Stroke Offense
Diagnostic tool tackles negative outcomes

Virginia Tech Shooter
School’s plan thwarts second attempt

Getting Acquainted
National week honors telecommunicators

The National Academies of Emergency Dispatch
May/June 2012

THE JOURNAL
OF EMERGENCY DISPATCH

Navigator Takes To The Harbor
Conference goes East

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Online registration for the 2012 course will begin January 1, 2012. Go to www.emergencydispatch.org or call Sharon Conroy at (816) 431-2500 for more course curriculum and registration information.

INSIDE the JOURNAL
MAY/JUNE 2012 | VOL. 14 NO. 3

features

20 | Proaction Pays
Second shooter didn’t stand a chance against Virginia Tech’s upgraded and fully operational static-free alert system.

22 | Navigator 2012
Conference attracts record-breaking numbers drawn to Baltimore’s Inner Harbor and the quest for top-notch speakers, education, networking, and entertainment.

columns
4 | Contributors
5 | Dear Reader
6 | President’s Message
7 | Ask Doc
8 | Attitudes
9 | Police Beat
50 | Retro Space

industry insider
10 | Latest news updates

departments

Best Practices
15 | ACE Achievers
ChatComm achieves ACE two years after starting operations

17 | FAQ
What distance does it take to classify a fall?

18 | International Scene
Lithuania and Crete are all in a day’s work—almost

On Track
36 | Police CDE
Burglary alarms: can’t live with them, can’t live without them

40 | Medical CDE
Methodology behind stroke diagnostic tool improves outcomes

Your Space
44 | Dispatch Frontline
45 | Telecommunicator Week
46 | Dispatch In Action

The following U.S. patents may apply to portions of the MPDS or software depicted in this periodical: 5,857,966; 5,989,187; 6,004,266; 6,010,451; 6,053,864; 6,076,065; 6,078,894; 6,106,459; 6,607,481; 7,106,835; 7,428,301; 7,645,234. The PPDS is protected by U.S. patent 7,436,937. FPDS patents are pending. Other U.S. and foreign patents pending. Protocol-related terminology is additionally copyrighted within each of the NAED’s discipline-specific protocols. Original MPDS, FPDS, and PPDS copyrights established in September 1979, August 2000, and August 2001, respectively. Subsequent editions and supporting material copyrighted as issued. Pictures of the periodical cover those material previously copyrighted as of 2005 through this present.
Feetfirst: Navigator beckons diving in

Audrey Fraizer, Managing Editor

this year’s Navigator marks the sixth conference I’ve attended in the five years I’ve worked at the Academy. Navigator 2012 is the second time for me in Baltimore; I’ve been to Las Vegas—the traditional every other year destination for Navigator—more times than I can count. The city that never sleeps is less than an eight-hour drive from Salt Lake City and “on the way” to outdoor recreation places my husband and I like to visit farther south and west.

Although I thoroughly enjoy Navigator, Las Vegas has never been my favorite destination. I’m rather boring and stingy and almost always a lone catere to the top of the car during a one-night Vegas stop on a roundabout way to Lake Powell. Of course, that has nothing to do with the conference whatsoever, but I just thought I’d share that information in case you’re planning to bring a canoe along while visiting the Vegas Strip.

But back to Baltimore.

This year’s conference was a record-breaker in terms of the numbers: more attendees and sessions, and, consequently, more opportunities to network compared to any Navigator from the past. The views from the Marriott Waterfront Hotel, where the conference was held, were spectacular. The area just begs for a walk.

For Navigator, record attendance says a lot about a conference that’s been held almost 20 years running. Navigator planners are always on the lookout for the latest and greatest in dispatch education and news. For example, the Generation Y culture is a popular topic among us baby-boomers who are now contemplating retirement and shaking our heads at the behaviors we perceive among the up and coming. I’m not going to lie—preceding the boomers felt the same way about the psychadelic 1960s. Also new to the topical chart were talks on NG9-1-1—the technology and possible stress on-scene video sent via smart phones—and performance measures replacing the scoring standards when gauging compliance.

I wasn’t the only one having trouble choosing which session to attend. As usual, I had the déjà vu of past Navigator jetty, feeling like I was at the edge of a swimming pool and plugging my nose before plunging feetfirst into the water. And true to form, one length followed the jump (call it the opening session) and I was off and running for more.

Next year’s Navigator won’t put me in the position of fearing the loss of a canoe tethered to our Subaru (if Utah had a state car, that would be it). For starters, my husband has since sold the canoe and built a bigger one, and, secondly, Navigator will be held even closer to home than a trip to Salt Lake City and “on the way” to outdoor recreation places my husband and I like to visit farther south and west.

The welcome mat will be particularly plush for a Navigator in our own backyard. It’s definitely a destination giving you lots of reasons to take the plunge and steal just a bit of your sleep.
The Pleasure Is All Mine

Nagvator 2013 stays close to home

Scott Freitag, NAED President

I was elated to be the opening speaker for the Navigator conference held in Baltimore, Md. But even better than standing in front of nearly 2,000 of my closest friends, I had the opportunity to tell them what a great guy I am. Although several associates—well meaning, I'm sure—offered their time and talents to give a brief introduction, I insisted the pleasure was all mine. After all, what if I couldn't possibly live up to their claims or, even worse, what if they didn't give the glowing description only my keen acquaintance with myself could give?

Serious, I was honored by the Academy's choice. As I started my opening remarks, I started in the EMS profession 25 years ago, planning to make it my career. I wasn't quite sure where my talents, good luck, and good looks would take me, but so far I have yet to be disappointed by the choices made.

Highlights on my list include transferring to Salt Lake City and, soon after arriving, meeting Dr. Jeff Clawson by way of my coworker and now good friend Brian Dale. During the past decade, the affiliation has provided the opportunity to meet many Academy members at the Navigator conferences, now held in six venues around the world, and through the Academy's Accredited Center of Excellence (ACE) program. In addition to many of the 166 centers achieving accreditation as part of my role with the Academy as long as the schedule coincides with available time away from my office in Salt Lake City.

It's always been a privilege to see, first-hand, operations of stateside and international centers. I learn novel approaches to operations; the same type of tour that I'm accustomed to attending. Although this program is a 360-degree turnaround for me from visitor to guide—the new building eclipses the present home of operations. We've used that space since 1987 and since doubling the 275-employee design capacity. Aside from cramped conditions bumping far too many elbows, the building has deteriorated into a maintenance nightmare. It's downright scary.

Salt Lake City Fire Department's Tri-ACE is a project close to my heart. Jennifer Thomas, Charleston County Consolidated 911 Center North Charleston, SC, USA

Dr. Clawson: I would like your expertise on the caller who is having a "panic attack." The caller has no other complaint other than he is breathing a little fast, feeling nervous, shaky, and feels he needs to relax and calm down. Which is the best protocol for this call type?

Jennifer: Great to hear from you again! This is the most interesting question. Basically, most people reporting something as a "panic attack" have a history of them and know that a "panic attack" is a situation where they are truly affecting the patient's life. However, some people without a history of panic attacks may attribute their newer symptoms to a panic attack because of what they have heard before or what others tell them, without having a formal medical diagnosis of same, but have something a bit more sinister. Is there a condition called Pseudomyxomatous Peritonitis (PAM) or a condition called panic disorder? Either way, the Pulse Check Diagnostic Tool can be utilized after accessing anytime (not just for Protocol 19: Heart Problems/A.I.C.D. cases). It would be smart to use the Pseudomyxomatous Peritonitis (PAM) protocol. It would likely clarify if a patient has a very rapid heart rate. If the heart rate is over 180 in an otherwise healthy patient, this would not really be considered a pre-hospital emergency. Just more might be going on than a simple "panic attack." Either way, unless the rate is over 180 in an otherwise healthy patient, this would not really be considered a pre-hospital emergency. Just more might be going on than a simple "panic attack."
Mistakes Happen
The trick is deciding how to move through them and learn.
EMS crews in the rural area arrived on scene 14 minutes after the call came in, thanks in part to the help Kelly’s dispatcher partner, telecommunicator Holly Bole, gave in assist- ing the crew in finding their destination while she handled incoming calls. The girl was trans- ported to the hospital and has since recovered without any permanent injury following an overdose of a medication her father was pre- scripted for his cancer treatment. “It’s evidence that the protocol works,” said Kelly, who’s been in the profession for nearly a decade.

Mark Moss, chief, Altavista EMS, nomi- nated Kelly for the Western Virginia Coun- cil Telecommunicator of the Year award, which Kelly received on June 16. 2011 Moss was on scene that night and said the CPR provided before responders arrived directly impacted the positive outcome. “Terry was able to calmly get them to follow procedure and provide CPR on the child,” Moss said. “If CPR wasn’t done by Terry’s direction, then she wouldn’t have survived. I thought he’d done an exceptional job.”

Kelly has shied away from any attention, attributing the save to everyone involved including the caller, Bole, and the EMS crew. “I just happened to be the guy who answered the phone,” Kelly said. “I was just a small part of it. There were a lot of people involved in this thing.”

California adopts Police Protocol for dispatch training

California dictates POST certification for all sworn law enforcement officers and, along with that, certain minimum selection and continued education requirements. A notable exception in state regulations is the reluctance to apply sworn status to telecommunicators. Even though telecommunicators serve as the first responders’ eyes, ears, and lifeline, few states including California only allow telecommunicators to respond to calls under the guidance of sworn officers.

A cooperative effort was made to address the issue. The California Telecommunications Association (CTA) of the California Peace Officers’ Association, along with the California POST Commission, worked with state legislators to include telecommunicators along with sworn officers.

The new initiative is in line with the California POST Commission’s 2007 report, “California Telecommunicator Workforce: Common Goals, Shared Challenges.” In the report, the commission found that telecommunicators are at the forefront of emergency medical response and that they fulfill a critical role in serving their community.

The CTA believes the California post-Dispatchers Act will provide telecommunicators with the tools and authority needed to respond to emergency situations, in addition to gaining recognition and respect as public servants.

