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A brief news article in this issue of The Journal mentions the defeat of a public safety bond that will affect my closest allies. On Election Day, voters in Salt Lake City, Utah, turned down a request to fund a new public safety headquarters as well as an east-side police precinct and a west-side fire-training facility. Politics aside, it appears that the $192 million price tag made residents a little jumpy. After all, the cost would carry a $175 increase in property tax on an average home valued near $300,000.

Anyone who has been inside the public safety headquarters would admit it’s time—past time—for new quarters. The building leaks whenever it rains and snows, and even when it doesn’t. The rooms are cramped and there’s no space for evidence storage. The building lacks an emergency operations center and police and fire dispatchers barely have room to set up tray tables for water bottles and other beverages they keep away from their consoles. Interviews are held in converted closets. The elevators are downright frightening. The building, though state of the art when it went up exactly 50 years ago, no longer meets the requirements of a growing city. From the pre-election polls we thought the bond would pass, and it almost did. The proposition failed by 263 votes from the 42,000 votes cast that day.

The latest word indicates the project isn’t dead. Our mayor-elect, city council members, and public service people are discussing options such as breaking the proposed package into smaller bundles phased in over a longer period of time. After all, as our Salt Lake City Police Chief Chris Burbank is quoted as saying in The Salt Lake Tribune (Nov. 21, 2007), “The need still exists.” In an earlier story, Burbank had characterized the bond as “one of the most important things we can accomplish for public safety in the valley over the next 20 to 30 years.” (The Salt Lake Tribune, Nov. 4, 2007)

I agree, on both counts.

I bring this up not to bemoan the outcome of our election but more to emphasize the need for public service facilities that meet public demand and expectation. We can still do our job commendably at the existing public safety headquarters in Salt Lake City, though not up to the standards we want for our residents. We lack facilities with up-to-date technology and operational ability.

Salt Lake City isn’t alone. There are several cities in similar growth situations that need updated public safety facilities. Like here, they also face an uncertain fate at the polls and are looking at alternative funding plans. For example, in Palo Alto, Calif., city officials are exploring plans that would avoid putting a new public safety building up for public vote. A recent survey showed that although 57 percent of voters support a new building, a bond proposition would fall short of winning the two-thirds majority needed. According to a story on Palo Alto Online, city officials are considering certificates of participation to finance the project rather than putting the bond up for vote.

The wildfires that engulfed large sections of Southern California at the end of October 2007 might have turned out even worse in terms of their destructive force on the state and its residents if it hadn’t been for the well-coordinated efforts of national, state, and local emergency service agencies and their modern facilities. A feature story in this issue of The Journal describes the efforts made by dispatchers from several of the Southern California communications centers directly involved in responding to the wildfires. Not only were most of these dispatchers and their supervisors working extended shifts—very long hours and often staying overnight—but also several on staff worked through the anxiety of not knowing whether their homes would still be standing once they got through with their public service to the community. Charlie Knust, communications manager of the North County Dispatch JPA (Joint Powers Authority) in San Diego, Calif., spent 72 consecutive hours at his center, and yet his emphasis...
Alcohol Overdose. Why isn’t there a specific determinant?

Jeff Clawson, M.D.

Rawlin Sowell of the Woodland Park Police Department (Colo.) asks:

Why isn’t there a specific determinant code for an overdose of alcohol? After all, it is a frequent call and there are determinants for many other types of drugs that are ingested.

Rawlin:

This is actually an age-old question that has trickled in for almost 30 years and involves two issues.

Alcohol as an overdose is not necessarily uncommon but may not come in reported as such. There are not really any special considerations or treatments so it is lumped into the generic group and not given its own determinant code. Level of consciousness (LOC) is the key concern for assessment. Once the patient becomes not alert or unconscious, any information from the patient may be difficult to obtain, such as other medications taken or concurrent medical problems, etc. These patients, when the cause of their condition is initially unknown, will generally be coded into either Protocol 26 or 31 depending on their condition. A gain, the LOC will drive the level of coding in these cases.

