the organ donor registry to what will happen if a caller knowingly gives false information. The caller ends his or her sojourn by being told, “All of our representatives are helping other customers, but pressing 9 will take you back through the menu options.”

“I really wanted to find a call to illustrate the opposite of what emergency dispatch should be about,” Spath said, after forcing attendees in his NAVIGATOR course to sit through what he said might well be the Guinness record holder for longest voice mail.

Of course, no one calling 9-1-1 should ever face such bewildering misguidance, he said. “Calls to 9-1-1 can get dropped or go unanswered,” Spath said. “It happens. But someone in trouble never wants to get voice mail. The goal is they call, we pick up and we help, however we can, no matter what.”

Ironically, the public doesn’t tend to believe that’s what will happen. In fact, research by the International Academies of Emergency Dispatch™ (IAED™) on caller/calltaker interactions shows that nearly half of the people who dial 9-1-1 believe they aren’t going to automatically be helped. Instead, the study shows that members of the public believe that they will get the runaround, and that they’re going to have to convince who-ever answers that they need help immediately.

“That’s why many callers will immediately be defensive or start by demanding an ambulance right now,” Spath said. “They are in an emotional state already, and they don’t know who else to call but 9-1-1. But some believe if they don’t loudly and repeatedly insist what’s wrong and what they need, they won’t get help.”

One of the difficulties in the demanding profession of dispatch is not to respond in kind to an over-amped caller, he said. Instead, Spath stresses that that exact moment is the time to remember, “Although you may have answered 13,000 rude calls, it’s the first time for the caller. Stick to the protocols and talk to them in a tone of voice that is calm, consistent, and persistent.”

“We have a hard job, and it takes practice to find a way to tell emotionally agitated callers to ‘Shut up and listen’ when you can’t ever say ‘Shut up and listen,’” Spath said. “I’ve found that simply and repeatedly telling people that help is on the way and that we are helping right now over the phone has an almost magical calming effect.”

Sometimes callers need to be told multiple times that they are crucial to providing the help to their loved one, and that there is critical information that the call-taker needs at that moment to keep them providing that help.

A call involving a daughter whose elderly mother had all but stopped breathing put Spath’s approach to the test several times. The caller kept yelling, “My mother isn’t breathing; we need help now! Send help now!”

Spath said he had noticed and heard Qs say in case review that while dispatchers might be doing their level best to reassure, many don’t just flatly say so.

“Maybe it’s too direct to say, ‘We are helping you,’ or ‘Listen, we are helping right now, and I need to get vital information from you right now,’” Spath said. “I’ve found that unless the caller is hysterical or is a level five on our emotional status scale, people will settle down.”

In this particular call, Spath repeatedly reassured the caller that help was on the way, but added, “We can help your mother best if you answer my questions.”

“That settled down the caller momentarily, but her emotions would suddenly pitch up and she would start yelling, ‘Hurry, hurry, hurry. She’s not breathing!’” if she thought asking whether her mother had a heart condition or had asthma was irrelevant.
to the obvious goal of getting her an ambulance right now,” he said.

The caller either didn’t hear that help was on the way, or she forgot because she was so fearful of what was happening to her mother, Spath said.

“And who can blame her?” he asked.

Spath said the level-five caller—the most distraught—is rare. He’s only had one. It was from a young mother who had apparently found her baby dead in its crib. He repeatedly asks her questions, but screams from the mother and attempts by the husband to comfort the mother is all that can be heard.

“Anyone who has had one of those calls never forgets them, and we shouldn’t,” Spath said. “But we can’t go there emotionally during the call. Keep in mind that your next call could be one like that.”

Knowing and applying the Universal Customer Service Standards 1–6 as described in the IAED’s performance standards, will sufficiently calm and reassure most call-takers, Spath said. “Listen, Mary, help is on the way,” or “Please, listen to me very carefully so I can get some vital information and give you instructions until help arrives,” are statements that should come automatically to the call-taker handling a high-stress call.

Reassurances tend to be regarded as risky territory to many call-takers, who fear that they can so easily go off protocol and get dinged in their case review. That’s rarely the case in his experience, Spath said, noting that a greater risk comes when call-takers go too far by saying things that create unrealistic expectations for the caller or simply aren’t true. Spath said these might include: “Don’t worry, he’s going to be fine,” “Firefighters will be there in three minutes,” and “Don’t blame yourself, you didn’t do anything wrong. Your baby was only under the water a few minutes; she’ll be OK.”

Instead, call-takers need to have a ready list of statements that are positive but ambiguous, such as “Everything possible will be done for him,” or “The ambulance is coming and will be there as soon as possible.”

“Dispatchers who believe they’ll just be able to say the right thing when the high-stress call comes along, they won’t,” Spath said. “They won’t.”

Spath said the bottom line is that “Dispatchers want to help, and that’s what we do, even if we’re just referring a call elsewhere. No matter how cynical someone becomes or how dark the humor gets in the call center, we’re there to help, and that’s exactly what we do.”

Full Speed Ahead
NorthStar’s goals ran the fast track

From early 2011 to almost the end of 2013, Richard Schreiber can describe his life as a fast-moving train streaking down a single track.

Events have blurred but they all led to his anticipated destination.

When he was finally able to lift his head up, he noticed his son had grown and his daughter was in college. The University of Alabama Crimson Tide was playing against Oklahoma in the Allstate Sugar Bowl on Jan. 2, 2014, in New Orleans, La. Schreiber also felt relieved, although he only allowed 24 hours of deep breathing, after achieving medical Accredited Center of Excellence (ACE) recognition from the IAED™ before jumping back into the now-acustommed full-steam ahead mode.

“I went right back to it because this was only the beginning,” he said. “We had made it into the range of excellence and it was time to continue.”

Schreiber is the communication center manager at NorthStar EMS (NEMS), a private ambulance service that covers 10 counties in central Alabama and annually transfers about 75,000 patients, both in emergency and non-emergency situations.

NEMS operates 80 ambulances that deploy about 350 emergency medical technicians, paramedics, and support staff. This past September, NEMS added an advanced life support helicopter that increases service capacity to a 100-mile radius of Tuscaloosa, reducing the time to minutes—instead of hours—for getting help to rural areas.

The NEMS secondary public safety answering point (PSAP) in Tuscaloosa coordinates the land and air resources. The center employs 28 emergency medical dispatchers (EMDs)—nine on the day shift and three or four at night—who handle all medical calls transferred from three primary PSAPs: Tuscaloosa Police Department, Northport Police Department, and Tuscaloosa County Sheriff’s Office.

Schreiber started as an emergency dispatcher at NEMS in 1997, certified as a paramedic, left the center to work in the ambulance, and earned a degree in business administration. In 2006, he went back
Arrival Instructions and a method to establish validated protocols that included both Pre-Medical Protocol in action and liked the precise situation prompting the 9-1-1 call.

City and county level Emergency Communications Districts administer Alabama’s 9-1-1 services. The consolidation of the three primary PSAPs serving Tuscaloosa County had been debated for years with the issue taking on increasing urgency after the April 27, 2011, tornado destroyed the Tuscaloosa County Emergency Management Agency (EMA) facility.

The catastrophic event signaled the practicality to consolidate, to unify existing services to better handle response. Alabama’s 9-1-1 Board funded construction of a new EMA building and levied a $1.60 surcharge on all landlines and cellphones to fund a 9-1-1 facility placing all jurisdictions under one roof. A system for prioritizing EMS dispatch could better manage emergency resources in response to demand.

While the consolidated primary PSAP remains in the planning stages, other steps have been taken toward emergency services consolidation. State-of-the-art CAD systems were installed at the three primary PSAPs and the Tuscaloosa City Council voted in June 2011 to go with a single ambulance service. Three applied.

The five-year contract NEMS won, commencing Sept. 1, 2011, prioritized quality care and management. One medical director oversees pre-hospital care and, as part of the agreement, the dispatch center selected a set of protocols.

Schreiber chose the Medical Priority Dispatch System™ (MPDS®). He had seen the Medical Protocol in action and liked the emphasis MPDS placed on medically validated protocols that included both Pre-Arrival Instructions and a method to establish the priority, and response configuration for every medical call received.

He was also impressed with the system’s ability to find out exactly what happened—the precise situation prompting the 9-1-1 call. If the caller said the emergency involved cardiac arrest, Schreiber knew the protocol system would provide clarification: the how, why, when, and where.

“MPDS is the most highly respected EMD protocol in the country and since dispatch is the all-important first step of EMS, you want to make sure everything is done correctly from the beginning,” he said.

Schreiber also wanted the public to know that NEMS was in the top tier of communication centers. So, as part of the ambulance contract, NEMS attempted ACE within a year.

**SCHREIBER KNEW PROTOCOL WOULD PROVIDE CLARIFICATION: THE HOW, WHY, WHEN, AND WHERE.**

Suggesting that staff was cautious in shifting to protocol is generous.

MPDS represented major change, and they were comfortable with the way dispatch was done. The Medical Priority Dispatch System would not allow them to vary from the established questions and protocols. Deviation was unacceptable.

And add ACE to the list?

Thirteen of the center’s 20 dispatchers decided to quit over the next year rather than certify.

“Case Entry alone caused all sorts of meetings,” Schreiber said. “When you try to change how people have been doing their jobs for 20 years, it’s tough.”

The seven who stuck it out rallied, a turnaround Schreiber ascribes to the assistance he received from Academy Associate Director Carlynn Page and Priority Dispatch Corp.™ (PDC™) National Qs. PDC Medical/Fire Consultant Gary Galasso was their assigned liaison, spending the next eight months as a Salt Lake City to Tuscaloosa frequent “conference caller” and flier.

“It was an arduous task for them, especially considering the limited amount of time they had to achieve (ACE),” Galasso said. “It was a matter of coming to terms about what they had to do and how we could help them.”

National Q was brought on board. They created checks and balances and kept them on course. Feedback was applied. Dispatchers were made to feel that they were part of the accreditation process.

Initial hesitation was not confined to center personnel. There was one more, possibly heavier straw, threatening the camel’s back.

Not every municipality relying on NEMS was sold on the MPDS. Many didn’t like the questions, arguing that the number of questions required added time to response and, subsequently, posed a potentially negative impact on patient care.

Schreiber demonstrated to the contrary, using “before” and “after” protocol calls to compare time.

“They had tunnel vision,” he said. “They balked at the idea. They said this was crazy. A few refused to transfer medical calls.”

Schreiber pushed back.

“We made it,” he said. “At least, it’s definitely no longer the struggle it once was. They saw MPDS worked. They realized the stuff wasn’t fabricated.”

Schreiber allowed his staff 24 hours to celebrate once the ACE confirmation letter was in his hands.

“I couldn’t be prouder of my communications center team members,” he said. “Our excellent dispatchers make it all work, on every call every time as soon as it comes in. We now look forward to what we can do as an ACE.”

NorthStar EMS President Tony Smelley said achieving ACE has been a great team-building and team accountability process.

“Having trained dispatchers who can step up and offer medically-proven emergency care such as CPR and do it confidently is a public safety enhancement that can’t be overstated,” Smelley said. “We paid special attention to that because you never know when the next call is going to be ‘that’ call.”

Life At A Fast Clip: Accreditation followed in the wake of tornadoes, consolidation, and certifications.
Brett Patterson

Brett:

Is there a way we can incorporate a “shock” Post-Dispatch Instruction/Pre-Arrival Instruction (PDI/PAI) card? For example, it might be useful when someone is shot or stabbed and has not gone into cardiac arrest but is going into shock (which generally happens right before an arrest from serious bleeding). A “shock” card would be helpful since direct pressure cannot be applied to wounds caused by foreign objects or when the patient has suffered multiple gunshot wounds, making it harder to control bleeding in various areas.

Perhaps, there could be questions to determine if the patient is going into shock since the calltaker has to stay on the phone. An example of this is the Stroke Diagnostic Tool.

I ask because a lot of callers do not know the signs and symptoms of a person going into shock so instructions on what to do prior to the unit arriving could make a big difference. Just a thought.

Roy Aul
FRCC Supervisor
Jacksonville Fire Rescue Communications
Jacksonville, Fla., USA

Roy:

The MPDS® does not have a specific “shock” protocol for several reasons, namely it is identified in the non-visual world of dispatch by level of consciousness, and not alert or unconscious patients are managed appropriately already, whether due to trauma or medical causes. Additionally, the only real pre-arrival treatment for shock is laying the victim flat and raising her/his legs to promote blood flow to the brain, and this is controversial and problematic in the dispatch environment.

If the patient is in shock associated with pulmonary edema, which can be caused by many medical and trauma problems, such positioning can be very detrimental, and moving an injured patient may also do more harm than good.

In short, because it is not the goal of dispatch to diagnose underlying causes of symptoms, and shock positioning is contraindicated without at least a field impression of such, Pre-Arrival Instructions do not include these instructions, and concentrate instead on safety, airway instructions, bleeding control, and patient monitoring.

With that said, I have attached a Proposal for Change form should you or your colleagues disagree with this approach and would like to submit a suggestion for improvement to the Academy.

Please do not hesitate to contact me directly if you have any additional questions or comments about the MPDS.

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

Kim Rigden-Briscall:

I received the following email from a communications officer in our center, and I do not have an answer for her. At your convenience would you mind reviewing this and providing IAED’s position on this?

Can a stingray barb in a patient’s hand be handled on either “2” or “3”?

For Protocol 2: Allergies (Reactions)/Envenomations (Stings, Bites), we have
envenomation as a stingray does have poison on its barb.