An award was the last thing Terry Kelly expected while giving Pre-Arrival Instruc- tions that helped save the life of a 12-year-old girl. But that’s exactly what happened.

Kelly, a Pittsylvania County (Va.) E-911 communications center dispatcher, was on the 7 p.m. to 7 a.m. shift in April 2011 when he answered a call from a father saying his 12-year-old daughter “he found her unresponsive but he was just as cool as a cucumber,” Kelly said.

For the future, Young has aspirations for EPD beyond the training stages. “I am hoping that with certification, interested agencies will move toward the protocol in the state, thus a coalition of agencies can start a campaign for EPD to be the default law call-taking standard in Cali- fornia,” she said.

San Mateo County PSC received medical accreditation from the NAEDP in 2005 and has since been recertified twice.

Legislation supporting 9-1-1 services rolls across the country

From where we sit on the calendar, it’s too soon to tell where the ball will land on proposed legislation, but here’s a wrap-up of a few bills pending.

Indiana: Associated Press–The Senate and House approved separate plans to increase the monthly fees charged to cell phones and reduce the fees on landlines to stabilize fund- ing for counties’ emergency dispatch centers. Both plans set uniform monthly fees across the state for landline phones—which range from 39 cents to $3 among counties. The fees on cell phones—now at 30 cents a month for carrier subscription service cell phones and 25 cents for prepaid phones—would go up, with the Senate proposal putting the fee for most phones at $1 and the House plans putting it at 75 cents. The House and Senate proposals also place tighter rules on how the phone fees could be spent.

California: Sacramento Assembly-woman Norma Torres plans to introduce legislation to keep 9-1-1 emergency dis- patch calls private. The proposal follows the release of details from emergency calls concerning celebrities Demi Moore and Michael Jackson. Torres, who spent nearly two decades as a dispatcher for the Los Angeles Police Department, said the amount of private information revealed requires mandatory limits set. According to a story by Michael McGuire (Merced County Political Buzz Examiner), Torres said a basic right to privacy compelled her to announce the legislation. “I don’t want anyone to hesitate or not make a 9-1-1 call because they are afraid their taped call will be released to the media.”

The newest sign to raise the bar in dis- patch training is the addition of the Police Protocol certification course to the list of qualifying programs in POST’s Catalog of Certified Courses. Agencies participating in POST’s public safety dispatcher program require 120 hours of entry-level training divided into 14 topics and then 24 hours every two years after to recertify.

The fact that it took close to two years to convince POST that EPD would accelerate training made the accomplishment even better, Young said.

“We’re excited,” said Young, who has spent 29 of her 32 years in the profession with San Mateo County PSC. “It encour- ages agencies to look into EPD and even if they don’t go for certification, just taking the course enhances their skills.”

Currently, police agencies participating in the POST Public Safety Dispatcher Pro- gram use a candidate selection process that assesses communication skills and requires both a background investigation and medical evaluation. POST training prepares those selected for the job’s responsibilities.

While it’s too early to let the protocol changes out of the bag, version 13 of the Medical Priority Dispatch System (MPDS) will introduce features sure to satisfy every- one from the caller in an emergency down the line to the first responder.

The release of MPDS v13 combined with the delivery system of ProQA Paramount will deliver an increasingly user-friendly package that puts the look and feel main- tained throughout the protocol’s evolution. Similar to all protocol and program enhance- ments, users beta testing medical protocol in the ProQA Paramount platform recom- mended refinements that will be part of its official release.

I AED” Operations Research Analyst Greg Scott said MPDS users would notice further enhancement of the diagnostic tools in ProQA Paramount in addition to features that include longer text fields for enter- ing information and Smart Post-Dispatch Instructions (PDIs) that gray out instruc- tions not appropriate to give based on infor- mation obtained during caller interrogation. Last year, Avon and Somerset Constabu- lary in the U.K. began putting Paramount to the test in relation to the Police Protocol to handle the four million calls it receives annually. Their feedback has been valuable in redefining international deployment of the software platform in combination with all three protocols, according to those managing the beta testing in seven countries, including 13 sites in the United States.

MPDS v13 and later versions of the Medical Protocol will run only on the Para- mount platform and the same applies to later releases of the Fire and Police Protocols.
NEWS FROM THE EAST MIDLANDS

Academy donates mobile defibrillator

The East Midlands Academy, situated in Hucknall, East Midlands, UK, in September 2011, received its own mobile defibrillator, donated by the British Heart Foundation (BHF). The East Midlands mobile defibrillator donated by the British Heart Foundation (BHF)

The East Midlands Academy, initiating a three-week stay in the Academy, is now the proud owner of a defibrillator.

This is a step forward for the Academy, providing first responders with access to life-saving equipment at the earliest possible time, potentially saving lives in situations where a delay in treatment could be critical.

The Academy’s commitment to community health and safety is evident in its efforts to ensure that its students and staff are equipped with the necessary knowledge and tools to respond effectively to emergencies.

By donating the defibrillator, the Academy is demonstrating its dedication to the well-being of its community and its role as a leader in promoting health and safety initiatives.

The Academy’s actions align with broader efforts by local organizations and authorities to enhance emergency response capabilities and improve public safety in the region.

As the Academy continues to grow and expand its programs, it will continue to strive for excellence in education and community engagement, preparing its students for a world that demands skillful and responsible citizens.

The Academy’s donation of the defibrillator is a testament to its commitment to fostering a culture of care, readiness, and resilience.

Where’s the snow?

Durham 9-1-1 texting trial draws to a close

By the time April showers bring May flowers, Durham 9-1-1 Emergency Communications Center, N.C., should have a better idea whether the seeds planted in its text messaging trial actually took root. Well, at least something like that, since April 30 marked the end of a nine-month trial period testing the potential of permanently offering text messaging to the public.

The trial was extended for another three months. Limitations listed on the same press release include tips on locations better suited for texting (in range of county cell towers), character length, dialogue style, the compatibility of message software, and the sequencing of information necessary.

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For the second time in less than a month the County of Letchfield in Alberta, Canada, issued a fire ban because of warmer than usual winter weather. The first ban issued Jan 3 was lifted a week later and put in place again at the end of the month when unusually warm weather and winds dried up the region once again, increasing the risk of fire hazards.

Fire restrictions aren’t unusual in the County of Letchfield, it’s just the timing this year that worries officials. Although ranked as among the driest cities in Canada, this past winter has been drier than normal.

There have already been four major wildfires in the area, with three different rural municipalities across the region this winter. The most recent were two major wildfires in Willow Creek on Jan. 4, 2012, which claimed several homes. A Nov. 27, 2011, wildfire in the county involved 24 separate agencies and about 35 people including firefighters on the frontline fighting the blaze over a 24-hour period.

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A playground fight provided emergency warning

A playground fight turned out to be a blessing for a 13-year-old teenager in Nottingham, East Midlands, UK. In September 2011, Callum Massey was knocked unconscious at the Hucknall’s National Church of England Academy, initiating a three-week stay in the hospital to treat a previously undiscovered serious heart condition.

Massey has since returned to school and the academy is now the proud owner of a mobile defibrillator donated by the British Heart Foundation (BHF). The East Midlands Academy is now the proud owner of a mobile defibrillator donated by the British Heart Foundation (BHF).

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Salt Lake Valley caused a chain reaction, leaving SLC International Airport Operations Coordinator David Sohler on the caller side of an emergency. Although seriously injured in the accident, the 25-year-old Sohler was on the mend when we caught up with Operations Manager Lina Hildebrand:

“He’s a tough kid,” Julio reported nearly eight weeks after the accident. “It will be a long haul but he’s doing OK. He’s had family and friends constantly by his side since it happened.”

The accident was anything but usual.

Sohler was traveling between Tooele, southwest of the airport, and Salt Lake City when a driver in the opposite lane swerved to miss a deer. The driver crashed into a road sign, which flew into the road, broke at the base, bounced off another car, and flew into the driver’s side of the car Sohler was driving. Sohler sustained massive injuries to his face and shoulder and was transported by Life Flight to the hospital in critical condition. His facial injuries were so severe that he required a tracheotomy to breathe. A drug-induced coma at the hospital helped him survive the initial pain.

An assessment of injuries revealed a broken clavicle, shattered jaw, skull fracture, concussion, and broken teeth. Sohler had surgery to repair his clavicle on Dec. 30, the day after the accident. Three days later, he was back in the operating room for the first stage of jaw reconstruction.

ChatComm was organized in 2009 by the merger of two cities in the north metro area of Atlanta in Fulton County (Ga.). Sandy Springs (population: 34,000), which was incorporated in 2005, and Johns Creek was incorporated a year later in 2006. According to Estey, the services the cities were receiving from a PSAP covering the north and south metro areas of Atlanta—the county covers 526.64 square miles—seemed to favor the southern half of the county.

“They [Fulton County] weren’t able to provide the services that these [north end] populations desired,” Estey said. “They [Sandy Springs and Johns Creek] were frustrated with the lack of being able to determine their fate and the service they received.”

A subsequent feasibility study conducted by iXP, a New Jersey-based public safety communications consulting firm, pushed them in the direction of establishing a joint PSAP funded through the collection of 9-1-1 fees. An Intergovernmental Agreement (IGA) signed in 2008 put iXP in charge of managing the building process; the newly incorporated Chattahoochee River 9-1-1 Authority provided oversight. In 2009, the IXP implementation team, led by Estey, signed a lease for a 60,000-square-foot space in an existing building.

Estey’s experience overseeing a PSAP as part of his responsibilities as former chief of the Hartford Police Department in Hartford, Vt., made him an ideal choice for ChatComm’s deputy director of Operations/Human Resources. Michelle Allen, former training coordinator at Cobb County (Ga.) Communications, was hired as the deputy director of Technology and Administration, responsible for developing the center’s Standard Operating Procedures (SOPs), training new employees (more than 60% had experience working in a 9-1-1 comm. center), and introducing ChatComm to the Sandy Springs and Johns Creek public service sector, including fire and police chiefs.