We have specifically avoided having any “alcohol” pigeonholes in the MPDS® since these would be heavily abused by calltakers when dealing with patients reported to be “drunk.” While true drunks are the bane of public safety, the ability to sort out who is only drunk vs. drunk with medical problems, drunk with diabetes, drunk with internal injuries, drunk with subdural hematomas, drunk with hemophilia (actual local case—and botched release at scene death—in the ’70s) is difficult for field responders and even ER personnel, much less dispatch. Without Dr. Whatshisname’s Tricorder diagnostic tool on Star Trek, we must basically “eat” these patients and let the ER sort them out—as much as they hate doing it. Not our call. Sometimes in the ER, the traditional well observed “sleeping it off” treatment is the only diagnostic that works—and it takes hours.

In addition to Dr. Clawson’s comments, Brett Patterson, the Academies’ Council of Research chair, has also provided some input at the Doc’s request:

I would only add that there is no “diagnosis” more eagerly sought by callers, EMDs, and field personnel than “s/he’s drunk.” Pure alcohol overdoses do occur and are confirmed by a physician with the help of a lab. However, the MPDS® is symptomatically designed to determine pre-arrival and response need. In this case, to be safe, my bet is on the ER physician.
Dispatch progresses

Audrey Fraizer, Managing Editor

The Last Page First column reminisces over the early days of the National Academies of Emergency Dispatch (NAED), when conferences attracted far fewer than the 1,000+ in attendance at today’s NAED conference. “Captain Kirk” Shatner of Star Trek fame and Dr. H. Emily H. umlich were among the celebrated guests at the second conference held in 1989.

The journals that provided coverage of conferences held in past decades were four-page newsletters crammed with stories from the field as well as updates about Dr. C. Lawson’s emergency medical protocol and the state of the emergency service industry. Rob Martin, executive director of the NAED before moving over to become executive director of the National Emergency Number Association (NENA) and most recently a consultant for a W ashington, D.C., based firm, was the NAED news staff. He wrote, edited, and took photos for a publication that hasn’t stopped going to press for its now 50,000+ members over the past 18 years.

I find it easy—and always enjoyable—to lose myself while looking into the past. Make it a perceived simplicity that everyday life was far less stressful before the advent of instant messaging and the potential for constant and uninterrupted contact. Make it that’s true. Make it there was less stress, just as long as your life didn’t include an emergency that needs the fast response we expect today.

This issue of The Journal is a study in contrasts. In their own way, the articles show the strides made in 9-1-1 services and the dispatch profession over the past several decades.

On the forefront of what’s recent, we feature a long story about the wildfires in late October that destroyed thousands of acres in Southern California. The fires, although disastrous, also provide a good look at the way national, state, and local public safety agencies worked together to keep overall property damages and the number of deaths to a minimum. We spoke with dispatchers who spent hours in overtime taking calls, with many catching up on their rest in dormitories at the communications centers. Charlie Knust, communications manager of the North County Dispatch JPA (Joint Powers Authority) in San Diego, Calif., spent 72 hours at his center when wildfires were threatening that section of the state. He went the first 40 hours straight without sleep.

It’s good to know that urgent help is there when needed.

Reaching into the past, we found stories that describe the early days of emergency service communications. In the Your Space section, we feature dispatcher Linda Boe, who has been answering 9-1-1 calls for over 30 years in a progressively less rural Montana. Her first job in the business included not only taking 9-1-1 calls but also making reservations for the hotel where the rough and ready comm. center had been located.
What could be more important than protecting our children?

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.

CEO Overview Course

9-1-1 Communication Center Managers and Directors are invited to apply to attend the two-day overview course held at the National Headquarters of NCMEC in Alexandria, VA. Courses are conducted approximately every six weeks at no cost to participants.

For more information, visit www.missingkids.com/ 911 or email 911@ncmec.org
Trinidad and Tobago is best known for its annual Carnival celebrations, which occur at the same time as Mardi Gras in New Orleans (La.). Once a year, the streets of Trinidad and Tobago look like the streets of Rio de Janeiro and New Orleans: no one stays inside because everything’s happening outside. Riotous music, colorful costumes, food, and drinks are the order of the day for everyone!