For Protocol 3: Animal Bites/Attacks, we have animal attacks and also a category for “EXOTIC Animal,” which I guess a stingray would fall under.

Regards,
Troy Welsh
Call Performance Analyst - EMR - EMD-Q™
Aditya Birla Minacs
Oshawa, Ontario, Canada

Troy:

Good question. I am having Brett Patterson weigh in on this one.

Brett?

Be well and stay safe,
Kim Rigden-Briscall
Board of Accreditation ACE Reviewer
Senior National Q, EMD, & EDQ™ Instructor
Medical Consultant
Priority Dispatch Corp.™/IAED

Troy:

Your question is timely, as it has been addressed specifically in MPDS v13.0, planned for release at NAVIGATOR 2014.

Currently, most systems that deal with a lot of these injuries (here on the west coast of Florida we receive several calls per day in the summertime), find that Protocol 30: Traumatic Injuries (Specific) works best. While the barb of a stingray is technically considered toxic, the toxin doesn’t make most people sick, it just really hurts a lot (which actually nauseates some people). And true allergic reactions are quite rare.

The biggest clinical concern is the actual injury, which can cause bleeding; and sometimes the barb will break off and need to be removed. The primary field treatment is pain relief and rarely, bleeding control.

In v13.0, we have added specific stingray and jellyfish instructions to Protocol 2: Allergies (Reactions)/Envenomations (Stings, Bites) because, as you point out, these are actually envenomations. Protocol 2 will include the following Axiom and PDI:

Axiom: Stingray injuries generally occur when the animal is stepped on. A small, venomous barb in the tail punctures the skin and causes a shallow, painful wound. Heat helps to detoxify the wound and relieve pain. Stingray toxin is not lethal, but the wound should be evaluated for potential barb fragments and to prevent infection.

PDI: Apply a cloth soaked in tolerably hot water to the wound. Reheat and reapply the cloth as needed until the paramedics (EMTs) arrive.

For now, I would recommend using Protocol 30 for these injuries, and switch to Protocol 2 when the specific instructions are available there.

Brett:

We’ve had a couple of EMD Protocol questions come up, and I would like your opinion on these if you don’t mind.

First case, the caller states, “she fell and had a seizure.” In my opinion, this should be a seizure, as that is a common statement made when someone falls as a result of a seizure. Is this correct? This, however, broaches the subject of a traumatic seizure. What would you code a call if, for instance, a man fell off a roof, and then after being on the ground, had a seizure as a result of a head injury from the fall? How would this situation be coded?

Second case: The caller has found the patient trapped underneath a car he was working on. The car had fallen on top of him. The discussion here is between a traumatic injury and an entrapment (Protocol 22: Inaccessible Incident/Other Entrapments (Non-Vehicle)). Could you provide your input?

I am greatly appreciative of any information you can provide on these two subjects.

Tonya Hill
Greenville County EMS
Greenville, S.C., USA

Tonya:

Your first case definitely sounds like a medical seizure case. It is true that someone can have a seizure after a significant head injury, but that is usually clear at Case Entry, i.e., patient fell and hit head, becomes unconscious, and has a seizure afterward. The seizure is a reaction to the head injury and takes a little time to develop. Ground-level falls rarely result in serious head injuries.

When a significant mechanism of injury, i.e., LONG or EXTREME FALL, occurs, the probability is much higher that the trauma caused the seizure. In these cases, we recommend using the mechanism protocol, i.e., fall, and treating the seizure using the Protocol 12: Convulsions/Seizures Post-Dispatch Instructions, after coding and instructing on Protocol 17: Falls. This ensures proper coding and that safety issues are addressed.

Let’s take a look at your second case. The current version of Protocol 22 (v12.2) is qualified in the title with the term “(Non-Vehicle),” which has led most of us, including me, to believe this protocol was not designed for entrapments involving a motor vehicle. Additionally, the DELTA-1 Determinant Descriptor is termed “Mechanical/Machinery ENTRAPMENT,” which seems to relate to someone caught in a machine or device of some sort.

Therefore, we commonly recommended the use of Protocol 30: Traumatic Injuries (Specific) for the scenario you described because Protocol 30 generally better addresses the injuries associated with car squashing. However, things have changed with v130.

First, the qualifying term “(Non-Vehicle)” has been changed to “(Non-Traffic).” This was done to exclude patients trapped in or under a vehicle after a traffic accident—because these patients have a specific code on Protocol 29: Traffic/Transportation Incidents—allow for those patients trapped under a vehicle in other circumstances, when the entrapment is the primary complaint. Additionally, the DELTA-1 Determinant Descriptor has been changed to include the word “object” (Mechanical/Machinery/Object ENTRAPMENT), so that the descriptor does not appear to limit the mechanism of injury to what we commonly think of as machinery.

With regard to Protocol 30, we have added a new Determinant Descriptor called “HIGH VELOCITY/HIGH MASS Injury” for cases where critical injury may be suspected due to how the patient was injured. This should be used when the complaint is the injury(s) itself (the patient is not currently entrapped).

These changes were made to clarify the distinction between ENTRAPMENT involving a vehicle (Protocol 22) and “Pinned (Trapped)” at a traffic accident (Protocol 29), and to allow for appropriate coding when the complaint is the injury itself (not currently entrapped and not a traffic accident).

In short, and to get back to your question, the various scenarios should be handled as follows:

1. If the complaint is ENTRAPMENT, vehicle or otherwise but not involving a traffic accident, use Protocol 22.
2. If the complaint involves a traffic accident, even if the patient is pinned or trapped, use Protocol 29.
3. Use Protocol 30 if the complaint is crushing injury(s) associated with a HIGH VELOCITY/HIGH MASS mechanism, like being squashed by a vehicle while working under it but not currently entrapped.

Brett
Haste Makes Happy
AQUA v6.0 puts report processing in the fast lane

It takes Oren E. Rae less than two hours to do a job that takes others two to three days. It takes Rae another few minutes to step outside his office and pull up a chair next to dispatchers and calltakers, and that’s something extra time provides.

The change in Rae’s routine came in the shape of AQUA® Evolution v6.0. The “one-man compliance department” for the San Francisco (Calif.) Communication Center, rates the software right up there with the way VisiCalc changed Rae’s opinion about the interactive possibilities of computers.

“It certainly affords the opportunity to talk more with dispatchers given that I’m not spending five days and upward creating the monthly reports,” said Rae, who completes anywhere from 20 to 50 reviews a day, depending on the number of distractions he is able—or unable—to avoid.

AQUA v6.0, released in January 2014, is the FedEx of speedy report delivery.

A few more “to be sure” tests later, Rae agreed to beta test the software, making San Francisco one of nine comm. centers nationally to enlist in the two-month v6.0 beta test.

Although AQUA v6.0 cuts down Rae’s time spent in generating reports, it’s not likely the hours in his workweek will decline proportionately. He just sees it as time he can invest in projects he hasn’t had the time to pursue, let alone think about.

“I’d like to show the people on the floor more about AQUA,” said Rae, a former police officer and member of the San Francisco comm. center since 2003. “I can explain what I do so they’d understand the [QA] process isn’t so devious.”

Haislip also admits to a second favorite feature added to v6.0.

“You can open the Case List while still in the last call,” she said. “All you have to do is select the next call to the left and off you go Q’ing to your heart’s content without hardly a pause.”

Prior to v6.0, the process to review a call was multi-step: go to the Case Review sidebar, open Case List, choose the Case Number, review the case, and save the case. Then repeat the process again for the sound files.

“It was tedious, boring, and a plain waste of time,” Haislip said. “I did the happy dance for ED-Qs™ when I saw this one.”

What else is new, although perhaps not so time shattering, with AQUA Evolution v6.0? According to Haislip, lots.

Version 6.0 better aligns with Performance Standards 9a/4a, and a feature under Agency List allows the user to set the default version of the protocol. There are side panels for Accredited Center of Excellence (ACE) and the Emergency Communication Nurse System™ (ECNS™).

But that’s not all.

The Dispatch Life Support scoring screen separates Pre-Arrival Instructions (PAIs) from Post-Dispatch Instructions (PDIs).

“One goof in PDI won’t affect the PAI score,” she said. “That’s been a major request.”

Haislip said AQUA is an acquired taste.

“It grows on you, and once you learn all it can do, you wonder how you ever got along without it,” she said.
Neither fright from rain nor snow, nor a storm's lid on visibility, puts Lapeer County Central Dispatch in Michigan right there with the U.S. Postal Service when it comes to unstoppable delivery.

Nevermind temperatures of -10 F (not counting the wind chill factor) or three days of high winds blowing needle-sharp ice crystals this past December and January, making roads virtually impassable and obscuring visibility to sometimes less than a quarter of a mile despite the frequent passes of county snowplows.

At the worst of low temperatures and bands of heavy lake-effect snowfall—when Old Man Winter was at his feistiest—Victor Martin, Lapeer Dispatch’s communication center director, didn’t pick up the phone to request extra assistance. Honestly, he hadn’t anticipated it would come to that.

“My dispatchers are amazing,” said Martin, former commander of Bay City Post with the Michigan State Police. “They rise to the occasion. They do what’s needed automatically without having anyone asking.”

By sake of its location, Michigan was among the first states in a long line from the Great Lakes to the Gulf Coast slammed by teeth-chattering temperatures and heavy snow caused by a twist in the “polar vortex” of strong winds that circulate around the North Pole. By Tuesday, Jan. 7, the icy air covered about half the U.S., crushing records that in some cases had stood for more than a century. An estimated 190 million people were affected and 21 deaths were later blamed on record cold.

But Lapeer County Central Dispatch was ready.

Martin brought in extra people and set up cots for dispatchers staying overnight and working 12 hours in anticipation of the first round of storms that hit on Dec. 24. They celebrated Christmas and the next two days of below-zero temperatures and heavy snowfall, handling a call volume that was triple the 30-40 calls normally received during any given shift. Callers reported a few cases of exposure and frostbite, but for the most part, people stayed inside and kept travel to a minimum.

The worst part was the ice—the arctic blast that followed the snow.
“We get snow, so that wasn’t unusual,” Martin said. “It was the cold, cold weather with it that made things difficult. In 1977, we had a ton of snow. The state shutdown for two days, but it never got this cold. I’ve never seen it this cold in all the years I’ve been here.”

The extreme cold froze pipes, stopped power, and turned roads into skating rinks.

“Roads would open, and we’d have to shut them down again,” Martin said. “This wasn’t the black ice that’s hard to see. This was an actual layer of ice on the roads. A lot of people abandoned their cars and wreckers refused to go out. They just had to leave them there.”

The county road commission was connected to the dispatch radio frequency and notified immediately whenever a road had to be cleared for emergency operations. On more than one occasion, county road crews pulled ambulances out of snowdrifts.

When the power went down, the fire department posted addresses for warming shelters and asked that residents check on the welfare of elderly neighbors. People sat out the outage in their cars parked outside of the garage, running engines and cranking up the heat to stay warm rather than stay indoors with a furnace that wouldn’t fire up.

“It’s the ‘I-can-handle-this’ attitude that gets us through every time,” Martin said. “I have the highest praise for my dispatchers, the road commission, and fire, police, and EMS.”

John Ferraro, executive director of West Suburban Consolidated Dispatch Center in River Forest, Ill., and an ENP, gave instructions to his staff to bone up on the winter-related Medical Protocols, particularly MPDS’ Protocol 20: Heat/Cold Exposure, in preparation for incoming calls regarding symptoms of hypothermia and other cold weather conditions.

River Forest, which lies along the Des Plaines River in western Cook County, averages temperatures in the mid to high 20s F in December and January and snow accumulations of around 8 to 10 inches.

Not this past year. River Forest saw a record low of -15 F. The National Weather Service cautioned people to stay indoors, if possible, and if venturing outside, to dress for conditions. Anyone stuck outside for any length of time was at serious risk of injury or death.

Ferraro said 15 inches of snow fell in the first three days of January, and that was piled on top of snow from three storms in December. Temperatures falling far below freezing and snow worked in cahoots to stall rail commuters. Frozen switches and signals caused long delays and cancellations. Amtrak hosted 500 passengers overnight on three trains stuck 80 miles from Chicago. Transit riders’ faces and fingers froze while standing on a platform waiting for their trains to arrive.

They were, perhaps, the lucky ones. The roads were hazardous.

“The calls came in bunches,” Ferraro said. “There was a ton of ice because crews couldn’t clear the roads to pavement. We had sheets of ice.”

Ferraro modified the dress code, allowing dispatchers to wear street clothes, including flannel and fleece, rather than uniforms, to protect against the colder temperatures to and from work and to make “things more comfortable” during the extreme weather snap.

For the most part, however, call volume was near normal, and although he had people on-call just in case, the extra help wasn’t necessary.

“We had a few more calls with complaints of chest pain from shoveling big, slushy, heavy snow, but nothing major,” Ferraro said. “Chicago takes pride in its resiliency. We know how to handle it.”
Southern states were also bracing for the coldest temperatures in decades. The Tennessee Valley Authority said power demand reached the second-highest winter peak in its history. Temperatures averaged 4 F across the utility’s seven-state region.

Residents were urged to prepare for possible power outages and frozen pipes, advised to bring pets indoors, and asked to check on elderly neighbors, making sure they were adequately situated to combat the cold weather. They were cautioned in the use of space heaters, fireplaces, or wood stoves to avoid carbon monoxide poisoning.