In 2011, an Accredited Center of Excellence (ACE) plaque took up residence on the wall at the Chattahoochee River 9-1-1 Authority (ChatComm), showcasing the level of performance the center had achieved in less than two years of operations. It was a matter of a natural progression, said Joe Estey, ChatComm’s deputy director of Operations/Human Resources.

“We just decided that our level of expertise could be as high as we could reach,” Estey said. “They [ACE] are our peers, and they are the ones who are doing very well. We’re kind of unique because we’re an outsourced operation.”

Higher standard

ChatComm follows standards developed by participating agencies: 90% of calls must
By Brett Patterson

We calltaker, Janine Baker, received a call regarding a 62-year-old female who had fallen. We used ProQA, and the program did not shunt to Protocol 31 after she chose dizziness as the cause of the fall. We agree that the case should have been handled using Protocol 31; however, we are concerned that the program did not, in effect, shunt to Protocol 31; instead, the final coding was 17A-01, which consequently created a 17A omission.

Diane Bagby
Executive Administrator
Louisville Metro EMS/MetroSafe
Louisville, Ky, USA

Jackie Herrett
Quality Support Coordinator
Patient Safety & Clinical Quality
Northern Operations Centre

Jackie: It sounds like the "forehead" symptom (in this case a diagnosis) was stroke, and difficulty breathing (a priority symptom) was mentioned during Case Entry. Case Rule 3 would normally direct the EMD to Protocol 30 in such a case. Some clarification, however, Protocol 13 (Diabetic Problems) and 28 (stroke) are the same response is likely to be a 1C.

Brett: Thank you for the reply. As a follow-up, the patient had both a fractured shoulder and low blood pressure; she was released from the hospital within 24 hours.

Diane: I'm filling in for a Quality Support Coordinator, and I was hoping you could provide some clarity on Protocol 28 Stroke (CVA). Is there a call in which the caller thought the patient was having trouble breathing and raising one arm. During Case Entry, the caller stated that the patient had difficulty breathing. The calltaker selected Protocol 28 at Case Entry, but I thought the correct Chief Complaint Protocol would be Protocol 6 Breathing. Problems since "difficulty breathing" is a priority symptom. The calltaker continued asking Key Questions on Protocol 28 where I noticed the question "Is she breathing normally?" The calltaker entered the answer "No.

Jackie: If difficulty breathing is a priority symptom, why doesn’t Protocol 28 shunt to Protocol 6? I find Protocol 28 difficult to use as a chief complaint when the patient reports "difficulty breathing," because I understand it as a diagnosis, not a symptom. I understand the Key Questions to act as a secondary survey to provide further information, which allows ProQA to code the situation appropriately. In this case, the Determinant Code was 28C-Z02.

Brett: If Protocol 6 were selected, it would have been a 1C1 at the highest. Both Determinant Codes result in a 1C response, so either way, ProQA gave an appropriate response. However, I had to mark the calltaker down for incorrect application of the medical selection, which I find difficult to explain when she will no doubt say that the symptom of "difficulty breathing" is addressed on Protocol 28. I see a rule for selecting a Chief Complaint Protocol based on priority symptoms at Case Entry?

Jackie: If this information were not volunteered at Case Entry, the calltaker did not have a written plan of action (or part of the complaint description), in medical calls, Protocol 6 should be selected to err on the side of patient safety. Clear as mud? Brett A Patterson
IAED Academics & Standards Associate
Research Council Chair

Brett: Thank you kindly, that was very clear and helpful!
Lithuania Goes Live

Christmas comes in a hurry for implementation team staff were two factors working in their favor despite the scheduling crunch. Benson said Dobusinas said “if we can do it now, why delay?” attitude was the perfect match for dispatchers’ eagerness to see everything about Protocol without the luxury of time on their side. Benson and Dobusinas drafted an implementation plan in April at the Navigator 2011 conference held in Las Vegas. Three months later, in July, Benson was on a plane to meet Dobusinas in Amsterdam to begin preparations. In October, she and Ganley were in Lithuania for the start date, with Barron, International Academies of Emergency Dispatch (IAED™) Research and Studies officer, scheduled to arrive several weeks later. Benson returned to the United States to pilot the project from behind her desk.

“Tudy was very confident about this,” Ganley said. “She believed in us.”

While the actual translators (Milda Dambrauskaite and Dariusinas Dambrauskaus) are native Lithuanians living in the Baltic country, all the backend duties fell to the Translation and Standards Department in Salt Lake City. Translation & Standards Manager Irena Weight identified the full spectrum of products needed for the implementation, their priority level, and deadlines for their completion.

Translation Specialist Dave Ogden prepared the required content and uploaded it into a specialized translation software program for Danbrauskaite and Dambrauskaus to complete their translation. Next, Production Artists Julie Green, Chad Iverson, and Alyssa Steiner used the imported translations to create the layout of a three-week turnaround had Proofreader/Assistant Editor Cynthia Murray finished checking drafts for consistency between the English and Lithuanian translations. With Weight’s support, changes were properly entered into ProQA software. E-mail communication with the translators was naturally delayed by the time difference between the two countries. Noon in Kaunas is 8 p.m. in Salt Lake City. In other words, the three-week turnaround meant strict attention to the clock.

“This was high priority,” Murray said. Although neither Ganley nor Barron speak the language, they’re the first to admit it’s a tough one to learn and follow. Lithuanian is one of the oldest languages spoken although it wasn’t standardized until a century ago. Call-takers, because of the country’s tourist industry, also handle calls in Russian, Polish, German, and English.

“We learned a little Lithuanian,” Barron said. “But as Louise said to me, and I have to agree, the stress was something we put on ourselves. We wanted to make sure everything went well!”

The dogged persistence and leadership qualities of Paul Dobusinas, director, Crisis Research Center, and the enthusiastic reception by Kaunas Ambulance Service 1-1-2 dispatchers a tool that is truly lifesaving.”

Ganley and Barron worked non-stop coordinating the EMR student and instructor courses with the translated teaching tools as they arrived. They organized ProQA Paramount and AQUA training and depended on their Lithuanian translators for answers, questions and when ordering food from the local restaurants.

If you think 10 weeks for the Medical Priority Dispatch System® (MPDS®) implementation in Lithuania was unprecedented, consider the one-week timeframe for climate and geography’s impact on post-implementation progress. She and Barron talked regularly with Kaagus, which has added an item to his list of ideal conditions.

“The MPDS provides an easy-to-use, largely encompassing tool to deal with medical emergencies,” he said. “It gives our dispatchers a tool that is truly lifesaving.”

The one-week to go live schedule, however, won’t be the last NSA Souda Bay sees of the implementation duo. Ganley returned in April to provide EDQ™ training and check on post-implementation progress. She and Barron shared a moment’s notice, said Emergency Dispatch System™ (MPDS®) support officer. "The group here is a team that works for one and one for all.'"

Our sailors, it can save us valuable time in the event of military standards, the dispatch center was in the market for a system that offered EMR training and certification, among other features. Kaagus made several inquiries, reviewed material received in response, and chose medical ProQA pending two final conditions prior to sending a request through proper channels.

"It's an interesting facet—the system selected had to measure up to his precise expectations—and he wouldn't proceed without the staff's OK. Everyone on staff exercise expectations—and he wouldn't proceed without the staff's OK. Everyone on staff are very excited to get this done!” Barron said. "They were with us all the way.”

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The consolidated fire, medical, and security dispatch center monitors alarms, radio communications, and cameras configured with automatic 9-1-1 phone systems. The center dispatches response for emergency calls originating from the base and coordinates dispatching from both local and US authorities.

The dispatch staff of local nationals were in Lithuania for the start date, with Barber from the U.K. office nipping at heels—figuratively, of course—relying on their imported translations to create the layout of the list.

“Call-takers, because of the country’s tourist industry, also handle calls in Russian, Polish, German, and English.”

“We learned a little Lithuanian,” Barron said. “But as Louise said to me, and I have to agree, the stress was something we put on ourselves. We wanted to make sure everything went well!”

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By Audrey Fraizer

Louise Ganley and Tracey Barron were moving at speeds faster than the speed of ProQA Paramount during the 10 weeks before Christmas.

Like the herding instinct of a Border Collie, the two from the U.K. office nipped at heels—figuratively, of course—relying on their energy and know-how to reach a “go-live” date at Kaunas Ambulance Service (Lithuania) in at least half the amount of time it generally takes for these things to happen. “We kicked off in October and they wanted it done before Christmas,” said Ganley, PDC, clinical support officer. “It was the fastest implementation I’ve ever done.”

The ripple of their pace were felt at tsunami force in Salt Lake City, where Tudy Benson, PDC director of European Operations, and the Translation and Standards Department labored under a “very short time frame” to ready translated Protocol and training materials.

Benson, who directed the contractual agreement and is used to working from a distance, said the Lithuanian implementation was complicated by factors, including the city’s size (the second largest in Lithuania), time and language differences, and the first-time translation of Protocol into Lithuanian.

“It was a whirlwind,” Benson said. “But as Louise said to me, and I have to agree, the stress was something we put on ourselves. We wanted to make sure everything went well!”

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“Our sailors, it can save us valuable time in the event of military standards, the dispatch center was in the market for a system that offered EMR training and certification, among other features. Kaagus made several inquiries, reviewed material received in response, and chose medical ProQA pending two final conditions prior to sending a request through proper channels.

“‘It’s an interesting facet—the system selected had to measure up to his precise expectations—and he wouldn’t proceed without the staff’s OK. Everyone on staff are very excited to get this done!” Barron said. “They were with us all the way.”

If you think 10 weeks for the Medical Priority Dispatch System® (MPDS®) implementation in Lithuania was unprecedented, consider the one-week timeframe for climate and geography’s impact on post-implementation progress. She and Barron talked regularly with Kaagus, which has added an item to his list of ideal conditions.