This is exactly the opposite of what happens inside the communications center of the country’s national ambulance service. In there it is calm, voices are level, and the atmosphere is subdued. The calls coming in, however, reflect another story. For the communications center in Trinidad and Tobago, Carnival is the busiest time of year.

Welcome to the world of EMS as practiced there by the EMTs and dispatchers of Global Medical Response of Trinidad and Tobago (GMRTT), the country’s national EMS service. Its 32 ambulances, 231 EMTs, and 25 dispatchers (all certified as EMDs and many as EMD-Qs) serve a population of 1.3 million over an island that covers 1,980 square miles.

The communications center is a central point for dispatching in this operation, and the dispatchers who work there admit that dispatching has come a long way since emergency medical services were first offered in Trinidad and Tobago. In fact, they are so gung-ho about their achievements that becoming an Accredited Center of Excellence (ACE) is certainly in their plans for the future.

The history of EMS in Trinidad and Tobago

In Trinidad and Tobago, the history of emergency medical services is as varied as in other countries. Prior to the development of a dedicated EMS ambulance service in 1999, emergency medical transportation was provided by ambulances on duty for each of the various hospitals, Red Cross Society, and fire services. The introduc-
The evolution of the GMRTT communications center

Prior to GMRTT’s operation of Trinidad’s EMS management, the communications center faced several limitations, particularly in the area of technology. But GMRTT changed all that.

In December 2005, just two months after the start of GMRTT-managed operations, a computer-aided dispatch (CAD) system was installed and built according to specific technical requirements. ProQA® and AQUA™ were implemented soon after the CAD arrived.

Keston Joseph, a dispatch supervisor, wonders how the center survived before the advanced technology.

“The job can be stressful, so having technological assistance helps to make taking a call so much calmer, and we can see the difference,” he said. “Patients’ relatives call to thank us afterward. They appreciate how our responses are measured and this helps to calm them down. It provides much more to the public than what we worked with prior to GMRTT.”

Warren Wilshire, also a dispatch supervisor, is a big fan of the AQUA software.

“With AQUA we can monitor our own performance and see where we need to correct ourselves,” he said. “It constantly keeps us aware of what we are doing and saying on the telephone to the callers.”

The center’s collected statistics indicate that GMRTT receives more calls for chest pain and difficulty breathing than any other problem. However, communications center personnel also receive their fair share of emergency childbirth calls, and almost all dispatchers have delivered babies with the assistance of ProQA.

“We get some interesting calls,” said Ria Roberts-McLetchie, a dispatch supervisor. “In addition to the emergency childbirths, we get calls for cases of accidental ingestion of poisonous substance at schools, and there was one call recently that resulted from a religious ritual gone awry. We approach each call with the same professionalism and calm demeanor. It would only detract from the patient care if we didn’t.”

The drive toward ACE

Last year GMRTT began its drive toward becoming an ACE and the center is now in the process of reviewing its systems and protocols to achieve that status in the near future.

We approach each call with the same professionalism and calm demeanor. It would only detract from the patient care if we didn’t.

—Ria Roberts-McLetchie, a dispatch supervisor

The anticipation of ACE status is great news around the center.

“Everyone’s enthusiasm for the job has increased since the various technological and physical upgrades began in October 2005,” said Andrea Alexander, a dispatch supervisor.
A State of Firsts. Kent County is first in Delaware to go double ACE

By Audrey Fraizer

The Kent County Department of Public Safety (Del.) is in a race it keeps winning in a state known for its first place distinctions.

Chief among Delaware’s first place honors—and as Revolutionary War history buffs know—is that it’s the first state among the original 13 to ratify the Constitution of the United States. As the story is told, Pennsylvania was the first of the 13 states to hold a convention after the document was signed in Philadelphia; however, delegates from Delaware were faster to the draw and unanimously ratified the document during a gathering on Dec. 7, 1787.

A lesser-known first fact, but one known in the public safety world, is Delaware’s first among the entire United States to require all EMD agencies to be accredited through the National Academies of Emergency Dispatch® (NAED).