The front hit Alabama on Sunday (Jan. 5) night, plummeting temperatures by at least 20 degrees in just a few hours. Below-freezing temperatures accompanied by excessive wind chill factors squeezed temperatures in Alabama, including Birmingham and Tuscaloosa, to record lows. On Monday and Tuesday mornings, temperatures dropped into single digits, bringing wind chills below zero.

The cold changed the daily routine considerably, at least for the period it hung around, said Richard Schreiber, communication center manager of NorthStar Emergency Medical Services in Tuscaloosa.

“The City of Tuscaloosa Fire Department had to add an extra battalion chief to help with all the water pipes that were bursting,” Schreiber said. “Unofficially, there were 68 water flow alarms that occurred in two days. The cold was phenomenal for us, near zero, and that’s like the Arctic for us.”

Schreiber put the center in prevention mode, putting team members on standby. He prepared the second floor conference room for dispatch team members to stay overnight, if needed. Schreiber went on to say, “I am fortunate to have a great dispatch team to work with. One or two phone calls and we have whatever we need.”

Schreiber was ready, just like he was in April 2011 when the big tornado hit. “You want to make sure you have everything ready; you never know what may come from an event,” he said.

Freezing weather, winds, and even some snow hit Atlanta, Ga., in January. A wind chill advisory was issued for 11 a.m. Monday, Jan. 6, through 1 p.m. Tuesday, Jan. 7, for the metro area; temperatures were expected to dip into the 20s on Monday and down to single digits by Tuesday.

Public works crews implemented Atlanta’s Level II Storm Response Plan, placing pre-treatment priority on bridges and overpasses, main arterial roads for hospitals, and police stations. Schools closed. Fire units brought extra stretchers into hospitals, ready to toggle patients if demand for care outpaced beds or the number of ambulances available for transport.

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“Sunday through Tuesday was tough for Tuscaloosa,” Schreiber said. “Rain was followed by the arctic blast. Temperatures dropped 20 degrees in a half hour early Sunday morning. It got colder here than it was in Anchorage, Alaska.”

The issue of cold prompted Dave O’Neill, director of Metro Atlanta Ambulance Service’s communication center in Marietta, Ga., to end his holiday break four days early. He issued fleece-lined winter jackets to his dispatchers and brought in Monday crews on Sunday to save them a morning commute on potentially icy roads and to handle an anticipated increase in the number of calls.

Surprisingly, call volume remained close to usual, although the types of calls were different from the norm. There were more calls related to falls from slipping on ice and colder weather exposure symptoms.

Traffic accidents increased, but that wasn’t the fault of road crews. Drivers were sometimes too cautious or too curious. “People in Atlanta don’t have enough experience with this kind of weather,” said O’Neill, who’s originally from upstate New York. “This was being called ‘The Storm of the Century.’ I wasn’t worried but I also didn’t want to be the public service highlighted in metro news.”

Temperatures around the country moderated by the end of the week, bringing the 20s and 30s into the Plains and Midwest, while parts of the mid-Atlantic and Northeast were again in the 40s.

Will the polar vortex return? “I couldn’t tell you,” Martin said. “If it does, we’ll be prepared the same as this time.”
Debra Cardillo, EMT, AEMD, monitors FirstWatch dashboards and reports on display in the North Shore Long Island Jewish Health System comm. center.
If terrorists struck the United States using explosives or other conventional weapons, word about the attack would spread fast from eyewitnesses calling 9-1-1. But a biological attack could be more insidious, says Dr. Alex Garza, former chief medical officer/assistant secretary for the U.S. Department of Homeland Security (DHS).

“The timeline and the way biological weapons unfold are so different than radiological, nuclear, or chemical attacks,” Garza says. “If you think about a chemical event, you find out about it immediately. In Syria, you had people showing up to the hospital minutes after they were shelled with sarin gas. There was immediate identification that something was wrong and immediate response to it. With radiological or nuclear weapons, you will also realize what happened quickly.

“A covert release of a biological weapon is very different,” Garza continued. “Biological weapons have an incubation period—it takes days before people start feeling sick. The first sign you have something going wrong might be sick people showing up at hospitals, but they aren’t necessarily identified right away. It takes time to figure out what happened, and who was exposed and who wasn’t.”

Yet there are several strategies that can aid in the early detection of biological attacks, Garza says. One is BioWatch, a federal bio-surveillance program that monitors the air in major American cities for dangerous pathogens. Another is by carefully mining 9-1-1 data using FirstWatch, which provides near real-time monitoring of CAD and EMS data for a wide range of purposes, including bio-surveillance, situational awareness, and operational and clinical quality improvement. With FirstWatch, 9-1-1 centers can set up triggers to alert supervisors or other command staff if there’s an unusual spike in a similar type of complaint, such as seizures or trouble breathing. The International Academies of Emergency Dispatch™ (IAED™) has partnered with FirstWatch to ensure ProQA® data can be easily mined.

Garza is a member of the IAED’s Chemical/Biological/Radiological/Nuclear (CBRN) committee, along with FirstWatch President Todd Stout and other experts. Greg Scott,
IAED’s CBRN committee chair, explains that the group was created after the severe acute respiratory syndrome (SARS) outbreak in 2003, when it became apparent the Academy needed a way to quickly respond to these kinds of threats, to not only communicate information to 9-1-1 centers but if needed, to recommend new protocols. The committee meets occasionally to review current developments and maintain working connections, to be ready to move fast if needed.

Garza began his career as a paramedic in Kansas City, Mo., before going to medical school at the University of Missouri, Columbia. While an emergency medicine resident in 1997, he joined the U.S. Army Reserve and served as a battalion surgeon and public health team chief. He deployed to Iraq in 2003 and was awarded the Bronze Star and a Combat Action Badge. President Barack Obama appointed him to DHS in April 2009. Ready to return to his native St. Louis, Mo., with his wife and three sons, Garza left Washington, D.C., last year to join FirstWatch (based in California), but also to become associate dean for public health practice and an associate professor in epidemiology at St. Louis University’s College of Public Health and Social Justice.

Garza spoke with Jenifer Goodwin about his years in federal government and the important role of CAD, ProQA, and EMS data in the early detection of threats to U.S. health and safety.

**Q: Has there even been a “successful” biological weapon attack in the U.S.?**

No, it’s mostly been clumsy terrorists and one sophisticated person in the 2001 anthrax attacks, who used weapons-grade bacteria.

There have been several attempts at using ricin. Ricin has a long but mostly unsuccessful career as a weapon. I wrote a paper about ricin being the poor man’s chemical weapon. You can make trace amounts of it by crushing castor beans. But there is a big difference between primitive ricin preparations and weaponized ricin. To do that, a terrorist would have to produce very large amounts with some degree of sophistication for the toxin to truly be considered a weapon of mass destruction. In early 2013, letters containing ricin were mailed to President Obama, New York City Mayor Michael Bloomberg, and a gun control organization. No one became ill.

But there have been attacks in other countries that we have taken a close look at. The Aum Shinrikyo cult in Japan had a successful chemical attack and an unsuccessful biological attack. In 1995, they released sarin on the Tokyo subway, killing 13 people. They tried to develop biological weapons using anthrax, but their seed culture was vaccine grade and inert, so it can’t cause disease.

The best-known release of weapons-grade anthrax was from a weapons factory in Sverdlovsk in Russia in 1979. About 100 people died. For years, the Soviets denied it was inhalation anthrax and said it was gastrointestinal anthrax from tainted beef. Then they finally fessed up.

It takes skill to develop weapons-grade anthrax—it’s not something a kid in biological class can do. Although anthrax lives out in nature, collecting it, keeping it alive, and milling it is difficult, but not impossible.

So you can do that or make a couple of pressure cooker bombs and put them in a backpack. Boston, Mass., showed it isn’t horribly difficult to do. The Tsarnaev brothers figured out how to do it from the Internet and were able to kill and injure scores of people. The primary motivation of a terrorist is to spread terror. They locked down one of the largest American cities for a couple of days with firecrackers and a pressure cooker.

**Q: Are there any lessons to be learned from Boston’s response to the marathon bombing?**

Boston has a very good EMS system. Another thing that played in the city’s favor is because it was a sporting event with a lot of people participating, you had a lot of medical assets nearby. That was very fortuitous. They were able to respond really quickly. But a really good takeaway from the marathon bombing was how the public reacted. There were a lot of stories about people assisting at the scene and taking care of people, evacuating people, and even applying tourniquets. I’m impressed that they had the frame of mind to do those things. When I was doing training as a medic and emergency medicine resident, we were taught that you’d do more harm than good with a tourniquet. That dogma has been turned on its head ever since the U.S. went to war.
Q: Still, the general public tends not to take preparedness all that seriously. A few years ago, the Centers for Disease Control and Prevention (CDC) used the interest in all things zombie to get attention to preparedness (The “Are you Prepared for the Zombie Apocalypse” campaign). It generated a lot of attention. In general, why doesn’t the public take preparedness more seriously?

It’s part of our culture that we don’t deal with things until we have to deal with things. That’s permeated through our business models, where we have just-in-time inventory. Even when we are doing large planning for budgeting and infrastructure we’re very much focused on short-term goals. Preparedness is no different. The Zombie Apocalypse was very entertaining and caught people’s attention. Whether it spurred people to become more proactive in disaster preparedness is another question.

Q: Are we prepared for a Nairobi (Kenya)-style attack on a shopping center? What should we be doing?

By being prepared, do you mean can we stop random acts of violence? No. But from the response side, we’re definitely much better prepared than they were in Nairobi. The siege took four days. There were multiple victims and criticisms of the police and the military for not moving in faster. I think we would be much better prepared here. All of these mass shootings have brought these sorts of events to the forefront of people’s thinking, even though you can’t secure everything, all the time, nor would you want to.

Q: When it comes to terrorism, we tend to think a lot about risks at mass gatherings or on airplanes. What other types of sites could be at risk that people might not think about?

The safety of the food supply is one of them. One of the things we did in cooperation with the U.S. Department of Agriculture was look for vulnerabilities in the large food distribution points. For example, what would happen if a terrorist organization decided to focus on infecting the cattle herd in the U.S. with hand, foot, and mouth disease? A large segment of the cattle industry is consolidated into large businesses that operate huge feedlots. If somebody wanted to tamper with that system, how would they go about it?

An electromagnetic pulse is another one. If a nuclear weapon detonated in the stratosphere, it could knock out the power grid and anything with circuitry. Solar flares from the sun can knock out the electrical grid. We’ve gotten very used to dealing with computers for everything and become very dependent on them.

Q: At the 2012 Public Health Preparedness Summit, you were part of a panel discussion about pandemic viruses that included the screenwriter for the movie Contagion, in which a rapidly spreading, lethal virus wipes out large swaths of the world’s population, causing mass panic. How far-fetched is that idea?

It’s difficult to predict. We’ve never seen a virus like that. In 1918, the so-called Spanish flu was as close as we’ve gotten. Is it possible? I don’t think it’s out of the question, however,
the risk of that happening is not huge because most of the time viruses don’t mutate to become that easily transmissible or lethal.

However, even a less lethal virus (than depicted in the movie) could have a significant impact. Influenza circulates around the world and is constantly changing. It can spread rapidly and become a pandemic if you get the right genetic re-assortment. The two big ones we’re keeping an eye on are the Middle East Respiratory Syndrome (MERS) coronavirus, and the highly lethal avian influenzas coming out of southeast Asia. The most recent one is H7N9, an avian influenza with a high mortality rate circulating around China earlier in 2013. They culled their ducks and wild bird population to cut off the chain of transmission. One of the preventive measures we take is making sure nobody is importing birds from southeast Asia. There’s quite a smuggling operation that Customs and Border Protection tries to stop.

Q: How worried should we be about the MERS coronavirus?

It’s concerning. It’s the same family of virus that caused the SARS epidemic in 2002–2003. At least from what we understand, MERS has a substantial mortality rate. All of those things put together make it something you should have on your radar screen. While there are case reports of it transmitting from person to person, on the plus side, it seems like you have to have significant exposure to catch it. There hasn’t yet been sustained person-to-person transmission. But viruses are notorious for genetic re-arrangement, so we have to keep an eye on it. For EMS and 9-1-1 centers, that translates to making sure we are keeping good track of our data and being aware if you see an uptick in respiratory illnesses or an illness that is not easily explained. Public safety providers also need to be aware of what is going on globally. We live in a global culture. If your patient has a respiratory illness and has been to the hajj to Mecca, Saudi Arabia, you might want to put a mask on.

A virus that has high transmissibility and high lethality can destabilize the security of the country, which is why the Department of Defense has its own vaccine stockpile so it doesn’t have to compete with everybody else for a vaccine.

Q: What else can a public safety agency or 9-1-1 center do to be prepared?

By using FirstWatch to monitor CAD data, you can look for complaints in the community and compare them against a historical average. It’s similar to what traditional epidemiologists do when they look for flu-like illness in emergency departments and clinics. But when the CDC puts out its data, it’s usually lab confirmed and two weeks later.

With CAD and ProQA data, you can look for people who call 9-1-1 with respiratory complaints analogous to the flu and plot that against historical data. It could serve as an early marker of flu in the community.

Q: After nearly four years in Washington, D.C., you were eager to move on. What drew you to getting back into public health and FirstWatch?

It was a combination of things. I wanted to move to St. Louis to be closer to family and get back to some of the academic work I enjoyed doing. The life span of a political appointee is pretty short, and you can’t stay in these jobs forever. Most political appointees are only in their jobs for two or so years. I was there for more than four years, so I doubted that.