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The consolid...
Firsthand Indemnity

Virginia Tech plan handles second shooting efficiently

James Thalman

Just after 12:30 p.m. on Dec. 8, 2011, a lighting strike struck a second time at Virginia Polytechnic Institute and State University: A 9-1-1 caller reported a shooter on campus. And apparently on the loose. A campus university: A 9-1-1 caller reported a shooter on campus. The Virginia Tech assailant—Deriek Crouse in a parking lot before killing a student and an in-house advisor—was himself with the same handgun about a half-mile away, the shooting was much smaller by scale for emergency service. Local political entities must get past their inability to reach consensus and assure interoperability of their communications systems.

The report concludes Emergency services leaders and governmental entities require cooperation, consensus building, and the provision of adequate finances. "Failure to accomplish this goal leaves us unprepared for a similar situation in the future with potentially tragic results."

Taking a "nothing is so bad that something good can't come from it" approach, Fox cited communications deficits that added to the turmoil, including a technologically outdated and understaffed call center, the chaotic interaction of responding agencies with one another, and the hesitation of the emergency administrative staff to deal with the incident.

According to Fox and former Priority Dispatch Corp. Police Consultant Eric Parry, the Virginia Tech Police Department erred in not insisting that university administrators handling the incident immediately issue a "lessons learned" approach in re-evaluating their own emergency plans and dozens have implemented new or enhanced processes and technologies to improve communications and the mobilization of emergency resources.

Ironically, at the same time as the shooting this past December, Virginia Tech administrators were seeking a reduction in the fine during a 2011 hearing in the lawsuit against the university.

Had the system been complete, authorized users could have sent an alarm. Unfortunately, they did not have the technical means to do so in April.

Independent commission report

The independent commission’s report came up with the same conclusion, finding the breakdown in 2007 an issue known at virtually every communications center: disconnect. According to the report:

“Each jurisdiction having its own frequencies, radio types, dispatch centers, and procedures is a sobering example of the lack of economies of scale for emergency service. Local political entities must get past their inability to reach consensus and assure interoperability of their communications systems.”

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Aftermath

In the wake of the shooting, Virginia Tech, along with campuses across the country, conducted internal reviews of emergency procedures, notification systems, and policies related to student behavior. According to a report by the Midwestern Higher Education Compact, many campuses are taking a “lessons learned” approach in re-evaluating their own emergency plans and dozens have implemented new or enhanced processes and technologies to improve communications and the mobilization of emergency resources.

Virginia Tech, was armed with two handguns when he began his rampage at 7:15 a.m. on April 16, 2007, in the West Ambler Johnston residence hall, killing a student and an in-house advisor. The second and more serious part of the incident began about 9:40 a.m. after Cho had chained and locked the three exits to Norris Hall, the campus’ engineering faculty and classroom building that also houses foreign language lecturers. In about 20 minutes, Cho shot a total of 47 students and faculty members, most of them murdered on the 2nd and 3rd floors where they were gathered for 9 a.m. classes.

The U.S. Department of Education deemed the campus response in 2007 an unintended yet inexcusable violation of standard high-alert/mass-casualty incident procedures in place on all public college campuses. A two-hour lag between the first shots that killed two students in the residence hall and a campus-wide danger alert is the most obvious disconnect, according to the department.

A detailed after-action assessment of the 2007 massacre, completed by an independent, blue ribbon committee under the auspices of former commonwealth Gov. Tim Kaine, provided a 150-page structural and staffing blueprint for upgrades. The existing system was inadequate. Although the university’s mass notification system includes all students and faculty who had voluntarily registered their phone numbers would have received an alert. In addition, the system was cumbersome, requiring 11 separate actions

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According to Fox and former Priority Dispatch Corp. Police Consultant Eric Parry, the Virginia Tech Police Department erred in not insisting that university administrators handling the incident immediately issue a campus-wide notification that two persons had been killed and that all students and staff should be cautious and alert. The alert came more than two hours after the first two murders and about 10 minutes after the massacre was over and Cho lay dead from a self-inflicted gunshot wound as police closed in.

The incident was also a product of just plain bad luck, Fox said: Virginia Tech was a semester away from completing the installation of a unified, multimedia messaging system that would have significantly mitigated Cho’s ability to carry out the rampage. The upgrade, now in place, would have allowed university officials to send an emergency message in parallel to computers, cell phones, PDAs, and telephones—a system model that is the core of the current nationwide upgrade of NC29-1-1
Taking The Challenge

Daring and innovation take dispatch into the future

Scott Freitag is every bit the quick-witted, entertaining, debonair, and absolutely dashing ladies’ man he claims to be. Or, at least, that’s the challenge the National Academies of Emergency Dispatch (NAED™) president must live up to following his opening presentation at Navigator 2012.

“Someone had to give my introduction,” Freitag said to the nearly 1,200 people staring at him from the other side of the podium. “I decided why not me? Who knows me any better?”

While his opening comments might have fooled a few—after all he wasn’t going to let anyone else do the introductions—Freitag did underscore the word ‘challenge’ in relation to the choices he’s made during his career and the choices that determined the path of emergency communications.

“What does challenge mean to you?” he asked. “Many have taken the ultimate challenge in becoming an ACE [Accredited Center of Excellence]. Others are working toward that goal. We all have our own challenges in maintaining the sharp edge required for this profession.”

“Take the Challenge” was the theme behind this year’s Navigator 2012. The 29 graduates of the 2011 class of the Communications Center Manager (CCM) course received certificates, and Monica Million was presented the first annual David E. Connolly Leadership Award. Accreditation Chairman Brian Dale announced 48 re-accreditations and 15 first-time ACE accreditations; with the addition of Johnston County E-9-1-1 Communications and Prince George’s County Public Safety Communications Center, there are five centers in the world with triple accreditation.

EnRoute sponsored the Dispatcher of the Year Award and the Closing Luncheon featuring the presentation of the Dr. Jeff Clawson Leadership Award. You could hear a fork drop it was so quiet when Staff Sgt. Matthew Eversmann described the 1993 United Nations peacekeeping mission featured in the film Black Hawk Down.

“Taking the challenge often demands that first leap of faith,” Freitag said. “Look at all of you. Dispatch is a profession because you took the challenge and led the way for the rest of the world.”

Navigator 2013 does bring the challenge back to Freitag. Although a quick wit at opening presentations, his challenge lies in preparing for next year’s sessions and choosing the speakers who can best deliver the information.

New education tracks—Next Generation 9-1-1, Human Resources, and Motivation—joined existing ones that included topics in leadership, management, quality assurance, and what to do about the stress the profession tends to produce. The 46 exhibitor booths highlighted the latest and greatest technology—including ProQA Paramount—and the softer side of emergency communications—such as education and public awareness.

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Protocol compliance
Lisa Kruse, EMD
West Metro Fire Rescue, Lakewood, Colo., USA
When I first heard we were going to start using protocol I was very excited. I was a little concerned that some of my fellow dispatchers were going to dislike the program after using the lax state system, since freelancing was common practice. Now that we’ve used the system for a while (ProQA®), I truly enjoy how easy it is to get through a phone call. With every call, I am extremely conscious of how important the wording is on the proper coding on calls. I strive to be completely compliant with every call and from the noncompliant calls I learn which questions or tools I still need to work on. I think our department made the right decision in choosing this program. I appreciate the fact that it has made my life easier and made me a better dispatcher.

Cell phones in the workplace
Leslie Whitham
Southern California agency, USA
Because of liability issues, our comm. center stopped allowing cell phones in the workplace. So, what happened next? Dispatchers began texting from their purses. They acted like they were looking for something in their purse, but it didn’t long for us to catch on to what was really going on. The next step was saying no purses and that’s when we heard the “Well, then I quit” going around the center. Before anyone left, we sat down and asked each dispatcher to list five work priorities, and then to chisel that list down to two priorities. Guess what? No one listed texting in the top two or top five. The light bulbs went on. Cell phones and texting weren’t so important after all.

Motivation
Karyn Kretzel
West Metro Fire Rescue, Lakewood, Colo., USA
We believe that motivation is a year-round goal and not something we try to do for one week during the summer. Sometimes we try to motivate our people to eat healthier, and this year we used that idea when we purchased a propane barbecue grill for the third-floor balcony at our center. The floor is concrete and we definitely made sure we were meeting fire code before announcing our intention. On the first day it was in, the day shift was barbecuing hamburgers and hotdogs and they also did the same for the night shift. This is something that really draws people together and gets them out for breaks. We also have an “Atta boy” bulletin board with room for 32 cards for giving accolades. Even Stan our janitor put up a note thanking our dispatcher Debbie for moving her legs while we were cleaning the floor.

Building woes
Cary Armand
St. Charles Parish 911 Communications District, Hahnville, La., USA
We had a problematic CAD so we made the decision to buy a new CAD system. At the same time, we decided to gut the interior of the communications center and build a temporary center we used for three months. The temporary quarters were cramped, but our dispatchers did a phenomenal job under the circumstances. We installed a new CAD bought new ergonomic furniture, and pulled up the carpet. We put in a personal ventilation system, which lets everyone control his or her own heat. Everything was redone, and we kept everyone up-to-date with the progress. After three months, they were so ready to go home.

Building woes II
Eddy Beckendorf
St. Charles Parish 911 Communications District, Hahnville, La., USA
The improvements at the center really improved morale and so did increasing our staff to complement our call volume. We looked at current call volume and projected the numbers out so that we’d have enough positions for the next 20 years. When I started the process, we had 12 people. We now have 24, with the goal of having three more by 2013. The design plans started in February 2009, but it wasn’t only management making the decisions. People in operations looked at furniture and CAD systems. They knew we were working toward their future and what we wanted to do for the long term. The work started in January 2011 and although the months in our temporary quarters were difficult, the results were worth the wait. We celebrated. It was great to involve the whole center.

Shift work
Jerry Stallings
Queen Anne’s County, Centerville, Md., USA
We work 24-hour shifts and every dispatcher had to agree to the plan before it was implemented. The communications center is set up for us to cook and serve meals and there is a bunkroom where each dispatcher can sleep six hours on a rotating basis during the 24-hour shift. Sometimes, we get together and cook a spaghetti dinner or something else big for everyone on shift. Three years ago on Thanksgiving we opened the EOC for a traditional dinner—turkey and all the trimmings—for anyone in public service scheduled to work the holiday. At least 30 people stopped by and we’re still hearing how much people appreciated the dinner.