Like its state, Kent County is determined to rank among leaders. In 2000, the Kent County Department of Public Safety became the first center in Delaware to achieve status as a medical Accredited Center of Excellence (ACE), and this past November they became the first in the state to do the same for fire.

The new distinction—a fire ACE—was achieved on Nov. 29, 2007, almost seven years to the day that they received approval for the medical ACE (Nov. 30, 2000). The department is now among six centers dually accredited as medical and fire ACEs.

ACE is natural progression

The way Kevin Sipple sees it, the fire ACE was a natural progression.

The emergency communications administrative officer said they were the first in the state for EMD, so why not go the same route in EFD?

“It was a challenge,” he said. “There are not many centers that have done this, so we went for it.”

Aside from a naturally competitive edge and the coinciding drive, Sipple said everyone from the agency shares an understanding of higher standards for public safety and efficiency. The department is made up of a tight-knit group of predominantly volunteer firefighters who each found their way to the communications center because of their interest in public service. Sipple, for example, comes from a long line of firefighters. His dad and three uncles were all fire chiefs and Sipple walked in their footsteps as he spent five of the nearly 24 years he has volunteered for the Felton Fire Department as its fire chief.

The accreditation also confirms their reasons for all of the hard work the process requires, especially the fact finding steps in the Twenty Points of Accreditation.

“We feel our division provides an outstanding service to the citizens and visitors of Kent County,” said Sipple. “To have the Academy recognize our division validates our opinion, locally and internationally.”

Goal takes teamwork

Like the first goal—achieving medical ACE status—the second goal—achieving fire ACE status—took teamwork. The fire ACE was not simply a shoo-in just because they had gone through the same process.

“Knowing what to expect didn’t make it easier,” said Sipple.

Experience did play to their advantage though and, Sipple said, so was once again working with Carlynn Page, NAED associate director. The two met at the first
Navigator Conference held in 1998 at the Snowbird Resort in Salt Lake City, Utah.

“From the first meeting she pushed accreditation,” he said. “She’s been a helpful hand ever since.”

The second ACE meant a second round of completing the Twenty Points of Accreditation, sending the documentation and application to the NAED for review, and scheduling the on-site visit with a representative from the Academy’s Accreditation Board. Because of the call volume, which determines the auditing load, Sipple had the daunting task of auditing 25 cases each week as required by the NAED. A bout the only point that was almost the same as the medical application was Point No. 1: Communication center overview and description. But looking into the future, demographic shifts may even change that.

Kent County keeps growing

Kent County’s demographics, however, have changed substantially over the past several years. A population of 126,700 recorded in 2000 has since grown to 145,000 residents. The once small, grain-farming region that was founded in the 18th century has evolved into an agricultural and manufacturing mix that is, at the same time, turning into an upscale bedroom community because of its proximity to major cities such as Philadelphia, Pa.; Baltimore, Md.; and Washington, D.C.

Major landmarks the public safety center serves include: Dover Downs Speedway, the complex of museums and historic sites reminiscent of Revolutionary War days, local colleges, and the Bombay Hook National Wildlife Refuge. According to the Kent County Website, visitors can find Amish buggies on city streets, delicate shorebirds and giant C-5 Galaxy military cargo planes, quiet museums and exciting NASCAR races, arts and antiques, Colonial history, slots, and harness racing.

The place is bustling, which translates into an increasing demand on the department of public safety. But did that stop them? Of course not, said Sipple.

ACE is motivating

“We’re motivated by what ACE means,” Sipple said. “The accreditation of our dispatch operation is a confirmation of our professionalism, commitment, and service to the citizens of Kent County.”

It also helps to keep your eye on the goal. Whatever you do, Sipple cautions, don’t give up.

“The benefits are phenomenal any time you validate that your dispatchers are providing a service to a level that’s international,” he said.

There, from the start

Shift Supervisor Danny McLaughlin has been involved with the ACE process from the start—both times. He started with the department 14 years ago when dispatchers answered calls using a self-styled flipchart to respond to their callers.

“Someone would call and depending on who answered here, that’s how the call would go,” he said. “If someone wasn’t comfortable about the situation, the call would be handed to another dispatcher they thought had the better experience.”