I had known and respected the folks at FirstWatch for some time. I thought it was a natural fit for what my interests were—with data, public health, and particularly, EMS quality improvement issues.

Q: FirstWatch works closely with the IAED to monitor ProQA data for customers. Why is that data source particularly rich?

We have this tremendous data capture from the time patients call 9-1-1 to the time we deliver them to the hospital, yet 9-1-1 data tends to be overlooked.

One of the benefits of 9-1-1 data is it captures the complaints of the entire geographic community. Anybody and everybody calls 9-1-1. There is some socioeconomic bias, but nonetheless you get a pretty good snapshot of what is going on. For those that use ProQA, the records are all time stamped, valid, and geo-located. The information is captured in a reliable, consistent fashion, whereas a triage nurse at a hospital may ask different questions depending on who is doing the triage. CAD data is also available quickly. To interrogate hospital ER data can take days to weeks.

Q: Even though we haven’t seen a large-scale terrorist attack recently, is there reason to remain vigilant?

There are always going to be threats against the country. In the last decade, we’ve degraded a lot of terrorist capability. But they are a very resilient group as the attacks in Boston and Kenya demonstrated. But how much protection, how vigilant do you need to be? There is a fine line you walk. Before 9/11, you could walk to a gate and get on a plane with minimal security. After 9/11 the world changed. Some people feel inconvenienced by it. There are a lot of things that you have to figure out where the line is, between investing too much and not investing enough.
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James Thalman

Jim Page, the father of emergency medical services and the godfather of emergency medical dispatch, died Sept. 4, 2004, from sudden cardiac arrest at age 68. Perhaps it’s fitting that his death matched the “unconscious/not breathing” 9-1-1 call that in his work as a Los Angeles (Calif.) firefighter, and later, as a public safety pioneer, he often described by saying; “The ultimate contingency” has just occurred.

Perhaps it is also fitting in more than one way that the call marking Page’s departure from the planet would be among the most common, easiest to code single-patient prehospital response. However, there are exceptions to the usual cut-and-dry course of the so-called obvious death incident. Nearly 25 percent of them involve details that can make the 9-B-1 response in Protocol 9: Cardiac or Respiratory Arrest/Death in the Medical Priority Dispatch System™ (MPDS™) for an obvious death not quite so obvious.

In cases of unconscious/not breathing patients, the caller might initially assess if the patient is “dead.” Although the caller reports this as fact, the EMD must determine if the patient could still be helped through resuscitative efforts. As Adam Johnson, an EMT-P and IAED™ regional EMD/EMD-Q® instructor explains, “The reason we exist is to...
resuscitate, not to look for reasons not to.”

In some cases, however, the patient’s condition can be determined as obviously beyond help. These clear and unquestionable death incidents are when the caller reports that a traumatic method of death is apparent (e.g., decapitation, incineration, and severe injuries obviously incompatible with life) or when the patient has passed away hours prior to the 9-1-1 call (e.g., cold and stiff in a warm environment, decomposition). Local Medical Control defines the patient conditions that would indicate an unquestionable and therefore “OBVIOUS DEATH” and that would rule out the potential benefit of lifesaving efforts.

Though the protocol clearly outlines each step for the EMD, the research, outcome data, and decisions that go into handling unconscious, not breathing calls are trickier than they may appear. The attitude of both the public and EMS responders regarding resuscitation enters into the decisions as well.

MPDS developer Dr. Jeff Clawson first wrote about the variations in unconscious, not breathing calls in 1995. Dr. Clawson defined a simple line for obvious death in the quarterly newsletter Dispatch—the predecessor of The Journal of Emergency Dispatch—as follows: “In many of these cases, death has occurred long before, while the possibility of any resuscitative help has clearly passed.”

At the time, EMD was growing into the full-blown member of the emergency medical profession, and both EMS and the public it serves were on an extended honey-moon with electronics and refinements in remote delivery of emergency care. Defibrillators and other devices used to intervene in a health crisis had become so portable, so available in work and public places, and so simple to apply, that the only requirement anyone needed to use an AED was caring enough to step in.

“Many people as well as EMS agency managers believed that paramedics armed with fantastic machines could and should routinely snatch life from the jaws of death,” Dr. Clawson said during a recent luncheon speech. Soon, he noted, the resuscitating of “all comers” became an occupational necessity, and that just as quickly turned into widespread disillusionment when only between 5 and 10 percent of cardiac arrest victims were actually being saved by those interventions.

Physicians and nurses were soon abiding by an almost robotically imposed requirement to resuscitate victims at the scene.

That “never say dead” pledge didn’t fit the reality of field responders who regularly found themselves trying to revive patients who were well beyond rescue at the scene and whose death occurred well before the call for emergency help was made.

The policy was a result of EMS overseers who said paramedics must always at least try to revive the obviously deceased because, if they didn’t, they couldn’t report to the victim’s loved ones that everything possible was done. And that was viewed as tantamount to sending a gilded open invitation to be sued for malpractice.

Trying to revive cardiac arrest victims, no matter what, is a tactic that denies the facts of death and the facts of life, Dr. Clawson said. During his residency in the mid-1970s at Charity Hospital in New Orleans, La., he said, ambulance crews transporting expired patients would describe the job as bringing in a “DOA for any AOD”—a “dead-on-arrival” patient to be certified as such by “any old doctor” who might be available.

As the public’s trust in emergency services and in particular their connection to it through 9-1-1 grew, paramedics were being constantly warned, “If you fail in any way whatsoever to attempt resuscitation of a patient, roving bands of starving plaintiffs’ attorneys will befall your otherwise pleasant day,” Dr. Clawson said.

Fortunately, the claim didn’t turn out to be true in any way whatsoever. “While I wasn’t in daily contact back then with sentinel EMS legal experts like Page, I am not aware of a single lawsuit, successful or otherwise, that has been brought against any EMS agency that followed a medically approved protocol and chose not to resuscitate a person deemed ‘obviously’ dead,” Dr. Clawson said.

**Conditions Indicating Obvious Death**

**Variation From Region to Region, Center to Center, and Often, Doctor to Doctor.**

**The ‘obvious’ fine print**

The actual definition of obvious death is basically as clear as callers and the general public might think. However, the conditions indicating obvious death vary from region to region, center to center, and often, doctor to doctor. In the MPDS, the meaning of the term “OBVIOUS DEATH” is established within the policies and practice guidelines outlined by the Local Medical Control and customized for each individual call center.

Prior to any use of the definition or Determinant Codes associated with “OBVIOUS DEATH,” a local medical director/physician must authorize specific conditions that are widely regarded as clearly indicative that the patient has entered a hopeless, nonviable state of being and the certified EMD must be trained and well aware of the locally defined terms. As stated in the definition of OBVIOUS DEATH:

Local Medical Control must define and authorize any of the patient conditions below prior to this determinant can be used. Situations should be unquestionable and may include:

- a – Cold and stiff in a warm environment
- b – Decapitation
- c – Decomposition
- d – Incineration
- e – NON-RECENT death
- f – Severe injuries obviously incompatible with life

**When in doubt, send them out**

Dr. Clawson tells the story of a novice dispatcher, a former Hells Angels motorcycle gang member, who asked the defining obvious death question for dispatch: “What do you mean by ‘obvious?’” Given the dispatcher’s personal history, “I was always just a bit careful in answering his questions,” Dr. Clawson said. “After a pause, I said, ‘Well, essentially the “obvious” has to be so obvious that you are willing to bet your job on it.’”

Getting to that point requires asking direct questions. On occasion, these questions might elicit a less than helpful reaction from the caller. Keep in mind that questions can come across as silly and unnecessary to someone who can clearly see the scene, but they are nevertheless essential.

For instance, the first Key Question on Protocol 9: Cardiac or Respiratory Arrest/Death is essential for appropriately assessing the patient’s condition: “(Suspected death) What is the patient’s condition?” Tell me, please, why does it look like s/he’s...
dead?” Here, the calltaker’s respectful and serious tone is as important to the interrogation as what is being asked. Even if the caller responds sarcastically, the calltaker will have a clear description of the patient’s condition to determine the best approach. In other words, it doesn’t matter what the caller thinks of the questions; what matters is finding out what the caller knows.

Any description that does not meet the definition of an OBVIOUS DEATH or EXPECTED DEATH situation would elicit a regular cardiac arrest response based on a 9-D-1 Determinant Code, followed by appropriate Post-Dispatch and Pre-Arrival Instructions.

If the patient’s condition matches the local definition for OBVIOUS DEATH, the calltaker should ask Key Question 1a, “Do you think s/he is beyond any help (resuscitation/CPR)?” If the caller expresses any uncertainty, the EMD will send a 9-D-2 response and begin providing instructions for resuscitative efforts.

Key Question 1b, “Are you certain we should not try to resuscitate her/him?” addresses EXPECTED DEATH situations, which may include a patient who has suffered from a terminal illness or who has desired to establish a DNR (Do Not Resuscitate) order—a physician’s order directing medical personnel to not attempt to revive a patient using CPR or other extraordinary means. If the caller is certain that the patient’s wishes were to not be resuscitated (as indicated with a DNR order), the EMD may send 9-Ω-1 only if unquestionable and already defined and authorized by Local Medical Control. However, as Rule 1 directs, if the caller believes the DNR should be ignored or is uncertain if the DNR is valid or in place, an appropriate response and resuscitation attempt should be made.

After completing Key Questions, the EMD initiates an appropriate response and then provides Post-Dispatch Instructions that best address the situation. For either OBVIOUS DEATH or EXPECTED death situations, the instructions similarly reassure the caller “I’m sending someone to assist you” (the calltaker will notify proper authorities) and ask whether the EMD can do anything else for them.

In the case of OBVIOUS DEATH, the EMD also instructs the caller to leave everything as he or she found it, which preserves evidence that may be reviewed in the event of an unexpected death.

For all other cases where resuscitation should be attempted (suspected workable arrest), the EMD provides PDI-c “I’m sending the paramedics (ambulance) to help you now. Stay on the line and I’ll tell you exactly what to do next,” and proceeds to the DLS Links to provide Pre-Arrival Instructions for life-sustaining efforts.

Dr. Clawson points out that while EMS systems dramatically struggle with the “correctness” of precluding “at scene” resuscitation without the approval of a physician, the average American, Canadian, and perhaps especially the European citizen today accepts death as a possibility in any serious emergency case.

To sum up, the obvious death situation provides the trained EMD that chance to first carefully evaluate a situation, determine the true Chief Complaint (non-resuscitable death), and then respond appropriately.

When the case is an actual obvious death, as Dr. Clawson says, “The friend and family become our true patients. The Cardiac or Respiratory Arrest/Death Protocol allows us to treat both the family and the departed loved one with dignity and respect.”

Sources:
1. Dispatch, NAEMD, The National Academy of Emergency Medical Dispatch®, Autumn, 1995, Vol 6, No. 4
YOU MUST BE MEDICAL CERTIFIED TO TAKE THIS QUIZ.

CDE-Quiz + Medical

Answers to the CDE quiz are found in the article “The Ultimate Contingency,” which starts on page 34.

Take this quiz for 1.0 CDE unit.

1. In cases of unconscious/not breathing patients, the caller might initially assess the victim as “dead.”
   The EMD must:
   a. regard the assessment as fact.
   b. immediately call off emergency responders.
   c. look for reasons not to attempt remote resuscitation.
   d. determine whether the patient could still be helped through resuscitative efforts.

2. Local Medical Control defines the patient conditions that would indicate an unquestionable and therefore “OBVIOUS DEATH” and that would rule out the potential benefit of lifesaving efforts.
   a. true
   b. false

3. When AEDs were first made more widely available, many people as well as EMS agency managers believed that paramedics could and should routinely snatch life from the jaws of death.
   a. true
   b. false

4. Trying to revive cardiac arrest victims, no matter what, is a tactic that denies the facts of death and the facts of life.
   a. true
   b. false

5. The conditions indicating OBVIOUS DEATH are standardized through the use of protocol and do not allow for individual center customization.
   a. true
   b. false

6. If the patient’s condition matches the local definition for OBVIOUS DEATH, the calltaker should ask Key Question 1a, which is:
   a. “Tell me, please, why does it look like she’s dead?”
   b. “Are you certain we should not try to resuscitate her/him?”
   c. “Do you think s/he is beyond any help (resuscitation/CPR)?”
   d. “I’m sending someone to assist you. Is there anything else we can do for you (or your family)?”

7. If the caller expresses an uncertainty of whether the patient is “beyond any help,” the EMD should send a _______ response.
   a. 9-D-1
   b. 9-D-2
   c. 9-B-1
   d. 9-t-1

8. What is a Do Not Resuscitate (DNR) order?
   a. An order to avoid resuscitation if six hours or more have passed since the incident or injury occurred.
   b. An order to prevent use of AEDs for patients with LVADs.
   c. An order to refuse medical care to OBVIOUS DEATH patients.
   d. A physician’s order directing medical personnel to not attempt to revive a patient using CPR or other extraordinary means.

9. If the caller believes the DNR should be ignored or is uncertain if the DNR is valid or in place, Rule 1 instructs the EMD to:
   a. select the 9-t-1 Determinant Code and provide Post-Dispatch Instructions.
   b. arrange an appropriate response and instruct the caller to attempt resuscitation.
   c. notify proper authorities.
   d. continue the Key Question interrogation.