Morale
Debbie Jones
St. Charles Parish 911 Communications District, Hahnville, La., USA
Negative attitudes are caused by a combination of things, but the attitude can snowball and affect the whole center. Recently, we’ve been addressing the issue by holding monthly meetings and providing more training. We’ve found that added training is one way to get things moving, along with putting dispatchers in for audits and paying particular attention to events we can hold during National Telecommunicators Week. There was a dress-down day and we gave each dispatcher insulated lunch bags and coffee mugs. We have incentives for meeting EMD standards and since our center is only three years old, we have every new technology. I also let people know that they can come to me for help.

Training
Lynn Carroll
Jefferson County Emergency Communications, Kenmore, Wash., USA
Learning all the new technology and reaching 100% protocol compliance levels, takes constant training for our dispatchers and me. I want to right training sessions alone to learn about the digital trunking system and since our director is working on getting a CAD system the communications center was the Medical Priority Dispatch System (MPDS®) vendor and is training implementation of a CAD system, I anticipate another dozen sessions to learn what to do with all the new tools we can hold during National Telecommunicators Week.

Technology and NG9-1-1
Kevin Willett
Public Safety Training Consultants, Redwood City, Calif., USA
NG9-1-1 provides a great opportunity to improve dispatching. It introduces the potential for automated call taking; provides a mechanism to help first responders deliver medical and other issues that directly impact our dispatchers. How do we want to spend it on technology we want to take that money and spend it on technology we want to take that money. Do we want to spend it on technology we want to take that money. Do we want to spend it on technology we want to take that money.
We have the ability to change the caller’s experience just by the way we talk on the phone. We have to react [to our callers] from their perspective. We have to understand that our callers are facing emotional situations; their perspective is very different from ours. They don’t do this every day. I find that if I smile while talking to callers and using the protocol, I don’t sound robotic or indifferent. We have to show our callers that we do care.

Training
Valerie Harris
Wild County Regional Communications, Greeley, Colo., USA

We are a regional center under the direction of the Greeley Police Department and we have lots of training before any new system is implemented, so it doesn’t come as a surprise. Once we have some experience, we have additional training to answer more questions and we have a committee working within shifts to resolve any glitches that might come up. New dispatchers have extensive training that can last eight months or longer, and that’s after going through many steps of our selection process. We also work within the department to improve morale and our dispatchers have gotten a lot better about helping one another and sharing information. They’re doing well. I believe they choose the attitude they bring to work.

Customer service
Karima Dash
Augusta 9-1-1 Emergency Services; Augusta, Ga., USA

We had problems with the community about asking too many questions when we started using the protocols [Medical, Police, and Fire] in 2008. I put together a proposal to start a public relations committee and since then we have been presenting informational sessions at community centers, schools, neighborhood watch programs and, basically, wherever a request takes us. We try to make it fun for the kids. For example, at Christmas time, we had Mrs. Claus calling 9-1-1 from the North Pole. We’ve held meetings to discuss the process with the police and fire departments. I also think it’s important for us to be visible in the community, and that’s met with great success. We’ve partnered with the Red Cross for clothing and coat drives. We served dinner at the soup kitchen on Thanksgiving and the day before. We wore our 9-1-1 T-shirts. For the past four years, our calltakers have trained calltakers at the Safe Home Domestic Violence Center. Our center newsletter, called the Blabber, comes out quarterly with information about health, training, and personal stuff like birthdays and anniversaries. I love our program. The public gets to know more about what we do in a very positive way and it really helps the morale inside the center.

Customer service
Traci Dritschman
San Jose Fire Department; San Jose, Calif., USA

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Announcing 9-1-1 COMMUNICATION CENTER BEST PRACTICES IN CASES OF MISSING CHILDREN

A missing child is a critically important and high profile event that can rip the fabric of your agency and community if not handled correctly. In terms of urgency, use of resources and potential impact on the community, a missing child requires a level of readiness akin to a disaster. This joint initiative of NAED, APCO, NENA, National AMBER Alert and the National Center for Missing & Exploited Children (NCMEC) was created to:

· Promote awareness of the critical role of the 9-1-1 communication center in handling missing and exploited children calls
· Develop and endorse best practices
· Develop tools for handling incidents of missing and abducted children

Helping to PROTECT OUR CHILDREN is as easy as 1-2-3!

2. Request a copy of the Public Safety Telecommunicator Checklist for Missing Children.
3. Apply to attend NCMEC’s CEO Overview Course in Alexandria, Virginia.

For more information, visit www.missingkids.com/911 or email 911@ncmec.org
Sound Of Music
Event technician wows audience with National Anthem

James Fleming goes far beyond whistling while he works. He sings.

The event technology specialist at the Baltimore Marriott Waterfront Hotel really sings, and never mind those off-key, safe-in-the-shower kind of tunes. The guy who works behind the scenes at the hotel is a professional musician. He can without question carry and sustain a tune. The whole world tends to be a stage for his voice and solo performances on drums or the piano.

But it was his voice that caught the attention of Navigator Conference Coordinator Claire Colborn. Fleming heard it was Colborn’s birthday, sang her happy birthday, and—quite honestly—thought nothing more of the gesture. He went honestly—thought nothing of the ageless melody, and—quite honestly—thought nothing of the gesture. He went

Fleming can be heard singing when he would prefer no one noticed. Recently, for example, his fiancée, Kwatika Packwood, caught note of what he intends to do while she is walking down the aisle to meet him at the altar of a Baptist Church in Baltimore. She is a soprano and sings in the choir at her church in Washington, D.C.

‘I’ll be singing our love song,’ he said. ‘I was practicing and didn’t know she had walked into the room. She’s very happy, although I imagine she expected as much.’

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Fleming released his first solo album in 2000 and a second solo album of Gospel music is set for release later this year.

Having identified cardiac arrest from Shull’s description of Riley’s condition, New Hampshire Bureau of Communications Emergency Joyce Jastrem started relaying compressions only CPR Pre-Arrival Instructions. Shull pumped for several minutes, relinquishing the lifesaving support to two passers-by who stopped to give aid. Brett Kimball picked up the cell phone while his coworker, Dave Ellsworth, took over compressions. By 12:53—10 minutes into the call, —Alton Fire/Rescue arrived on scene and defibrillated Riley and began transport to a local hospital. Paramedic Janet Williams intercepted the ambulance and provided advanced life support. He was later airlifted to Dartmouth Medical Center in Hanover, N.H.

One week later, Riley was home recuperating from surgery to implant a stent into the blocked artery. Riley’s debut on a stage in Baltimore was the second time he and Jastrem were together celebrating his survival and her lifesaving instructions. The first was at the New Hampshire Bureau of Communications several weeks after the event and the second was four months later when Jastrem accepted honors as the NAED Dispatcher of the Year. While the award is based on several factors, including protocol compliance, it’s the audio recording of each application that captured the audience’s attention.

You really never expect anything like this,” said Jastrem, of the award. “To me, it was a typical call.”

Jastrem is not one for the stage, but she is passionate about 9-1-1. And for an award she probably wished someone else might have received under similar circumstances many years ago. In an area of Detroit, Mich., where her family lived years ago, there wasn’t the numbers 9-1-1 to dial in an emergency, at least the day her dad needed it most.

“We were visiting relatives and my dad collapsed,” said Jastrem, who was 13 at the time. “I dialed 0 but in all the confusion no one could tell me the address. Help finally arrived but it was too late.”

Jastrem certified as an inter-}

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Leadership award honors three recipients

Stephan Bunker still remembers an event 15 years ago as if it happened yesterday, like it does to somebody, in some place, every day.

The volunteer firefighter, at the time, was selling hotdogs at a fair to raise money for his department when a plea for emergency medical assistance turned his attention from hotdogs and condiments to a building not far from where he had been standing.

“I made a leap over the counter,” he said. “The response was automatic. It was training drilled into me.”

Bunker dashed through the exhibit hall’s doors, winding his way through a swarm of people nearly blocking his attempts to help a two-year-old girl experiencing a seizure.

“She was screaming,” he said. “The parents of that two-year-old have no idea what they could do for their daughter. Her parents were screaming for help, at a loss for what they could do.”

Bunker watched the parents struggle to help, and he stepped into action.

“At that moment I knew I never wanted to see that same thing in any other person in my jurisdiction,” said Bunker, who worked full time in emergency communications.

“Our local dispatch center had not adopted protocols and our dispatchers hadn’t been given permission to offer over-the-phone assistance. So, I provided the emergency care until response arrived on the scene.”

The child survived and Bunker started his crusade advocating for emergency medical dispatch (EMD) legislation enacted in the 2005 Maine legislative session. The law mandated, with funding support, the statewide implementation and ongoing evaluation of EMD, commencing on Jan. 1, 2007.

Despite retiring in November 2011 after three decades of working in Maine’s emergency communications, he is now advocating the same legislation for police and fire dispatch.

“The parents of that two-year-old have no idea what they started,” said Bunker, who for 25 years was with the Maine Department of Public Safety, serving as the first director of the state’s E-911 bureau.

Bunker was one of three people receiving the Dr. Jeff Clawson Leadership Award during a presentation at the closing luncheon of the Navigator 2012 conference sponsored by the National Academies of Emergency Dispatch (NAED). Each received a $500 contribution from the NAED for a charity of the recipient’s choosing.

Bunker gave his donation to 911 CARES, a nonprofit organization that collects donations for dispatchers in personal distress due to, for example, medical problems. In addition, he donated $448 from a fundraiser he held at the Maine NENA conference in support of Houlton (Maine) Dispatcher Tiffany Cissel, who on March 24, 2012, lost everything in a house fire; all she had left was her uniform.

Bunker said he was “flabbergasted” by an award named for Jeff Clawson, M.D., inventor of the Priority Dispatch System (PDS), and co-founder of the NAED. The award is given annually to an individual who has made a significant contribution to the emergency dispatch profession.