That meant Mclaughlin, for example, might be given the calls requiring CPR since he had gone into dispatch with four years under his belt as a volunteer firefighter with the Harrington Fire Department. He was also a nationally registered emergency medical technician (EMT), and still is, so he felt confident relaying CPR instructions before the official EMD protocol arrived.

Yet, he says, he was glad the day the center did graduate to the Medical Priority Dispatch System (MPDS) protocol. It not only meant that he no longer handled giving CPR instructions, but more importantly he said, “The protocol put everyone on the same page. You knew exactly what to ask and what instructions to give.”

Carlynn Page needs your help.

The NAED associate director wants more states to mandate the use of emergency protocol and certification similar to states like Alaska, Delaware, Illinois, and Maine. That takes the combined efforts of dispatchers, public safety officials, and their state legislators.

“There are so many professions that require state certification before a person can practice and yet, most of them don’t involve the life and death situations dispatchers answer to every day,” Page said. “That amazes me. We’re in a profession where there are lives at stake and some states don’t seem to take that seriously.”

During the last 25 years it has become widely recognized that the person who takes a telephone request for emergency medical assistance must be able to do more than take the address of the incident and then call the ambulance personnel on the radio and tell them where to go.

The modern EMD must be able to quickly identify the seriousness of the problem, dispatch the appropriate response (from a single ambulance with no lights-and-siren to the “cavalry”: police, fire truck, paramedics, and ambulance with sirens blaring), and provide life-sustaining medical instructions to the caller when necessary.

States regulate all other medical professionals for the purpose of assuring the public that those who provide the service are properly trained and supervised. The Academy’s Model EMD Legislation Task Force prepared a document available on our Web site as a model that can be used to set the process in motion in your state or province.

States that have legislation on the books include Alaska, Delaware, Illinois, and Maine. In Maine, legislation requires emergency medical dispatching in accordance with the Maine EMS-approved Emergency Medical Dispatch Priority Reference System, within the scope of the dispatcher’s Maine EMS-approved training and in accordance with related state regulations.
The Academy® is committed to the evolution of the Medical Priority Dispatch System® (MPDS) based on sound science and expert consensus. Thanks to the commitments of agencies like the London Ambulance Service (LAS) that have built data systems and agreed to share that data, and to the efforts of the Academy’s new science writer, Chris Olola, formal, peer-reviewed science specific to the MPDS has become a reality. This is the first in a series of article synopses intended to inform Academy members about the work being done to scientifically evolve their protocol.

History

For nearly 30 years, EMDs have been taught that most patients reported to be experiencing a seizure are suffering a relatively benign consequence of epilepsy that, except in rare cases, is basically self-correcting. A minority of seizure patients is experiencing a life-threatening event caused by a lack of oxygen to the brain that may, ultimately, result in cardiac arrest. A primary goal of the MPDS is to help the EMD distinguish between these two very different scenarios so that appropriate resources and Pre-Arrival Instructions (PAIs) can be put into practice.

MPDS Protocol 12 (Convulsions/Seizures) has long contained the Key Question “Is s/he an epileptic or ever had a seizure before?” This question has always been thought to play a subjective but important role in differentiating the common, grand mal seizure from the life-threatening, hypoxic seizure. The answer to this question was never afforded direct coding status because the aforementioned relationship was not proven. In 2000, the Academy’s Council of Standards approved the addition of the “E” suffix for MPDS version 11.0 so that this relationship could be studied. The “E” suffix addition to a Determinant Code indicates a patient history of epilepsy. For example, the Determinant Code 12-C-2E would indicate a Chief Complaint of Convulsions/Seizures for a patient with diabetes and a history of epilepsy.

Study hypothesis and methods

The hypothesis of this study is that the determination of a previous history of seizures by the EMD significantly reduces the odds of a scene finding of cardiac arrest. Data for the study, from the LAS, matches all MPDS codes with scene findings of cardiac arrest or not. The percentage of
cardiac arrest codes found within each MPDS code is called the Cardiac Arrest Quotient (CAQ). Essentially, the CAQ represents cardiac arrest predictability and was the primary unit of measurement in this study.