10. For all suspected workable arrest cases, the EMD should provide PDI-c “I’m sending the paramedics (ambulance) to help you now. Stay on the line and I’ll tell you exactly what to do next,” and:
    a. return to questioning.
    b. instruct the caller to leave everything at the scene exactly as it is.
    c. confirm with the OBVIOUS DEATH definition.
    d. proceed to the DLS Links to provide Pre-Arrival Instructions for life-sustaining efforts.

CDE Quiz Mail-In Answer Sheet

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

WE WILL NOT PROCESS ALTERED SIZES.

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

Clip and mail your completed answer sheet along with the $5 USD (must be U.S. currency) NON-REFUNDABLE processing fee to:

The International Academies of Emergency Dispatch
110 South Regents Street, Suite 800
Salt Lake City, UT 84111 USA
Attn: CDE Processing
(800) 960-6236 US; (801) 359-6916 Intl.

Please retain your CDE acknowledgement for future reference.

Name ________________________________
Organization ___________________________
Address _______________________________
City __________________ St./Prov. __________
Country ___________________ ZIP __________
Academy Cert. # _______________________
Daytime Phone ( ) _____________________
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PRIMARY FUNCTION

☐ Public Safety Dispatcher (check all that apply)
   □ Medical □ Fire □ Police

☐ Paramedic/EMT/Firefighter
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☐ Training/QI Coordinator
☐ Instructor
☐ Comm. Center Director/Chief
☐ Medical Director
☐ Commercial Vendor/Consultant
☐ Other

ANSWER SHEET MEDICAL

March/April 2014 Journal “The Ultimate Contingency”

Please mark your answers in the appropriate box below.

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

To be considered for CDE credit, this answer sheet must be received no later than 04/30/15. 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.
Two construction workers were thrown from a boom lift when it was struck by a freight train on Dec. 16, 2013, in West Des Moines, Iowa.

At the time of the collision, the two workers were in the passenger bucket of the lift’s articulating arm, which was raised next to the train tracks so the workers could access the underside of an on-ramp. An Iowa Interstate Railroad Train coming from the west struck the arm, throwing one of the workers 200 feet. The other was wedged on top of a pillar, hanging in place by one arm, 40 feet above the ground.

Members of the high-angle rescue team rushed to the crash site from a fire less than a half-mile away, carrying their equipment part of the way because their truck was blocked in at the fire. Once on scene, firefighters attached a mechanical rope system to the boom of a vehicle already located at the construction site to maneuver another firefighter beneath the bridge. He latched onto the construction worker’s harness so the man could jump into his arms.

The rescue took about an hour, and the worker was taken to the hospital with non-life-threatening injuries.

“In 27 years, this is one of the strangest calls I’ve been on,” said David Edgar, the assistant chief for West Des Moines Emergency Medical Services.

High-angle rescues

High-angle falls happen all the time, every day, requiring the expertise of highly trained responders to bring the victim to safety and, at the same time, completing the rescue operation without harm to any member of the response team. These situations require close communication with emergency medical services, especially in high-angle rescue situations where falls from a great height present potential for injury or death.

At the first, first response level—the 9-1-1 center—a calltaker should be prepared to give medical Pre-Arrival Instructions (PAIs) while the caller is waiting for response to arrive, since falls from heights as little as 10 feet can inflict various short- and long-term injuries, including strains, sprains, concussions, fractures, cuts, dislocation, back injuries, concussion abrasions, heart attack, and dehydration, as well as other major trauma.

Calltakers should also put EMS on immediate standby for both the victims and the rescue responders, particularly in view of the following statistics from 2012:

- Fatal falls, slips, or trips took the lives of 668 workers.
- Falls to a lower level (below grade) accounted for 544 (or about 81%) of those fatalities.
- Of those cases where the height of the fall was reported, about one in four fatalities occurred from a fall of 10 feet or less.
- Another one-fourth of the fatal fall cases occurred from a fall of 30 feet.

In a 1977 “Study of Impact Tolerance Through Free-Fall Investigations,” research-
ers at the Highway Safety Research Institute found that the major cause of death in falls—from buildings, bridges, and the occasional elevator shaft—was cranial contact. A large number of falls occurred at buildings under construction and were the result of workers falling from loose scaffolds or open beams. Many scaffolds and ladders are involved in falls from buildings being maintained or repaired, and this category also includes falls from roofs and eaves.³

**High-level rescue**

High-angle rescue is a subset of technical rescue that involves specialized skills and equipment to reach victims above or below grade—where conventional interior rescue is not possible—extricate them, and bring them to safety.

There are three primary types of high-angle rescue: urban/structural, wilderness/mountain, and cave rescue. As a rule, urban rope rescue involves heavier equipment and is of relatively short duration. Cave and wilderness rope rescues involve lighter equipment with extended rescue times.

Whatever the environment, responders are dependent on the ropes used to protect and secure them (and victims) from falling and to gain access to and egress from the rescue operation. Other equipment includes anchoring and bailing systems (carabiners, harness, and pulleys), lowering and hauling systems (friction control or descent devices, rope grab devices), litter/stretcher work, and in some cases, the use of dogs, electronic search equipment, search cameras, and air sampling/monitoring devices.⁴

Wilderness high-angle rescue operations are frequently defined in terms of the types and steepness of terrain: the steeper the ground, the more difficult and more technical the rescue. The condition of the terrain (e.g., rocky, muddy, icy) is also part of the condition when determining the level of technical expertise required and the type of rescue equipment (e.g., stretchers, ropes).⁵

Urban search and rescue is considered a “multi-hazard” discipline, combining structure damage and collapse from earthquakes, hurricanes, typhoons, storms, tornadoes, and floods. These types of rescues also involve construction accidents and incidents involving suicidal threats, among others.

**FPDS Protocol 62**

Fire Priority Dispatch System™ (FPDS®) Protocol 62: High Angle Rescue (Above or Below Grade) defines HIGH ANGLE Rescue as “rescue or extrication situation of person(s) from elevated buildings/structures/terrain where conventional interior rescue is not possible. Also, to effect rescue of injured and/or stranded person(s) in areas where normal access is unavailable or hazardous due to height and/or terrain.” According to Rule 2: Evacuations at greater than 60 degree inclination are considered HIGH ANGLE operations.

The first Key Question determines the type of building/structure/terrain involved and whether the situation has occurred above or below grade. Determinant suffixes “A = Above grade” and “B = Below grade” correspond to the description the caller reports. A new “W = Above water” suffix has also been added in v6.0 to allow agencies to allocate different resources for reaching areas above water.

Above grade is the portion of a building that is above ground level.

High-angle rescue situations below grade (the portion of the structure below ground level) involve evacuations of people trapped in ship holds, barges, confined spaces, tunnels, and sewer and piping systems.

The second Key Question asks the caller “What is her/his approximate distance from the bottom/top?” Obviously, while asking this question, the EFD should choose the appropriate word—“bottom” or “top”—to fit the incident described.

After identifying the type of building/structure/terrain and approximate distance from the bottom/top, the Key Questions are designed to determine whether the victim has an intention to attempt suicide, whether anyone else is in immediate danger, and whether anyone is injured.

As with other protocols, the EFD should provide Post-Dispatch Instructions (PDIs) after completing the Key Questions and initiating the response. However, as described in the blue CEI section, the EFD may suspend Key Questioning when necessary to give safety PDIs, especially in circumstances when the EFD can hear the caller or others planning to attempt to rescue the person or instructing the person to move.

a. I’m sending the fire department to help you now. Stay on the line, and I’ll tell you exactly what to do next.
b. Do not approach or attempt to rescue the person(s).
c. Tell the person(s) not to move.

d. Do not touch any equipment that may be suspending the person(s).

After dispatch and providing important PDIs, the calltaker reviews the other CEI reminder items to notify a Technical Rescue Team (TRT) of the incident immediately, if applicable, and to provide responders with known information about the location and number of people.

The chances of actually saving the individual(s) may diminish with time, depending on the environment, weather, and the individual’s intent. The responder must evaluate scene security, safety, and the steps to the rescue and recovery operation.

As the First Law of Technical Rescue states, “The first 10 minutes on scene of a technical rescue often determine how the next few hours will go.”

**Keeping safe**

The Rules on Protocol 62 clarify that HIGH ANGLE operations, at inclinations greater than 60 degrees, require the expertise of a TRT and that the EFD should contact the TRT as soon as possible to effect a timely recovery of the person. If no TRT is available, the EFD should consider utilizing MUTUAL AID resources.

There are hundreds of technical rescue teams, training facilities, and training programs across the U.S.

In November 2012, the Des Moines Fire Department opened a new fire logistics and training center that includes an on-site burn building, multi-story training tower, roof ventilation simulator, driver training course, auto extrication, covered shelter, simulated city buildings, draughting pit, obstacle course/confined space, Candidate Physical Ability Test (CPAT) course, technical rope rescue, rail yard, and HAZMAT simulations.

The Baltimore County Fire Department’s Advanced Technical Rescue Team (ATRT) was started in the 1980s to establish a high-rise emergency aerial team in cooperation with the Maryland State Police Aviation Division. The team is specially trained for unusually difficult, complex rescues, such as building collapses, water rescues, trench rescues, and high rise rescues.

The ATRT was dispatched to New York by the federal government on Sept. 11, 2001, to assist with rescue and recovery following the terrorist attacks on the World Trade Center. In 2007, Baltimore County used federal Department of Homeland Security funds to purchase a search-and-rescue vehicle.
equipped to handle building collapses, water rescues, trench rescues, and other tactical emergencies. In 2009, the vehicle was put on display at NAVIGATOR.

There are also campaigns, workplace regulations, and industry standards aimed at the safety of workers in occupations exposing them to high-angle situations and the responders who come to their aid at the time of an emergency.

In 2012, the U.S. Department of Labor announced a campaign to provide employers and workers with lifesaving information and educational materials about working safely from ladders, scaffolds, and roofs in an effort to prevent deadly falls in the construction industry. 6

The U.S. Department of Labor’s Occupational Safety and Health Administration (OSHA) has a number of regulations for high-angle operations. For example, rescue team or rescue service evaluation criteria require both an initial evaluation and a performance evaluation for each incident. In the initial evaluation, employers decide whether a potential rescue service or team is adequately trained and equipped to perform rescues of the type needed at the facility, and whether such rescuers can respond in a timely manner. In a performance evaluation, employers measure the performance of the team or service during a practice or actual rescue. 7

The National Fire Protection Association (NFPA) has three principal standards addressing the safety of technical rescue: NFPA 1670, 1006, and 1983.

NFPA 1670 sets standards on operations and training for technical search-and-rescue incidents; it “identifies and establishes levels of functional capability for conducting operations at technical search and rescue incidents while minimizing threats to rescuers.” 8

NFPA 1006 sets minimum job performance requirements necessary for fire service and other emergency response personnel who perform technical rescue operations. The most recent version of the standard was adopted for the 2013 NFPA standards document. 9

Manufacturers are the primary users of NFPA 1983, which sets standards for life safety rope and equipment, including minimum design performance, testing, and certification standards.

In summary

Rescue operations inherently involve some level of calculated risk. The key is to reduce the risks to a reasonable level whenever possible through effective planning, training, equipment, and appropriate emergency response that begins in the emergency communication center. 10

Sources
5 See note 4.
CDE Quiz Mail-In Answer Sheet

1. In 2012, of those cases where the height of the fall was reported, about one in four fall fatalities occurred from a fall of:
   a. more than 30 feet.
   b. 10 feet or less.
   c. between 11–30 feet.

2. Wilderness high-angle rescue operations are frequently defined in terms of the types, condition, and:
   a. number of victims.
   b. extent of potential injury.
   c. steepness of terrain.
   d. level of expertise required in the rescue.

3. Evacuations at greater than ___________ inclination are considered HIGH ANGLE operations.
   a. 15 to 35 degrees.
   b. 35 to 60 degrees.
   c. 60 degree.

4. FPDS Protocol 62 has three Determinant suffixes, which are:
   a. A = Above grade, B = Below grade, and W = Above water.
   b. I =Indoor, O = Outdoor.
   c. L = Land, W = Water.
   d. R = Rope required, NR = No rope required.

5. Evacuations of people trapped in ship holds, barges, confined spaces, tunnels, and sewer and piping system are considered:
   a. Low angle rescues above grade.
   b. Low angle rescues below grade.
   c. High angle rescues above grade.
   d. High angle rescues below grade.

6. The EFD may suspend Key Questioning when necessary to give safety Post-Dispatch Instructions (PDIs) on Protocol 62.
   a. true
   b. false

7. A bystander at the scene should approach or attempt to rescue the person(s).
   a. true
   b. false

8. The first 10 minutes on scene of a technical rescue often determine how the next few hours will go.
   a. true
   b. false

9. Rule 2 states that a Technical Response Team (TRT) should be used for all HIGH ANGLE operations:
   a. at greater than 60 degree inclination.
   b. involving the potential loss of human life.
   c. in an urban setting.
   d. in an outdoor environment involving a person who is lost.

10. National Fire Protection Association (NFPA) Standard 1670:
    a. identifies and establishes levels of functional capability for conducting operations at technical search and rescue incidents while minimizing threats to rescuers.
    b. sets minimum job performance requirements necessary for fire service and other emergency response personnel who perform technical rescue operations.
    c. sets standards for life safety rope and equipment.