“I know of so many others to recommend,” Bunker said.

Bunker’s co-recipients are Gordon Deans, executive director, Maryland Emergency Number Systems Board; and Greg Mears, M.D., EMS medical director for North Carolina and executive director of the EMS Performance Improvement Center.

Gordon Deans’ acceptance of the Academy’s Award was every bit as reciprocal in tone as if it happened yesterday, like it does to somebody, in some place, every day.

He has made significant contributions to emergency dispatch, whose dedication is demonstrated every day as they take emergency calls for help.

“These are the people who continue to lead the way,” he said.

Mears, FACEP, likes collaborative interaction to achieve best practice standards. He likes to compile and provide information targeting and improving the emergency medical system in ways—often unique—that make him an innovator and facilitator.

Deans acknowledged Harford and Prince George’s counties for their efforts in “taking their systems to a higher level” and, also, the dispatchers in the state’s 22 other PSAPs.

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Seriously injured patients rely on you to give the best medical attention and care. To do that, you need knowledge, experience and the proper tools. That’s why the Centers for Disease Control and Prevention (CDC) has released the widely endorsed *Field Triage Decision Scheme: The National Trauma Triage Protocol* to help EMTs and paramedics choose the best transport destination for trauma patients. Designed in partnership with other leading organizations and experts in injury care, the Decision Scheme has been published in the prestigious *MMWR Report & Recommendations*. It’s a valuable tool that can help your EMS system save lives.

Your newest trauma tool isn’t in here.

Get a free copy of the *Field Triage Decision Scheme: The National Trauma Triage Protocol*, the *MMWR* and other free resources at www.cdc.gov/FieldTriage
Six-year-old Emily and her four-year-old sister Riley skip around a room off the main banquet hall on the third floor of the Marriott Waterfront Hotel in Baltimore, Md.

“It’s a big day for the girls,” explains their mother, Kristytna Stunkel, who lives with her parents and two children in Parkville, Md. “I think they’re doing really well.”

The two girls had momentarily finished a lunch of chicken nuggets as the United Nations peacekeeping mission gone horribly awry.

After all, the girls had their own heroes bringing them to the same stage just prior to Eversmann’s introduction. They received the 911 Heroes Award from 9-1-1 For Kids during the closing luncheon at the Navigator 2012 conference.

“I believe they saved me from a life-threatening situation,” said Richard “Poppy” Forstner. “If they hadn’t been there, things could have turned out much differently.”

“Poppy” had fallen down in the bathroom, wedging himself next to the bathtub. Hearing his cries for help, Emily broker from her play to find her beloved grandfather trapped and she was too little to help.

“She asked if I was OK,” Forstner said. “I told her, ‘No. I was hurting’.”

Emily grabbed her sister Riley and together they got a plan into action. Riley pushed the three numbers 9-1-1 on the cell phone and Emily talked to the dispatcher answering the call at the Prince George’s County (Md.) Public Safety Communications Center. The center to do the same, whether it’s achieving single, double, or triple ACE status.

“Forstner said. “I told her, ‘no.’ I was too little to help.”

Help was on its way. Riley pushed the number to call in an emergency. “I am very proud of them.”

Col. Luis Carlos Wilke was proud to take the stage at Navigator 2012. You could tell by the way he moved to the front, walked the few steps to the podium, and adjusted his tie while translator—Rogerio Rigatos—adjusted the mic.

“Good morning,” Col. Wilke said in his native Portuguese language. “What you have done here has allowed us to put humanities’ emotional context into our center and, at the same time, given us a protocol that has improved our response time.”

As the general manager of SAMU-192 do Município de SÃO PAULO (the 192 being the number to call in an emergency), Col. Wilke said he was honored to take “is box” during the Accredited Center of Excellence (ACE) presentation held on Wednesday, April 18.

They know calling 9-1-1 isn’t a game but something very important for helping their mom,” Donna said.

The girls took the award in stride, every bit as much as they did the arrival of emergency crews following their phone call. “When I came in, they were with a county police officer doing crafts,” said Grandma Forstner, who rushed home from radiation therapy upon hearing of the emergency. “I am very proud of them.”

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Prince George’s County processes over 15 million 9-1-1 calls per year and coordinates dispatching for the police department, 47 fire stations, nine municipal police departments, and the sheriff’s department. “We’ve always been a center of excellence and this proves it,” Flaherty said. “We’ve worked hard to get where we are today.”

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“Because of these protocols and the staff at their centers for achieving the Twenty Points of Accreditation in all three disciplines,” Flaherty said. “We’ve worked hard to get where we are today.”

Col. Luis Carlos Wilke

Johnston County E-9-1-1 Communications receives more than 14,000 calls per month with an average of over 11,000 calls dispatched. The agency dispatches for 24 fire departments, 16 first responder units, 12 rescue stations, 10 municipal police departments, and Johnston County animal control.

Dale announced 48 re-accreditations and 15 first time ACE accreditations; with the addition of Johnston and Prince George’s counties, there are five centers in the world with triple accreditation. Accreditation must be renewed every three years. The first ACE was awarded to the Albuquerque Fire Department in 1993 and since then, 160 centers have been accredited.

New To The Club

Sister Act
Award honors two girls for helping grandpa in an emergency
Rarely a day goes by without at least one burglary alarm sounding.

By Jaci Fox

A typical shift in a communications center would not be complete without receiving at least one call concerning a burglary/intrusion alarm. An estimated 32 million security alarm systems have been installed in the United States, with roughly 3 million new systems added each year. Sixty percent are installed in residences and the rest in commercial and institutional properties.1 Considering these figures, it’s little wonder that dispatch for these alarms can comprise 5–10% of a center’s total annual call volume and rank among the highest uses of police resources because of the high percentage of false alarms.

The Police Priority Dispatch System™ (PPDS®) has an efficient way of managing these calls Chief Complaint Protocol 104 Alarms. Protocol 104 defines alarms as: ‘Physical hardware installed at a given location to monitor burglary, robbery, medical, fire, hazardous materials, panic, or distress situations. Alarms may be monitored by an alarm company or may make local notifications only.’ Several types of alarms require the response of law enforcement, including: audible, burglary/intrusion, holdup/panic/duress, telematics, vehicle, and visual alarming: audible, burglary/intrusion, holdup/panic/duress, telematics, vehicle, and visual.

Audible alarms

Audible alarms can emit continuous, intermittent, or specialty sounds—chimes, chirps, warbles, and sirens—which are a relatively recent innovation used to attract attention in a world increasingly overrun with audible technology. Audible alarms are used throughout several industries; for example, in radiography, these devices are used to reduce the likelihood of accidental exposures by alerting personnel of radiation levels above a preset amount. Audible alarms are also used to deter car thieves.

Burglary/Intrusion

According to the Federal Bureau of Investigation (FBI), burglary is the most common threat to our homes. Statistics released in December 2011 in the FBI’s Preliminary Semiannual Uniform Crime Report indicate that the number of property crimes—burglary, larceny-theft, and motor vehicle theft—decreased 3.7% compared with figures from the first six months of 2010.2 But that doesn’t mean burglary is a crime that will soon disappear.

The optimal time for burglary depends on the property: Most (62.4%) residential burglaries occur during the day, between 6 a.m. and 6 p.m.3 when the resident is out of the home. Generally, residential burglary rates are highest in August and lowest in February, although factors such as weather and location do influence the rate. In non-residential burglaries, the higher percentage (58.0%) of incidents occurs at night after the building has been vacated for the evening.4

Single-family detached houses, compared to other types of residential settings, are more often the attractive targets—with greater rewards—and are more difficult to secure because they have multiple access points. Only about a quarter, 23%, involve initial entry through a first-floor window, while another 22% involve access through the back door. Overall, businesses are four times as likely to be burglarized as homes, and small businesses are targets in more than half of the commercial burglaries committed.

In the absence of an on-site security patrol, businesses and residential property owners put their money and trust into home/commercial security systems, selecting the type based on the level of protection that fits the buyer’s needs. A burglary/intrusion alarm system is activated to monitor motion when premises are vacated. The alarm is triggered at an attempted entry or when motion is detected from inside the empty building. Alarm systems may utilize different technology to detect intrusion or motion in the building.

A basic burglar alarm system is built into doors and windows and other points of entry. The more points of entry armed with detectors, the higher the cost of the system. If a security company is monitoring the system, a simultaneous alarm alert is sent via a phone line or wirelessly.

More sophisticated and costly systems include intrusion detection devices in addition to other features such as security bars, glass break detectors, outside motion detectors, heat and air monitors, security cameras, communications systems, and a siren system. Various technologies can be used to detect entry such as passive infrared detectors that detect body heat, photodetectors that sense obstructive targets, passive infrared detectors, ultrasonic detectors, and audio sensors to detect frequency changes, or microwave detectors that monitor energy shifts.

Business or home owners can also set up a closed-circuit TV monitoring system allowing them to call for assistance while actually monitoring the intrusion in real-time.
Alarms go off for all sorts of reasons. No matter the cause, each false alarm requires approximately 20 minutes of police time, usually for two officers.

False alarms

Not every alarm alert identifies a crime in progress. According to a report by the U.S. Department of Justice (False Burglar Alarms 2nd Edition), police responded to about 30 million alarm activations in 2002, at an estimated annual cost of $18 billion. The vast majority of alarms calls—between 94% and 98%—are false. False alarms can malfunction due to storms, high winds, power outages, animals, tampering, heating cycles, water contact, or operator error. No matter the cause, each false alarm requires approximately 20 minutes of police time, usually for two officers.

Many jurisdictions charge a fine for a service call in cases of a false alarm. For example, in Salt Lake City, Utah, a system of fines to reduce the number of false holdups, duress, and panic alarms. In the United Kingdom, a combined approach of fines, eventual loss of police service, and device reengineering is used to reduce technology-related false alarms. Jurisdictions trying to recoup costs, however, generally omit the lost-opportunity costs (when time, usually for 20 minutes of police time, is spent on an alarm that is false, the value can be hard-wired or wireless, fitted in a fixed location (such as under a desk or adjacent to a door), or carried by an individual. They can even be worn as a pendant. They can be silent or emit an audible alarm. A panic button can relay a signal to an alarm panel and can be monitored for response.