Each of the nine Determinant Descriptors on the seizure protocol was examined for the addition of the “E” suffix, and the CAQ was compared to the CAQ of the codes without the “E” suffix.

The validity of any study of the MPDS depends upon the compliance of the EMDs involved.

Compliance is key

The validity of any study of the MPDS depends upon the compliance of the EMDs involved. Without strict protocol compliance, anyone reviewing the study cannot determine if the results are the product of the protocol or the freelancing of individual EMDs. While the best way to measure protocol compliance for a study is audio review of every call included, large studies that contain thousands of calls rely on the overall compliance of a dispatch center as measured by the quality improvement (QI) staff. This study relied on the overall high compliance of the LAS, an IAED Accredited Center of Excellence.

The results

In order to show a statistical significance between a Determinant Code and an outcome, a statistically significant number of cases must be included in the study. The table illustrates the Determinant Descriptors that showed a statistically significant association with cardiac arrest outcome.

These statistics show that the presence of a seizure history greatly reduces the odds of encountering cardiac arrest at the scene. The table shows the CAQ for codes with the “E” suffix is significantly lower than those lacking the “E” suffix. This indicates that the “E” suffix consistently identifies situations in which the patient is less likely to be in cardiac arrest. For example, a patient experiencing irregular breathing (12-D-3) but who does not have a history of epilepsy is more likely to be experiencing the life-threatening, hypoxic seizure compared to a patient who is experiencing irregular breathing and who does have a history of epilepsy. For the patient without a history of epilepsy, the irregular breathing is a unique occurrence. In fact, this study showed that among the Determinant Descriptors with statistically significant associations, the odds of encountering cardiac arrest is reduced by about 75 percent when a history of previous seizures is determined by the EMD.

What this means

The primary benefit of this study involves responsible resource allocation that translates into better patient care (reserving resources for the more critically ill patients) and significant cost savings (sending only what is necessary). Specifically, the outcome differences with and without the “E” suffix, within the ALPHA-level, can help agencies decide how to respond. For instance, a HOT BLS response by an ambulance and first responder may be deemed appropriate for the post-seizure patient who is breathing regularly but does not have a history of seizures; the same patient with a seizure history may be safely allocated a COLD BLS response, without the first responder. Or, as is the case in the UK, the patient who has a seizure history may be referred for a non-mobile evaluation by an established nurse evaluation and advice service.

The DELTA-level codes illustrated will probably not benefit by specific response changes because most agencies send a maximal response to these arguably critically ill patients. However, the significant acuity difference between those patients with and without a seizure history may assist the EMD in deciding whether or not to stay on the line with the caller. This seems especially applicable in the Irregular breathing code where the disparity between seizure history and a lack thereof is so apparent.

In the interest of patient safety

The MPDS is purposefully very sensitive. It strives to prevent under-triage by casting a big net in an effort to identify the sickest patients and respond appropriately. However, this practice comes at a cost: low specificity. When you cast a big net, you will sometimes catch fish unnecessarily (over-triage).

One of the primary goals of IAED research is to identify all of the fish when the net is cast. By determining the acuity of patients within each Determinant Code, we can enable agencies to more accurately and safely allocate resources to each code, and even adjust the codes within the Determinant Levels, thereby tightening the net and making the protocol more specific.

Thank you for your continued support of Academy research. Your contribution as an Academy member is essential to the care of our patients as it enables the research necessary to evolve the MPDS.
New Release of the Fire Protocol: FPDS v4.1

The NAED’s Fire Council of Standards has approved a significant revision to the suffixes for Protocol 52: Alarms. Because this Chief Complaint is one of the most frequently used protocols in the entire FPDS™, the council felt that the revisions should be released immediately as version 4.1 of the FPDS.

As of Dec. 3, 2007, this update is available for download on Priority Dispatch Corp.’s FTP site, and replacement cards for the cardset have been shipped out to current users.

Although the suffix changes to Protocol 52 are the only modifications being made to the protocol at this time, they represent a significant step forward in the protocol’s evolution.