To be considered for CDE credit, this answer sheet must be received no later than 04/30/15. 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.
Three is certainly a crowd, but once the numbers get past there, what do you call it?
In the case of Matt and Emily Kulaga, you can call it a relief.

Matt Kulaga was outside talking to the neighbors, the Joneses, on Nov. 7 before leaving for work when Emily Kulaga made it known from inside their house that she needed help immediately.

Since the Kulaga’s second child was due anytime, the reason for her urgency quickly sprang to mind.

Matt Kulaga’s call to 9-1-1 came in at 7:52 a.m. Neighbor Brad Jones assisted with the delivery.

“The neighbor gave Matt the instructions, and the delivery went really well,” said Amanda Dolchanty, a public safety dispatcher in training for the Harford County Emergency Operation Center/Dept. of Emergency Services, Forest Hill, Md.

Dolchanty handled the at-home baby delivery experience with less than a month on the floor calltaking under the guidance of Christina Abrams, public safety dispatcher III, who has been with Harford for eight years.

Abrams, listening in on the call, took over after Dolchanty had gathered Case Entry information. Abrams provided the Pre-Arrival Instructions (PAIs) to the neighbor (the person on the phone relaying instructions to Matt Kulaga).

With a cry, Aubree Mae Kulaga announced her arrival at 7:59 a.m. This was Abram’s first childbirth—baby on the way—call that made it through delivery before the arrival of the ambulance. She gave the call high marks all around.

“No issues,” Abrams said. “The caller was great. The baby was healthy. Everything turned out well.”

Dolchanty’s “newness” to the center doesn’t mean that she’s new to this sort of emergency. She was an advanced EMT for the City of Baltimore Fire Department prior to switching over to 9-1-1 emergency dispatch and still volunteers as an EMT for a local fire department. She’s had a fair share of fast-arriving babies during her seven years on an ambulance.

A big difference Dolchanty hadn’t quite anticipated in her new role separates EMS provided on the street from services given inside the center, Dolchanty said. Hands on the keyboard, going through ProQA® isn’t nearly the same as hands on the patient. The same goes for keeping callers calm from a distance.

“As a provider, we know exactly what we’re supposed to do on scene,” Dolchanty said. “As a dispatcher, you’re telling someone else on scene what to do. That takes getting used to. It’s much more complicated than I expected.”

One week later, Dolchanty and Abrams experienced a second first, although this time they weren’t taken by surprise. By Harford Department of Emergency Services invitation, Aubree made a guest appearance at the agency’s EOC accompanied by mom, dad, and neighbors.

While Aubree slept, mom gushed with appreciation.

“Our family is forever grateful, and we have a perfect little girl as proof of their outstanding work,” Emily Kulaga said.
The Unexpected
Two calls emphasize the unlikely in dispatch

The chances of Catrina Love answering the two calls she also dispatched is two-in-a-infinitesimal shot considering the number she does field on any given day.

But when you add the outcomes and “small world after all” perspective, the chances jump right off the board.

Love has been with Gaston County emergency communications for six years and despite a bachelor's degree in computer information technology, she wouldn’t trade in her headset for monitoring infrastructure, networks, and software.

“I love what I do,” she said. “I love having the ability to help people.”

Love’s compassion was tested to the core in September 2013 during a call from a power tool manufacturing company. A man was suffering chest pain, which because of the location and patient’s general description, including age, raised the hackles of Love’s suspicions.

She dispatched GEMS crews, ended the call, and jumped in her car.

Her gut-feeling was right.

Love arrived at the factory just in time to join her father, Alvin Love, in the ambulance taking him to the regional medical center. The ride provided the frightening picture she had only experienced through the eyes of callers she had helped in the past.

“I was very scared,” Catrina Love said. “My dad’s heart stopped and a paramedic used the defibrillator to start it beating again.”

Alvin Love survived, even after his heart stopped beating a second time in the ER. He was discharged after nine days in the hospital.

Catrina Love doesn’t remember much about the ambulance ride—aside from fear—even though her father was later told about the word “Ow” she uttered when paramedic Beverley Marler applied the defibrillator.

“I was in shock,” said Catrina Love, who along with her father and mother, Audrey, have since stopped by GEMS to thank Marler and paramedic Eric Rucker for their help in saving his life. “Now, I’m happy to report, he’s doing great.”

The Dec. 2 call didn’t send Catrina Love dashing to her car on a hunch but she was certainly glad to be along for “the ride.” This time it was a baby, and this one wasn’t going to wait for the ambulance ride to the hospital.

“The grandma called,” Catrina Love said. “The baby’s head wasn’t out but the mom was having contractions. Grandma sent dad to get towels but before he came back, the baby was out.”

And, just in time to greet paramedics coming through the door, Catrina Love said. “The call was short,” she said. “It took four to five minutes, although the baby was born within two minutes.”

The next day, Audrey Love noticed something familiar about the grandma, who was pictured in an article about the birth in the local newspaper.

“Turns out my parents had worked with her,” Catrina Love said. “How often does that happen?”
Armed and Dangerous
Rookie dispatcher talks down gun-wielding suspect

Got nerves? Luckily for a relatively new 9-1-1 telecommunicator, he had them in spades when recently engaging in an approximate 40-minute conversation with an armed suspect during a standoff with police on Oct. 26 at a CVS pharmacy in the Charlotte, N.C., area.

Chase Fowler, 25, a telecommunicator with the Gaston County Communication Center in Gastonia, N.C., for 1 and a half years, was calm and collected during the call that came into him at 1:42 a.m. He learned from the caller, a pharmacist, that there was someone with a gun in the store in nearby Belmont, and that there were a couple of employees in the store with the man. But then the line went dead. Fowler redialed the number repeatedly trying to re-establish contact with the initial caller or someone in the store. Eventually, a person picked up.

“At first I was in shock,” Fowler said. “Then I was thankful and surprised.”

But it wasn’t very long into his chat with Ryan, a store employee, when a rapid succession of gunshots rang out in Fowler’s headset.

“Back up! Back up! He’s going to kill me, back up!” a now frantic Ryan is heard shouting to Belmont police, who had arrived on scene and attempted to enter the store, according to a recording of the 9-1-1 call.

Worse than that, Fowler didn’t know who had fired the rounds or if anyone had been hurt. Only later did he learn that two Belmont police officers had exchanged fire with the suspect, 46-year-old Edward Russ, and that no one had been injured. Though it sounded to Fowler like only three rounds had been fired, in actuality Russ had fired two shots from his rifle when officers attempted to intervene, followed by the officers returning fire, expending nearly a dozen bullets before pulling back.

“I didn’t know if the guy would take his own life,” Fowler said. “That normally happens in these situations.”

He resumed questioning Ryan, who confirmed there was someone in the store with a gun.

“He said, ‘Yeah, he’s right here in front of me,”’ Fowler said. “They were right beside each other. Everything the suspect said I could hear in the background. I could hear his footsteps coming to the phone.”

That’s when Ryan told Fowler that Russ wanted to talk to him. But that scenario is nothing new for Fowler, who during his short stint with Gaston County 9-1-1, had previously spoken with other violent suspects during calls, including one wielding a knife.

“If they’re willing to talk to you, it might help,” Fowler said.

During his conversation with Russ, they exchanged names, Fowler learned a bit about the suspect’s family, and Russ told him that he had had a “bad night.”

“I asked him to put the gun down a few times,” Fowler said. “I don’t know if he did. He told me that he didn’t want to hurt anybody. At that point, I think it hit him, ‘You can’t take it back, and you’re in for the whole ride.’ He said ‘Just give me some time to calm down.’”

Fowler took the call solo for the first 40 minutes before a police hostage negotiator joined him at his side for the remainder. Six hours from the time Fowler had answered the first call from the pharmacy store, Russ surrendered peacefully to police.

By 5 or 6 a.m. that morning, the story of Fowler’s heroics hit first the local and regional press, and then national media outlets, including CNN and Fox News.

“I walked outside and took a deep breath,” Fowler said of his marathon 9-1-1 call. “All the people at work were proud of me. They knew it was my first big call. But it wasn’t just me.”

Fowler said with the combination of his dispatcher training and his education while earning a bachelor’s degree in psychology from the University of North Carolina at Charlotte, he was well prepared for the ordeal. The next day, back at the comm. center, Fowler said he was a little “shaky” on the first call, but after that, it was like riding a bike.

“I signed up for this job, and that’s what goes along with it,” Fowler said, downplaying his role in the call. “I wouldn’t change my decision at all. Some get news, and some don’t. I’m just glad that it went the way it did.”

Lloyd Moskowitz, director of the Gaston County Communication Center, said the agency covers a countywide population of approximately 210,000.
Editor’s Note: Jeannie Nyhus’ co-workers at Metro Communications Agency in Sioux Falls, S.D., submitted the following tribute in honor of her 33 years at the communication center.

Jeannie Nyhus started her career at Metro Communications in 1980. At that time, the agency was transitioning from being run by the Sioux Falls Police Department to a civilian operation. She was one of the first women originally hired to work in the 9-1-1 center.

Thirty-three years later, Jeannie decided she is ready to hang up her headset.

Over her long career, Jeannie worked in dispatch as an operator and then was promoted to assistant shift supervisor. She was promoted in 1994 and dedicated the remainder of her working years as a shift supervisor.

Metro Communications asked Jeannie to reflect on her career during the years.

MC: What was the most significant change in the 9-1-1 profession since you started?

JN: Without a doubt, technology. When I first started, we looked up warrants on a Rolodex card, and everything was done with pen and paper.

MC: What is something you don’t think has changed with the profession over time?

JN: The type of calls. People still get hurt. We still have family disputes and accidents. While the way we handle them is different, the basic call for help is the same.

MC: If you could pass on advice to a new supervisor in this profession, what would it be?

JN: Trust your gut feeling. If something doesn’t feel right, it probably isn’t.

MC: What will you miss the most when you retire?

JN: I will miss the people I’ve worked with. I will be sad to leave my work family. The camaraderie we share has to be unlike any other profession. I will miss the laughter, conversations, the good times, the bad times; we all went through it together.

MC: What has been the most rewarding part of your career?

JN: I know this may sound cliché, but when I walk out the door after each shift, I know that I made a difference in the lives of people. Whether it was a citizen, an officer, or a co-worker, I was there for that person when the help was needed.

MC: Retirement in the 9-1-1 profession is rare as many experience burnout within the first few years and move on to another line of work. An individual meeting the demands of the 9-1-1 profession as many years as Jeannie did is extraordinary. Jeannie’s commitment to the first responders, the public, and her co-workers is second to none. We wish her a wonderful retirement and thank her for her selfless years of service.

About the agency

According to the agency’s annual report (2012), Metro Communications Agency employs 45 people, which includes six supervisors, 33 operators, and six administrative staff. The 24-hour agency responds to the public safety needs of Minnehaha County and the City of Sioux Falls by providing call-taking and dispatch services for both emergency and non-emergency situations.

Metro Communications averages 90,000 emergency 9-1-1 calls and 230,000 non-emergency calls while serving approximately 190,000 citizens in Minnehaha County and the City of Sioux Falls annually. The agency provides services to three law enforcement agencies, five ambulance agencies, and 15 fire departments, as well as Minnehaha Emergency Management and Sioux Falls Animal Control.

Metro Communications Agency is an Academy Accredited Center of Excellence and achieved its reaccreditation in 2012.
Radio to the Rescue
Snow and cold couldn’t stop the calls

Audrey Fraizer

Way before the days of protocol, certification, training, and quality assurance, it was amateurs running the emergency dispatch show.

“Truly.”

Some of the greatest railways in the United States organized emergency radio dispatching systems with amateurs all along their lines. Henry Ford was, again, ahead of his time in establishing a permanent radio dispatching system staffed by amateurs on his Detroit, Toledo, and Ironton Railroad. The first step in the system had been so successful that plans had been made to cover the entire line.

The dispatch system wasn’t solely for coordinating the rolling of trains on tracks.

In an emergency, radio dispatching was particularly beneficial to a line like the Santa Fe, which ran through some of the most hazardous territory in the U.S. Terrific sleet and snowstorms in the mountainous region of the Southwest and the ever present danger of landslides in the canyons through which the Santa Fe lines passed made this emergency protection necessary.

The Santa Fe had already enlisted between 15 and 20 amateurs for the emergency service. All could send and receive, making a two-way service possible.

Along the Pennsylvania system and some of the smaller railroads, amateurs were ready to step into the service of the roads on the first call, day or night. In the earliest stages some had already exhibited the efficacy of the system when wires came down or other means of communication were destroyed.

Amateur radio dispatchers were the backbone of sending help in severe cold and blizzard conditions throughout the 1920s.

Sub-zero and near-zero temperatures reigned as far south as southwestern Missouri, while Southern states reported low temperature records two days before the spring solstice in 1923. In the Upper Mississippi Valley and the Rocky Mountain regions train service was decimated, with many trains stalled in snowdrifts, 6 to 10 feet deep. Near Rawlings, Wyo., the vice president of the Union Pacific Railroad turned his private car into a diner to feed passengers while awaiting radio dispatch to bring rescue teams to the snowbound Oregon limited.

In February 1924, Soo Line officials reported that the early morning train due to arrive in Wisconsin Rapids, Wis., was held up some time awaiting word from radio dispatchers whether the snowplow sent to clear the track had arrived. Hours later they had their answer. The snowplow was stuck in the same 12-foot snowdrift imprisoning the giant engine. Plow crews were busy digging their way out, while passengers on the train were reportedly content to stay where they were. It was expected that the plow and train would be running after the wind died down and the drifting ceased.