Telematics/Vehicle alarms

Telematics is a type of alarm system “that supports two-way communication with a vehicle for the collection or transmission of information,” according to Protocol 104. For example, the OnStar brand of telematics is incorporated into a vehicle’s electronics, and a specific button alerts an OnStar operator who asks about the problem and arranges the appropriate response. Currently, OnStar operators use the Medical Priority Dispatch System® (MPDS) to process medical emergency calls.

An anti-theft device in a vehicle relies on loud audible sounds (a siren, klaxon, pre-recorded verbal warning, the vehicle horn, or a combination of all these) activated when the door handle is forced or significant amount of vibration or shock is applied to the vehicle. The noise is designed to act as a deterrent by attracting significant attention to the vehicle. Unfortunately, as with other alarm systems, it’s not always thieves tripping the alarms. A variety of car alarms are false alarms triggered by trucks passing the parked car or glitches in the car’s electrical system.

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The “seven D’s” describe a process to facilitate quick and definitive stroke treatment: detection, dispatch, delivery, door, data, decision, and drug.6

Two types of stroke:

1. Ischemic stroke occurs when blood clots block arteries or by the gradual build-up of plaque and other fatty deposits. About 87% of all strokes are ischemic.
   - Hemorrhagic stroke occurs when a blood vessel in the brain breaks, leaking blood into the brain. Hemorrhagic strokes account for 13% of all strokes, yet are responsible for more than 30% of all stroke deaths.

The seven D’s:

- **Detection**: Ischemic stroke occurs when clots block blood vessels or arteries, and time is critical. The first call to authorities is essential.
- **Dispatch**: Emergency medical personnel (EMTs) can detect a stroke and alert stroke centers in an effort to expedite the treatment of stroke evidence at the dispatch level, enabling the immediate notification of the Stroke Diagnostic Tool, released in version 12i of the Medical Priority Dispatch System (MPDS).
- **Delivery**: To improve the dispatch link in stroke treatment, EMDs have collaborated with stroke centers in an effort to expedite the care of stroke patients, enabling the Stroke Diagnostic Tool “nearly every day” she is working at the Great Western Ambulance Service (GWAS) NHS Trust communications center in the UK. Prior to the tool’s release, the calltakers relied on the caller’s ability to “tell us the patient was having a stroke.”
- **Door**: The “seven D’s” of stroke treatment: detection, dispatch, delivery, door, data, decision, and drug.
- **Data**: EPIC (Emergency Priority Information Collection) is a standardized, evidence-based approach to improve the incidence and outcome of stroke, particularly during the first four hours of stroke. The time of symptom onset is the most critical predictor of the risk of stroke.
- **Decision**: Immediate notification of the Stroke Diagnostic Tool was started within 14 minutes of the call.
- **Drug**: Thrombolysis therapy is used to dissolve blood clots and restore blood flow to the brain. The “seven D’s” are a tool to describe the process that should be carried out to facilitate quick and definitive stroke treatment: detection, dispatch, delivery, door, data, decision, and drug.6

Stroke Diagnostic Tool

Overall, the Chief Complaint of “strokes” accounts for about 1%-3% of all MPDS cases. In comparison, Protocol 10: Chest Pain (Non-Cardiac) accounts for about 9%, Protocol 6, Breathing Problems, about 14% and Protocol 26: Sick Person (Specific Complaint) about 10%. Though Protocol 28: Stroke (CVA) is less commonly used than other protocols, learning when and how to use Protocol 28 and the Stroke Diagnostic Tool is essential. First, the EMD must select the correct Chief Complaint Protocol based on the caller’s complaint description. If the caller solely describes a priority symptom in the patient—such as “not breathing”—Protocol 28 is not an appropriate Chief Complaint selection. The protocol for breathing problems should be used instead. When brain cells die during a stroke, abil-
that when the caller volunteers that the patient is “barely breathing,” “fighting for air,” “turning blue or purple” etc., at Case Entry, the EMD should use the appropriate ECHO-level Determinant Code (2, 6, 9, 11, 15, 31) as these situations warrant extreme conditions of breathing. Protocol 28: Stroke (CVA) is not an ECHO-level Protocol and should not be used for patients in need of rapid, critical breathing interventions. However, if a caller describes “difficulty breathing” in combination with a primary complaint of “stroke,” the foremost symptom is considered to be stroke, which is best handled on Protocol 28. These very different situations are generally easy to tell apart. Callers for patients with INEFFECTIVE BREATHING nearly always voice this as the initial complaint description, whereas patients with a primary complaint of stroke sometimes have a secondary complaint of abnormal or difficult breathing.

If a stable stroke patient develops INEFFECTIVE BREATHING during Key Questioning on Protocol 28, the EMD should consider the Stroke Diagnostic Tool “NOT COMPLETED,” send the appropriate response, and immediately proceed to the proper DLS Link (ABC-1). The initial presence of INEFFECTIVE BREATHING is a clear contraindication for the selection of Protocol 28: Stroke (CVA) and, therefore, the administration of the Stroke Diagnostic Tool. In addition, patients with critical priority symptoms are very unlikely to qualify for stroke center triage or thrombolytic care.

Another source of confusion involves the fact that the complaint of “stroke” is actually a diagnosis, rather than the more commonly understood complaint of stroke, or EMSs receive. Stroke and diabetic situations are the two sole Chief Complaints in the MPDS that are diagnosis based, and are so because of their high degree of reliability. The primary complaint of stroke is most often associated with stroke symptoms, probably because the general public is familiar with these symptoms that are very unique to stroke, especially sudden loss of function on only one side of the body.

Response to stroke patients
The Academy’s Council of Standards evolved and approved the Stroke Diagnostic Tool in an effort to better recognize the evidence of stroke early in the EMS response, not only to enable early hospital notification in the interest of safety, resource management, and patient care.

Accuracy
Several studies point to the accuracy of the Stroke Diagnostic Tool, as illustrated with the two following examples.

A retrospective observational study conducted in San Diego and published in Prehospital Emergency Care (July–Sept. 2008) assessed EMD stroke identification accuracy when using the MPDS Stroke Protocol against the accuracy of paramedics using the Cincinnati Prehospital Stroke Scale (CPS). Comparing data captured from CAD, a computerized data record database, discharge and billing records, and a stroke registry, the study concluded that EMDs using the MPDS Stroke Protocol with high compliance had a higher sensitivity than paramedics using CSS.

A retrospective chart review (hospital and emergency medical services) in North West England and published in the International Journal of Stroke [March 2012] compared key indicator words used by callers reporting suspected stroke against the subsequent category of response sent by the EMD. Results showed that callers who contacted emergency medical services for suspected stroke and actually said “stroke” as the first reported problem (complaint description) were often correct. Calls categorized as “stroke” by the emergency medical dispatcher were commonly confirmed as stroke in the hospital.

Sources
5 Younkin H. 35. Minnesota Stroke Council. Minnesota Stroke Council Code: the general recommendation is an ALS response varied from HOT for “Not Alert” or “Abnormal Breathing” codes, to a COLD ALS response for those without priority symptoms. First responders are not recommended for any of the stroke Determinant Codes. However, some systems send first responders on the C-1 and C-2 codes. These local response options are important to this discussion because, although some agencies choose to limit response options by Determinant Level (e.g., sending the same response to all codes within a given level without specific regard to Determinant Descriptor or Suffix), many other agencies utilize the protocol’s inherent design by assigning specific responses to the vast array of distinctions available. Indeed, for many MPDS users, varied response based on Determinant Descriptor and Suffix coding is used in the interest of safety, resource management, and patient care.

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Answer the test questions on this form. (A photocopied answer sheet must be received no later than 06/30/13.

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

City and mail your completed answer sheet along with the $15 fee and a copy of your business license.

The National Academies of Emergency Dispatch
139 East South Temple, Suite 200
Salt Lake City, UT 84111 USA
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Phone: (801) 359-6916
Fax: (801) 359-6916

Public Safety Dispatcher (check all that apply)

Medical __________ Fire ________ Police _______

Paramedic/EMT/Firefighter

Comm. Center Supervisor/Manager

Training/Coordinator

Public Safety Dispatcher/Chief

Medical Director

Commercial Vendor/Consultant

Other

ANSWER SHEET MEDICAL

May-June 2012 “Stroke Off”

PLEASE mail your answers in the appropriate box below.

1. A A B A C D

A Protocol 28: Stroke (CVA)

B Protocol 31: Unconscious/Flashing (Narcolepsy)

C Protocol 9: Cardiac or respiratory Arrest/Death

D Protocol 8: Breathing Problems

2. A 1.4% to 2%

B 35%

C 50%

D recent use of drugs or alcohol

3. A geographic location.

B a combination of factors.

C the prevalence of a seafood diet.

D its proximity to tomato alley.

4. A previous stroke history

B history of diabetes

c time of symptom onset

d recent use of drugs or alcohol

5. A 4

B 9

C 12

D 16

6. A true

B false

7. A true

B false

8. A unconscious but breathing patients should be cared for using:

B Protocol 28: Stroke (CVA)

C Protocol 31: Unconscious/Flashing (Narcolepsy)

D Protocol 9: Cardiac or respiratory Arrest/Death

E Protocol 8: Breathing Problems

9. The initial presence of INEFFECTIVE BREATHING is a clear contraindication for the selection of Protocol 28: Stroke (CVA) and, therefore, the administration of the Stroke Diagnostic Tool.