Three new categories of alarms are now accounted for with dedicated suffixes: G = General/Fire, I = Industrial gas/HAZMAT, and K = Keypad (manual). Two more alarm types, tamper and sprinkler, have been added to already existing suffixes. This greatly enhances the ability of agencies to customize their local responses to such incidents.

The suffix for “Other” has been added back into the list with a comment box to aid the collection of data regarding other potentially new suffixes. Unknown alarms can now be handled with the “Other” suffix, as can the rare halon incident. If further data collection indicates a need, these two incident types can be reinstated as suffixes.

The history behind this protocol change started during the testing of FPDS v3.0 in ProQA®. At that time, an incompatibility was discovered with the answer choice “Other” for the alarm types on Chief Complaint Protocol 52, and it was decided to remove “Other” as an alarm type for FPDS v4.0. This caused a number of users to submit feedback indicating that “Other” was a frequently used and necessary answer choice. In response, the Academy initiated an investigation to determine what kinds of alarms were being categorized as “Other.” The investigation eventually resulted in the suffix changes included in the FPDS v4.1 update.

If you have any questions about this version update, please contact the NAED at EFD.Standards@emergencydispatch.org.
WHERE IN THE WORLD WILL EURONAVIGATOR BE IN 2008?

BASED ON YOUR SUGGESTIONS AND COMMENTS THE NEXT EURONAVIGATOR CONFERENCE WILL BE HELD IN THE EXCITING CITY OF:

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WWW.EMERGENCYDISPATCH.ORG

EurOnavigator UK 2008
SEPTEMBER 25-28
Editor’s Note: The following article first appeared in the September/October 2007 edition (Vol. 20, No. 8) of 9-1-1 Magazine.

The proper use of dispatch protocols, during the sometimes intense interaction with emergency callers, requires an ability to accomplish specific protocol objectives while being perceived as clearly interested and caring. This apparently simple ability often eludes a significant percentage of emergency dispatchers today. Why is this stark message a public safety problem? It’s because the critical objectives sought via our questioning often seem to get lost during delivery; the method overshadows the purpose.

We know that each interrogation has two components: protocol—which consists of scripted, predetermined questions, determinant codes, and instructions for achieving the primary dispatch objectives; and caller management—those statements and phrases calltakers use to keep the caller listening, focused, cooperative, and productive.

Since caller management is generally not pre-structured and scripted the way protocol is, it presents a unique challenge for the emergency calltaker. In managing difficult callers, calltakers can either sound like rocket scientists or bail bondsmen. A problem with the verbal delivery of any message or request is that we, as individuals, have a hard time realizing what we actually sound like to others. This involves what we “think” is our tone, inflection, caring, or sincerity, and whether we sound like we even believe the person we are communicating with.

Anyone who has ever listened to a recording of his or her voice will predictably say they had no idea that’s what they sounded like. Having “listened to ourselves” concurrently longer than anyone else in our lives, this shouldn’t come as a surprise. Most of the time, we really believe that we know what we mean and sound like when we speak to others.

Regardless of whether we can control
Everything about our verbal “delivery,” we can now learn some important lessons from others, including things from cases that appeared to not go so well after a calltaker inserted extra wording.

Over the last 20 years, the National Academies of Emergency Dispatch (NAED) has learned, and taught, that the use of certain words can result in unanticipated consequences, ranging from basically irritating to, at times, completely infuriating the caller. Undoubtedly, the worst single phrase that the Emergency Dispatcher (ED) can use at anytime is “Shut up!”—whether during interrogation or instruction. Otherwise reasonable callers often become verbally violent after a single utterance of this ill-chosen command. Saying it more than once is the equivalent of waving a red flag in front of an already incensed bull.