Radio to the Rescue

Snow and cold couldn’t stop the calls
A cold wave that swept into the North-west in late January 1929 pressed horses, sleighs, tractors, plains, and trains—guided by radio dispatch—into practice to bring people affected by the cold or suffering from unrelated medical problems into care.

Horses, a toboggan, an ambulance, and a special train were used in Yellowstone National Park to rescue an 11-year-old Idaho girl, suffering from acute appendicitis, and the Old Faithful Inn winter keeper. With phone lines down, the innkeeper’s wife and a ranger followed what may have been a first in pre-arrival instructions given over the radio to treat the man’s heart ailment. When his condition worsened, a team arriving on a toboggan hauled him to a waiting four-horse team and tractor, which brought him to an ambulance for the remaining 52-mile journey.

Advancements in train technology and communication, however, haven’t kept the railways free from snow danger.

On Sunday, Jan. 13, 1952, the City of San Francisco, Calif., hit a snowslide 20 miles west of Donner Pass. When engineers put the train into reverse to escape, the steel wheels slipped on the icy track.

When the storm broke three days later, relief parties mushing dogsleds, driving over-snow track vehicles, and Southern Pacific trains rushed in for the rescue. Passengers able to walk hobbled to safety along the tracks; the sick and wearier passengers were tobogganed or carried on stretchers. All 226 passengers and crew members survived their three-day ordeal on the snowbound train.

And, of course, the days of amateur radio haven’t been lost to the past. The valuable resource is still available to provide reliable emergency communication when all other means of communication give out.

Amateur radio operators assist public safety officials with on-scene situational awareness during emergencies. For example, when blizzards blanket Delaware, it’s not unusual to find amateur radio operators posted at ham radio stations at the Sussex County EOC, and others driving around the county reporting what they are seeing and confirming reports from the National Weather Service.

“While [the police and emergency medical services] were moving around, they had better things to do than stop and measure the snow,” said Walt Palmer, public information officer for the American Radio Relay League in Delaware. “So that’s where amateur radio’s guys were coming in.”

Sources
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at the **right** time.

to the **right** people—every call.

Faster calltaking time means shorter time to dispatch.

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That means faster, safer responders and safer communities.

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DataTech911  BOOTH #504

Real-time communication between hospitals, public health departments, police, fire, and EMS. Anytime/Anywhere Secure Web-Accessibility!

StatusNet911 links individual emergency response agencies and coordinators in a single, easy to use county-wide application. Emergency communications personnel can monitor hospital diversions and multi-casualty incidents (MCIs). Base hospitals and incident commanders can manage MCI’s and distribute field patients via the StatusNet911 interface.

Custom alerts can be sent via text messaging, e-mail, or through the StatusNet911 application. Law enforcement BOLO and Amber Alert notifications also take advantage of the StatusNet911 pre-hospital and hospital alerting system. CAD data can be integrated into StatusNet911 to provide real time tracking of emergency incidents and unit locations.

StatusNet911 provides true interoperability, with communication across multiple networks. StatusNet911 provides a real time communications link between hospitals, public health departments, police, fire, and EMS. StatusNet911 augments existing radio systems and facilitates the critical exchange of information during normal day-to-day operations as well as improves incident management handling during a disaster.

The versatility of StatusNet911 is immediately apparent. Fully functional maps, graphs, charts, and reports can also be included to provide quick, concise communication among all participants.

DataTech911 suite of emergency response solutions enhances the speed & effectiveness of emergency medical response. Improve systems management with advanced analysis tools, communications capabilities & more.

For more information, visit datatech911.com

Denise Amber Lee Foundation  BOOTH #313

Due to requests from the public, the Denise Amber Lee Foundation has developed a full day class for 9-1-1 centers about the circumstances and details of the day Nathan Lee’s wife, Denise was abducted.

Nathan Lee, founder and President of the Denise Amber Lee Foundation presents this highly motivational training session designed for all levels of public safety personnel. Whether it is “true first responders” the dispatchers in the PSAP, field units, dispatch supervisors, managers, directors, sergeants, patrol lieutenants, or all levels of brass up to and including Chiefs and Sheriffs, the story of the day Nathan’s wife, Denise Amber Lee was abducted, raped and murdered is a career message for all. The preventable death of his wife in Florida in 2008 has garnered national attention on the need for a consistently trained and certified 9-1-1 workforce. His wife’s story has been featured on Dateline NBC, ABC’s Primetime, CNN, Dr. Phil and numerous other national venues.

The unbelievable amount of opportunities and corresponding failures to save her are discussed and analyzed in this open dialogue classroom session. Co-Instructor Geoff Weiss of the San Diego County Sheriff’s Department, a tenured Dispatch Supervisor, ties together the elements of the tragic events while breaking down the obvious failures to the more in-depth concepts such as leadership, hiring, training and encouraging employees in a communications center. This motivational class takes students on an emotional rollercoaster ending with a powerful message. Attendees leave feeling inspired with a renewed drive to support the mission statement.

For more information, deniseamberlee.org

Emergency CallWorks  BOOTH #601

Emergency CallWorks’ Hosted SaaS solution can securely remove most of the backroom hassles from your agency, so you can focus on your tasks. Agencies from all sizes and budgets can immediately benefit from using hosted, cloud computing capabilities to maximize system availability and lower cost of ownership while maintaining the required security and integrity of your mission critical data. This Next Generation platform offers unprecedented flexibility while leveraging secure, hardened hosting facilities to provide high-availability, fault tolerant infrastructure, virtualization and geo-diversity.

As a cloud-based solution, Hosted SaaS eliminates the resource-intensive need for PSAPs to monitor, maintain and upgrade expensive hardware or software including Operating System, database or application updates and backups. The service manages this for you, so you can focus on your critical activities. Additionally, PSAPs benefit from the inherent geo-diversity of scalable peak computing, more cost-effective operation and a remote backup center solution. Your Call-Taking, Mapping and Dispatching software should work the way you do. SaaS makes these much more affordable while increasing your reliability through redundant, hardened facilities, infrastructure and communications.

Find out today how to how to maximize your system availability, lower your total cost of ownership and share with other agencies to enable growth and consolidation without large capital investments.

For more information, visit emergencycallworks.com
NEW PRODUCTS

Evans Consoles  BOOTH #500

The new EnviroLinc™ system is customizable comfort at your fingertips. The capacitive touch screen allows the operator to control many different features including the fan speed, temperature control, lighting levels, lift column heights and more. The EnviroLinc™ eliminates the need to have extra fan or heater controls, leaving the workspace clear. This revolutionary system has changed the future of operator comfort.

The Corning® Gorilla® Glass touchscreen interface puts all environmental functions at the operator’s fingertips. It can be positioned anywhere on the work surface or be mounted in a fixed location. From the touchscreen the operator can control all personal comforts including Air, Heat, Light and Height.

EnviroLinc™ can accommodate dimmable task lighting, pathway strips, under-counter effect lighting and more. Additionally the system can support an external lighting fixture of up to 200W and numerous 0-10V dimmable fixtures.

The operator is able to adjust the temperature of a forced air (blower) heater incrementally from 0-100%. Additionally a radiant heater of up to 200W may be connected to the auxiliary port. This amount of flexibility is the first for a system of this type. The height adjustable lift columns can be controlled through the touchscreen. Each set of columns can be operated independent of the other, allowing for ultimate control. Two desktop fans are included that can be placed anywhere on the worksurface. The touchscreen allows for variable speed control.

The EnviroLinc™ utilizes the latest technology to bring the operator the ultimate in comfort and flexibility.

For more information, visit evansonline.com

FirstWatch  BOOTH #311

Ask us about the NEW FirstWatch-ProQA® Dashboard & Report which provides managers, supervisors & QA/QI teams with an automated, real-time tool to monitor and improve call center operations, as well as the effectiveness of your teams’ ProQA usage.

Product Features
• Seamlessly interfaces with ProQA/Paramount for EMD, Fire and Police
• FREE to existing FirstWatch customers with ProQA interface
• Multiple ProQA measures in one dashboard view
• Monitor Pre/Post caller instructions
• Determine if the appropriate dispatch level was assigned
• Improve call processing times
• Refreshes automatically!

For more information, visit www.firstwatch.net

New World Systems  BOOTH #304

New World Systems’ Aegis™ Mobile Computing on a Tablet

New World Systems introduces true professional mobility with Aegis™ Mobile Computing, now available on Windows®-based tablets. The fully-featured Mobile tablet solution provides dispatch information, messaging, mapping, inquiry, and police incident and fire inspections reporting. It offers the flexibility to work from anywhere and the tools to improve responsiveness and communication.

For more information, visit newworldsystems.com
Schedule Express  **BOOTH #607**

Informer Systems is excited to announce the release of Vacation Bidding as part of Schedule Express. This new capability addresses the need public safety agencies have in regards to processing annual vacation requests. A complex and multifaceted task, processing annual vacation leave is a challenge at best when done via a manual process. Many rounds are often required in order to ensure proper distribution of vacation days or weeks. Add to this seniority requirements, skill-based staffing requirements, blocked dates, coverage, etc., and the vacation bidding process can become difficult and time consuming for even the savviest of schedulers.

With the new Vacation Bidding feature, Schedule Express has the ability to set up agency specific rules related to seniority, job categories, blocked dates, rounds, coverage, and requirements related to vacation days or weeks. Once configured, Vacation Bidding automatically routes the round(s) to appropriate personnel to make vacation selections. Supervisors and schedulers have the ability to track and preview bids as selections are made. Additionally, Vacation Bidding keeps track of all existing rules and exceptions within the schedule to ensure proper coverage is being met. For example, should an exception exist on an individual’s schedule that conflicts with a vacation bid request, Schedule Express will present to the individual user, supervisor, and/or scheduler with the appropriate validation warning informing them of the specific conflict related to the vacation bid request that is being made.

Designed for any sized agency, Schedule Express and its new Vacation Bidding feature significantly saves time and money. For more information, visit informersystems.com

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Spillman Technologies  **BOOTH #407**

Review CAD data and evaluate performance using a customizable dashboard

Spillman Technologies offers dispatch supervisors and administrators a convenient tool for assessing dispatch statistics and measuring performance. Spillman’s CAD Dashboard allows public safety agencies and communication centers to view the nature and frequency of calls at a glance. Agencies can use the dashboard to see how many calls occurred per day or per hour and compare call frequency and response time by week, month, quarter, or year. The CAD Dashboard enables agencies to view calls on Google Maps™, allowing management to quickly determine which jurisdictional areas are generating the most calls for service and emergency response. Using the dashboard, agencies can also see how response times compare to department standards or to national standards set by the Association of Public-Safety Communications Officials (APCO) and the National Emergency Number Association (NENA). Administrators can see which dispatchers meet response time standards, allowing agencies to adjust staffing or to schedule additional training for increased employee effectiveness. Agencies can customize the CAD Dashboard to meet agency and dispatch center needs by giving agencies complete control in determining what call natures are displayed and what date ranges are shown, and agencies can also customize the appearance of the CAD Dashboard by adding agency name and badge image.

For more information, visit spillman.com

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TriTech Software Systems  **BOOTH #201**

Public safety agencies are experiencing continuous staffing and resource challenges as well as the uncertainty around the transition to Next Generation 9-1-1 (NG9-1-1). To ensure the most efficient emergency response, TriTech has developed an innovative CAD+9-1-1 solution enabling PSAP personnel and emergency responders to interact using modern tools as well as introducing exciting workflow concepts. TriTech’s unified CAD+9-1-1 solution provides immediate productivity improvements with single hardware, common user interface, and combined system administration. The most compelling benefit of unifying the functionality comes in the form of improved workflow and better decision making. From triaging a call before the call is answered, to interactive text messaging capabilities, to alerting field personnel of incoming calls.

TriTech’s CAD+9-1-1 solution is the convergence of 9-1-1 call processing with CAD’s inherent ability to take action through the real-time exchange of incoming and historical information—all in one solution. CAD+911 provides users the ability to interact with and incorporate Next Generation into the existing workflow without expensive re-training or third party applications. CAD+9-1-1 revolutionizes the emergency call workflow.

For more information, visit TriTech.com
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’s leading computer-aided dispatch (CAD), records management systems (RMS), mapping, mobile data computing, field-based reporting, and automatic vehicle locating solutions 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 infor.com, call 813-207-6951, or e-mail info@enroute911.com

Priority Dispatch

BOOTH #611

Priority Dispatch Corp.” (PDC™) is the leader in multi-service 9-1-1 dispatch calltaking solutions and is endorsed by the internationally recognized 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 more than 35 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, email info@prioritydispatch.net, call 800-363-9127, or visit us at 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 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 hendonpub.com.

National Emergency Number Association

BOOTH #518

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 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 DVDs, 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 pstc911.com

Spillman Technologies

BOOTH #407

Spillman Technologies provides comprehensive public safety software solutions for more than 1,000 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, Intelligence-Led Policing & Analytics, JMS, Fire, Data Sharing, and Personnel & Resources. Spillman provides efficient multi-jurisdictional and multi-discipline dispatching with integrated mapping, customizable screen configurations, the ability to dispatch using the command line or the mouse, real-time integration with Spillman’s mobile and RMS solutions, and advanced searching, reporting, and dashboard analytics.

For more information, visit spillman.com

Evans Consoles

BOOTH #500

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.