A true

B false

10. The Academy’s Council of Standards evolved and approved the Stroke Diagnostic Tool:

A in an effort to better recognize the evidence of stroke early in the EMS response

B to enable early hospital notification in the interest of prompt and effective patient care

c as a study methodology to measure and improve the outcomes of stroke patients

d all of the above

A B C D


E-mail ________________________________

Country ____________________________

Address ____________________________

City ____________________________ St./Prov. _____________

Phone ______________________________

Daytime phone _______________________

Name ______________________________

Medical Director

Training/QI Coordinator

Paramedic/EMT/Firefighter

Public Safety Dispatcher

Instructor

Comm. Center Director/Chief

Medical Director

Commercial Vendor/Consultant

Other

THE JOURNAL 1 emergencydispatch.org

May 2012 43
Christine Curley put her dispatch CPR skills to work on an airplane 20 minutes after departure.

"What could I do?" asked Curley. "I can help." She did. "Did I mention that I hate to fly?" Curley said. "It’s a good feeling to know I can help." Fortunately, Curley’s never at a loss for talk about the profession. She unbuckled her seatbelt. The part of her past Curley doesn’t like to talk about was the time a dispatcher gave her the man CPR. "I’m just awestruck by them," Gordon, 56, said as he started his usual overnight shift in the command center. "It’s like seeing the force of nature at its most powerful. All you can do is hope it passes quickly and without people hurt." Gordon has handled every emergency call on the spectrum, but most of the over-high-velocity twisters have come his way. That’s OK because he has “kind of a thing” for tornadoes—in part because tornadoes were his home base. "The ambulance got there in five minutes," Gordon said, "and the man was already dead. He wasn’t breathing," Curley said. "He was unconscious. He was almost blue. It was too loud to hear if he had a pulse."

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"What could I do?" asked Curley. "I can help." She did. "Did I mention that I hate to fly?" Curley said. "It’s a good feeling to know I can help." Fortunately, Curley’s never at a loss for talk about response, even when the things she likes the best happen to converge on the same spot, and that’s just what happened. Curley was on an airplane, 20 minutes out of Seattle, Wash., on the first leg of a flight back to Atlanta after visiting her brother at an Army base in Fairbanks, Alaska. She was settled in her seat, keeping calm, and looking forward to arriving home. That’s when the announcement came over the PA system. A flight attendant asked if anyone on the plane knew CPR. A passenger was in trouble. "What could I do?" asked Curley. She couldn’t find incompetence. She was seated right behind the passenger in trouble. She’d given bystander CPR instructions many times over the phone during her six years in dispatch, and person-to-person many years earlier at a time it’s still hard to talk about. She unbuckled her seatbelt. The passenger was prone on the floor in the cabin reserved for flight attendants when they’re not navigating food and drink carts or otherwise assisting. "He wasn’t breathing," Curley said. "He wasn’t conscious. He was almost blue. It was too loud to hear if he had a pulse."

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The support, from within and outside the Weber County public services, has kept the center’s executive director, Tina Roylance, awake at night but it’s an emotional response seldom she doesn’t try to dismiss. “I want to be,” she said. Two days later she was back on the dispatch channel.

“Everyone that night was doing all they could,” Roylance said. “They would not want to do anything different. They’re out there for the community.”

Gibson’s husband is a police sergeant and a former member of the same narcotics strike force under attack that night. She rode alongside her husband in his squad car to the funeral procession for Agent Frantcom. Thousands, she said, lined the streets of Ogden, holding American flags as the Ogden fire truck drove by, carrying his casket to the cemetery.

“My husband has worked with these guys on scene,” Gibson said. “This is not over for those families. This will be a struggle for the rest of their lives.”

The same goes for those in the communications center.

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The same goes for those in the communications center.
Cable technician Paul Schulli couldn’t have imagined how the routine call to set up a new high definition TV box would turn out like a scene from a movie with him cast in a supporting role, working to save a stranger’s life.

The day started simple enough as Schulli arrived at the home of David and Marianna Sibley on Dec. 20 in Langley, British Columbia, Canada. But as he was setting up, 79-year-old David, who was pointing out where the box would go, wasn’t feeling so well. He slumped over and, fortunately, into the arms of an alarmed Schulli. Marianna, in the other room, came to investigate the commotion of an alarmed Schulli. Marianna repeated the instructions word-for-word as she continued to stay on the phone. Bishop followed up with the paramedic crews, dispatch operations. “She was frantic and was asking if she was doing anything right,” Bishop said. “That’s when I was pretty sure it was agonal breathing.”

Bishop coached Marianna in giving chest compressions but was puzzled when Marianna failed to elicit a reply after she had answered the call. He asked again, “Are you in danger?” In March 2010, Stein’s “sixth sense” and skills in deductive reasoning and questioning were put to the test in a call that lasted 32 minutes.

William Stein can hear the difference between white noise and open air. He knows when a call may be the accidental result of a phone placed in a pocket or a purse. He knows when a call may be signaling a crisis that is forcing the caller to remain silent.

“Paramedics and firefighters do this every day; they are the real heroes,” said the former dispatcher. “I was pretty sure it was agonal breathing.”

Stein provided five minutes of CPR before responders arrived and took over. Bishop followed up with the paramedics, taking it as a good sign that David was transported to the hospital. David’s pulse returned before arrival, and he was on life support for three days. He was expected to recover.

Bishop's coaching was critical to saving David’s life. "Paramedics and firefighters do this every day; they are the real heroes. I wasn’t about to just let someone else’s husband, dad, brother die in front of me. I just did the best I could!" Schulli has been nominated for the Vital Link Award through the BCAS for his role in helping to save David’s life.

Schulli told Bishop he was gapping for air. "She really started to panic when he started changing colors," Bishop said. "That’s when I was pretty sure it was agonal breathing.”

“Do you know how to listen to the difference,” said the former dispatcher for Prince George’s County (Md.) Public Safety Communications Center. "A pocket call isn’t open air.”

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Bishop coached Marianna in giving chest compressions but was puzzled when Marianna repeated the instructions word for word as she continued to stay on the phone. She was relaying the instructions to Schulli. Bishop followed up with the paramedics. "She’s a bit embarrassed by all of the praise. I don’t think of myself as a hero," he said. "Paramedics and firefighters do this every day; they are the real heroes. I wasn’t about to just let someone else’s husband, dad, brother die in front of me. I just did the best I could!”

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Cable technician’s job turns lifesaving

All In A Day’s Work

Where there’s a Will, there’s a way

Cable Ready EMR Robyn Bishop provided CPR instructions to a cable technician making his rounds at just the right time.
Red Means Go
Nothing new about taking a traffic risk

Audrey Fraizer

Most drivers concede the danger, but every once in a while they’re willing to take the risk.

At least, according to a 2010 telephone survey by the AAA Foundation for Traffic Safety, which found that 93% of drivers answered “unacceptable” to going through a red light or stop sign if possible to stop safely; although one third admitted doing so in the past 30 days. Running a red light or rolling through a stop sign are easily the most common violations associated with traffic control signals.

Obviously, the consequences can be tragic. Each year in the United States, running red lights kills nearly 1,000 drivers and pedestrians and injures another 90,000. According to the Fatality Analysis Reporting System, there were 13,627 cars involved in fatal automobile accidents caused by running a stop sign in 1999 and 2000. Accidents resulting from rolling stops are highest in rural areas, at the crest of hills, and at night.

Just think of the days before traffic signals and before dispatchers had the protocol to send response or answer complaints about hazardous driving. One hundred years ago, there were 13,627 cars involved in fatal automobile accidents, and before dispatchers had the protocol to respond or answer complaints about hazardous driving. One hundred years ago, 2.5 million people were registered to drive. Hazardous driving, one hundred years ago, was an accident, patrolmen walking the beat would settle it.

A lack of laws and enforcement meant taking life into your own hands, whether behind the wheel or on foot. In 1915, nearly 35 people were killed for every 100 million vehicle miles of road travel; the number has since decreased to about 15 fatalities per every 100 million vehicle miles of road traveled in 2006.

In Salt Lake City, a former law student hired for the newly created position of traffic officer knew there had to be a better way to protect travelers and keep officers from getting accustomed to the system. Two months later, Wire took his traffic safety campaign another step further by getting the city council’s OK to install red and green signals and blast emergency vehicles’ semaphores at five busy intersections in downtown Salt Lake City. When a fire alarm was received, the person behind the main desk at the fire department pushed a button to activate the semaphore’s horn and metal “fire” arm. At the close of three minutes, a period of time considered sufficient for all apparatus to pass through the point, the arm returned to position, and the horn ceased blasting. At night, a red light flashed on.

Behind the scenes, Wire was absorbed in plans to engineer an electronic traffic signal. No other city had one.

His original design consisted of a square wood box painted yellow under a pitched roof, with red and green lights manually operated by patrol officers standing in booths on either side of the road. Umbrellas placed over the top of the booths kept officers dry in wet weather and out of the sun on days the inversion from coal burning wasn’t so bad. The public was slow to accept the single traffic light placed at the busiest intersection downtown, finding it both a curiosity and a nuisance. They took to standing at the street corner taunting drivers into running the red “flashing bird house.” Salt Lake City drivers were probably the country’s first when it came to running red lights by refusing to wait for the “birdie” to come out of the box.

The public’s reception disheartened Wire; he switched to detective work. Jump ahead 12 years, and electric traffic lights were fast becoming the standard everywhere. Wire’s original birdhouse design was removed from the corner in 1926 and replaced by the invention of “iron mike,” an automatic system that relieved officers from the chore of controlling stoplights manually. Much to Wire’s consternation—or may be delight—the “flashing bird house” was gifted to a local bird sanctuary for nesting purposes, and, later, disappeared under mysterious circumstances, never to be found. A second traffic signal Wire designed incorporating a two-light system inside a smoke stack from a locomotive engine found its way to a museum display in Syracuse, NY.

Wire never profited from his traffic innovations. He died in 1958 and his wife Edith, who never lost faith in her husband’s traffic wisdom, died in 1973, leaving their entire estate to create and operate the Wire Memorial Museum. Using additional funds, the Utah State Department of Transportation (UDOT) established the Lester Farnsworth Wire Memorial Library. The specialized library in a UDOT facility includes technical transportation books and documents and original material from Lester Wire’s estate.
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