For more information, visit evansonline.com
CAPERS provides Integrated Public Safety Software & Services comprised of CAPERS CAD, CAPERS RMS (Court, Property/Evidence, Entities, HR, Addresses, Vehicles, Fleet, Incidents, Arrests, Dashboard Reporting, Field Reporting, Crime Analysis & much more), CAPERS MOBILE CAD & RMS, CAPERS MAPPING w/ AVL, CAPERS JAIL, & CAPERS FIRE RMS. CAPERS® offers advanced solutions for a fraction of market cost making us...Revolutionary. CAPERS Services include Support, Data Conversion, and Customizations. CAPERS Maintenance & Support Services include direct 24/7/365 access to our U.S. based, helpful and knowledgeable staff, as well as FREE Updates & Upgrades. CAPERS solutions are proven and sought after across the nation.

For more information, visit caperssoftware.com

Darkhorse Analytics provides strategic and operational consulting. Founded in 2008, the organization specializes in emergency services modeling and resource optimizations, conducting diagnostic analyses to clarify performance drivers and its magnitude of impact. Clients include Alberta Health Services and New Brunswick EMS. Through their partnership with the Centre for Excellence in Operations at the University of Alberta, they have translated emerging research to create tools and techniques that have greatly improved service quality while reducing operational costs by millions of dollars per year. They are currently developing a decision support software suite that will be offered as a hosted service for use in the Fire and EMS industries.

For more information, visit darkhorseanalytics.com

The Communication Center Manager (CCM) Course, now celebrating its 10th 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.

For more information, visit fitchassoc.com, email ccm@fitchassoc.com, or call (816) 431-2600

CritiCall pre-employment testing software is designed to measure dispatcher/calltaker applicants’ job-related behaviors and skills such as data entry, multi-tasking, decision-making, memory recall, map reading, and more. The computerized test, which is virtually self-administering and self-scoring, is used by over 1,200 public safety agencies. Many users have reported a dramatic reduction in turnover and an increase in the productivity of those they hire after adopting CritiCall for their pre-employment testing. Custom Test Writer and Validation Wizard included. NEW! TactiCall customizable dispatcher training software is now available. TactiCall helps assess and train dispatchers on speech and protocols necessary to succeed. Demos available.

For more information, visit criticall911.com

The Denise Amber Lee Foundation is a non-profit initiative of Nathan Lee whose wife was kidnapped, raped, and murdered in 2008. No doubt Denise would be alive today if a 9 minute 9-1-1 cell phone call from a bystander witnessing the abduction had been handled appropriately. Even though there were at least 4 patrol cars within a mile of this call, it was never dispatched. Denise leaves behind a loving husband and two small boys. Nathan, determined not to have Denise die in vain, is partnering with the 9-1-1 industry and using the powerful emotional ammunition of this tragic event to drive change to public policy. The Foundation seeks legislative changes to funding, training, certification, and technology so that no other family has to endure this type of pain and suffering again.

For more information, visit deniseamberlee.org
**Emergency CallWorks**

**BOOTH #601**

Emergency CallWorks® offers the only natively integrated, browser-based, dispatch technology in the industry for 9-1-1 call taking, incident management (CAD) and GIS systems. Providing superior 24-hour support, reliable tracking and emergency remote hosting, our innovative web-based approach reduces your Back Office infrastructure by up to 45%. Our simpler, easier-to-use workflow approach is designed to work the way you do today. DispatchStation® manages receiving and dispatching emergency calls for service. CallStation® provides NG9-1-1 and mapping only options for existing CAD users looking to migrate to NG9-1-1.

For more information, visit emergencycallworks.com

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**First Watch**

**Booth #311**

Ask us about the FREE* FirstWatch-ProQA® Dashboard & Report (free for FW customers with ProQA interface) which provides managers, supervisors & QA/QI teams with an automated, real-time tool to monitor and improve call center operations, as well as the effectiveness of your teams ProQA usage. Public Safety teams across the USA & Canada count on FirstWatch every day, as we monitor CAD, ProQA, ePCR, RMS, Phone and Hospital data in real-time, automatically! Performance, Operational, Clinical and Quality measures, in real-time via your iPad or iPhone, there’s an App for that - it’s FirstWatch!

See real world examples at FirstWatch.net

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**Esri**

**BOOTH #211**

At Esri, we focus on promoting the value of GIS and its applications throughout the world and pay close attention to our users’ needs. We respond to our customers with products that are easy to use, flexible, and integrated.

Esri’s ArcGIS software empowers you with the knowledge you need such as where to respond, how to get there quickly and safely, and what to expect once on scene. The fusion and visualization of dynamic data with geographic data gives you an intuitive picture of what is happening, providing actionable intelligence.

Visit esri.com to learn more about GIS.

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**Exacom**

**BOOTH #502**

EXACOM is a leading manufacturer of multi-media recording solutions for public safety and the federal government. The EXACOM “Hindsight-G2” recording system addresses the latest in recording initiatives with integrations to address both NG911 and P25IP radio Systems.

For more information, visit exacom.com

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**Global Software Corporation**

**BOOTH #411**

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 globalsoftwarecorp.com or email info@globalsoftwarecorp.com today.

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**InterAct**

**BOOTH #401**

InterAct creates interconnected software products that support dispatchers, incident responders (law, fire, EMS), and correctional officers worldwide.

We bring the benefits of cloud computing to public safety. Our cloud applications connect public safety practitioners to each other and the information they need anywhere, anytime. Our cloud options are more reliable, less costly, easier to use, and more secure. We believe the benefits of cloud computing are so great that its adoption has become a key success factor in achieving the mission that we share with our customers: the safety and well-being of citizens and their communities.

For more information, visit interact911.com
International Academies of Emergency Dispatch

**BOOTH #115**

The IAED™ is a non-profit, standard-setting organization promoting safe and effective emergency dispatch services worldwide for 35 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 emergencydispatch.org

Keystone Public Safety, Inc.

**BOOTH #614**

Keystone Public Safety has been in the public safety market providing dispatch software applications to meet the needs of police and fire departments nation-wide since 1988.

Keystone’s staff, is a technically oriented group of professionals who understand the complexities of automating public safety agencies. Clients range in size and scope of application uses, from sites integrating only a few systems users in a single location, to large multi-jurisdictional, multi-agency sites with numerous remote locations.

Keystone authors its application software products using knowledge gained first hand from each new client and installation, and with continuing input from our active users associations.

For more information, visit kps.com

KOVA

**BOOTH #412**

KOVA provides and maintains the highest quality recording solutions available today. Our innovative equipment centrally captures CAD screen activity, radio traffic and telephone audio. Integrated with our QA software, our solutions also empower you to accurately track and improve agent performance. Additionally, KOVA has incorporated the first industrial cellular phone recording application, SilentPartner™, into its recording platform. SilentPartner™ is a software app that captures all audio and relevant data for every call. The app can be set to run covertly for sensitive applications or be used as a case management tool. Come see Public Safety’s first solution for wireless recording!

For more information, visit kovacorp.com

Motorola

**BOOTH #414**

Motorola Solutions is a leading provider of business and mission critical communication products and services for enterprise and government customers. As a long-term partner, Motorola Solutions provides the most reliable secure wireless solutions that help improve worker productivity, keep businesses connected, and keep communities safe.

More specifically for government, the Motorola PremierOne™ platform and applications – CAD (Computer Aided Dispatch), Mobile, Handheld, Records and Jail – transform the way agencies operate, collaborate and share information to help maximize first responder and citizen safety.

Through leading-edge innovation and communications technology, Motorola Solutions is a global leader that enables its customers to be their best in the moments that matter. Motorola Solutions trades on the New York Stock Exchange under the ticker “MSI”.

For more information, visit motorolasolutions.com.

National Center for Missing & Exploited Children

**BOOTH #312**

Public-Safety Telecommunicators are the first responders for cases of missing and sexually exploited children. Decisions made in screening calls, providing advice to parents, collecting information for patrol officers, and NCIC entry all contribute to the swift recovery of missing children. The National Center for Missing & Exploited Children (NCMEC) provides educational materials, technical assistance, and training to help 9-1-1 Call Centers effectively respond to reports of missing and/or sexually exploited children. Visit www.missingkids.com/911 to learn about the FREE training opportunities available to agencies implementing these best practices pertaining to calls of missing and exploited children. Email 911@ncmec.org with questions.

For more information, visit missingkids.com/911
New World Systems

**BOOTH #304**

Three decades of stability, innovation and public sector focus have made New World Systems one of the most trusted public safety software providers in the country. New World’s Aegis™ Public Safety Software solutions offer unmatched application integration that reduces data entry and provides fast information and communication across disciplines for law enforcement, fire and EMS. With extensive input from a large customer base, New World continues to enhance and further integrate CAD, Records, Mobile, Corrections, Information Sharing, Analytics and Dashboard solutions. This protects our customers’ long-term investments and ensures agencies are ready for advances in data sharing, mobility, intelligence, Next Generation 9-1-1 and future requirements.

For more information, visit newworldsystems.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.

We design headsets for day-to-day wear in demanding environments and our expertise is used to ensure that every product we build meets the highest standards of quality and reliability.

For more information, please visit plantronics.com/gov

Police Legal Sciences

**BOOTH #513**

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 policelegalsciences.com

The Public Safety Group

**BOOTH #315**

When Seconds Count® you can count on us to provide the highest quality of training at affordable prices. The Public Safety Group’s mission is to provide a full range of training programs to meet all of your training needs.

For more information, visit publicsafetygroup.com

Russ Bassett Corporation

**BOOTH #202**

Russ Bassett is an innovative leader in the design of public safety dispatch furniture. Our unique multi-platform design, unparalleled structural integrity, height adjustable, advanced technology integration and customization options make us the most flexible console manufacturer on the market.

For more information, visit russbassett.com

SAVE

**BOOTH #520**

SAVE Corporation’s E911 Real-Time Simulation Systems function in a state-of-the-art reality simulation training arena. We create opportunities for new and seasoned dispatchers to practice “REAL” Procedures & Protocols in a safe and recorded environment. Multitasking Skills can be evaluated immediately, increasing proficiency, ability and accuracy. Partnerships with several International Certification Agencies make SAVE the best choice.


Real World Training for Real World Professions.

Make Mistakes Without Making Headlines

For more information, visit 911simulators.com

Schedule Express

**BOOTH #607**

Schedule Express™ was designed to address the complex 24/7/365 scheduling problems facing public safety agencies. A Cloud-Based Service, Schedule Express allows you to build and maintain shift-based schedules, while also uniquely automating the absence, trade, overtime, training and special assignment processes – from request through approval – effectively eliminating paperwork, manpower costs and substantially reducing errors, omissions and abuse.

Our customers across North America, from Boston to San Diego, Houston to Salt Lake City, and Charleston to Spokane, have reduced time management of their workforce from 40-60%.

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

For more information, visit informersystems.com
Select Advantage

BOOTH #514

Select Advantage is a Human Resource Services Company headquartered in the Pacific Northwest in Vancouver, Washington. The principals of Select Advantage have combined over 100 years of experience in the areas of Test Development, Consulting, Hiring and Training. Currently, we service public safety clients all over the world. The strength behind our program is that our tools are very job specific and they measure the whole job and what it takes to be successful. That is why they are so powerful and predictive. Our philosophy is hire for behaviors then train for skills.

For more information, visit SelectAdv.net

Voice Print International

BOOTH #101

Founded in 1994, VPI is the world’s leading provider of mission-critical communications recording, speech analytics and quality assurance systems. VPI EMPOWER 911, VPI’s intuitive Web-based software, is Next Generation 9-1-1 ready, supports digital, IP and P25 recording, and is fully open standards for hardware platform flexibility and ease of integrations.

For more information, visit VPI-corp.com

Steelpower

BOOTH #210

Our Steelpower chairs offer great comfort, extreme durability with ergonomics for 24/7 use.

We offer several models because seating is a personal preference to each individual. Our Anti-Microbial material (no more odors)

It’s very easy to clean and helps to keep our customers healthier. All of our chairs pass GSA-FNEW-83-269E testing.

For more information, visit steelpower.com

SunGard Public Sector

BOOTH #507

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 ONE Solution for Windows, NaviLine for IBM’s iSeries platform, and the PLUS Series. The comprehensive ONE Solution product line includes computer-aided dispatch, records management, jail 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 sungardps.com

Watson

BOOTH #413

Mercury™ looks different than conventional wrap-around consoles because it is different. Mercury is professional grade high performance technology furniture. The forward-thinking design was created for your telecommunicators, your IT team, and your center managers. Different in design and appearance, Mercury is built with the Watson heritage of steel, uni-frame construction and the robust materials necessary to endure a 24/7 environment.

Watson builds healthy and intelligent console furniture for 24/7 technology-intensive environments. Watson’s complete portfolio, including lockers, storage, and EOC solutions makes it easy to achieve a unified center design from a single source.

For more information, visit watsonfurniture.com

Xybix Systems

BOOTH #511

As a trusted industry leader, Xybix has been providing ergonomic furniture for mission critical 24/7 environments for over 20 years. Our innovative approach has pioneered the way users think about their dispatch furniture. Xybix’s user friendly, ergonomic, workstations have top-of-the-line features including ; US Patented Rollervision®, a focal depth adjustment monitor array, antimicrobial worksurfaces and more.

Xybix recently announced its exclusive partnership with LifeSpan Fitness to bring treadmill desks and bikes into the emergency management industry. Our team of experienced professionals is available to answer any questions and help you get the most from your furniture.

For more information, visit xybix.com