Much more common today is the use of another word that, on the surface, seems fairly innocuous and even basically truthful. That word is “questions”—that’s right, simply “questions.” I need to… I have to… I’m going to… ask you a few more questions. These are some of the various ways this word gets inserted into an otherwise shorter interrogation. Regardless of the introduction, the caller generally perceives this as intrusive and, at a minimum, unnecessary. In fact, by drawing attention to the questions—and not the information gleaned from those questions—the calltaker unwittingly gets snared in his own trap. Often the caller is left with the impression that the emergency calltaker is actually questioning the caller’s veracity or the importance of the problem, especially when the calltaker’s voice tone and inflection are not just right. Further, the calltaker may believe that more questions are delaying the dispatch of responders, whom the caller probably views (erroneously in many cases) as the only true professionals that can help. As it turns out, inserting statements like “I need to… or I have to ask more questions” is almost always completely unnecessary. It seems to be based on a perceived guilt on the part of the calltaker in completing their interrogative task. Could it surprise you if an agency’s unreasonable expectations of call processing time were somehow involved here?

A better approach is to send the caller a strong verbal message that his or her participation is very important to the case. Statements such as “I need some more information for the paramedics… to help you now… to give the ambulance crew,” or “It’s important that I keep you on the line to get more information to help the patient/victim/him/her, etc.” While these statements carry a basically equivalent meaning to the undesirable statements about asking questions, they represent much more palatable ways to segue way into continued interrogation. Just like with the well-proven calming technique called repetitive persistence, it is always necessary to provide a reason with a command or request; adult learning processes require it.

Does it really make sense that, during an interrogation, the caller has to be reminded that questions are necessary? Indeed, that’s what we are in the midst of doing at that moment. As long as prearrival instructions, responder information, and safety warning advice are still needed, the process must continue, uninterrupted by strange explanations that “more questions” are needed—or worse, “required.” Indeed, more questions are not exactly what a nervous or uneasy caller wants to hear about during such moments. This is likely perceived by the caller as extra (and possibly unnecessary) questions. It is usually best just to stay on track and ask what we know to be necessary based on the protocol. This begs the real question, should we ever use this word?

Notice that another word, “I,” is included in these adlibbed statements, as in “I need to ask you a few more questions.” The fact that “I” is used in an apologetic way is not how we generally wish to portray ourselves in emergency services. This extraneous, possessive word also indicates that this is a dispatcher-inserted comment, not one that is required by training, policy, or protocol. Although such statements obviously come easily in the heat of the moment, each EMD should consciously attempt to avoid the use of, or any variation of, the phrase, “I need to ask more questions.”

Specifically, this author is most familiar with the Priority Dispatch Protocols™ (police, fire, and medical), which are evolved and maintained by the NAED. Very careful attention to specific protocol wording ensures optimal caller perception and understanding. If you sincerely feel that you shouldn’t have to ask a particular question listed in one of these protocols, let the Academy know about it so that everyone using that protocol will benefit from any potential enhancements. But first ask yourself if you clearly understand the reason (i.e., the public safety objective) for asking that question or determining its answer. Experts of the Academy’s Council.

Regardless of whether we can control everything about our verbal delivery, we can learn some important lessons from others, including things from cases that did not go so well after a calltaker inserted extra wording.
Aspirin Diagnostic Grabbing National Attention

Taking an aspirin before the ambulance arrives is sound medical advice. Dispatchers now following around the country in line with the National Academies of Emergency Dispatch® (NAED)® Aspirin Diagnostic and Instruction Tool.

The Belleville-News Democrat reported in November that Abbott Emergency Medical Directors in both Illinois and Missouri authorized their dispatchers to use the NAED since aspirin has been shown to reduce mortality in heart attacks. Thomas Byrne, M.D., said their Abbott’s authorization for dispatchers to follow the aspirin instruction “is an appropriate and logical next step in the pre-hospital care process.”

The St. Louis Post-Dispatch reported taking an aspirin in a pre-hospital emergency is the advice 9-1-1 callers are getting from dispatchers in St. Charles County (Mo.) since Dec. 1, 2007. Dr. Richard Bach, a cardiologist at Barnes Jewish Hospital in Missouri, was quoted as saying the instruction is a great idea. “The earlier we treat them (with aspirin), the better,” said Bach, the hospital’s director of cardiac intensive care. “Any treatment provided at such an early time point should provide benefit.”

Bob Watts, director of St. Charles County Dispatch and Alarm, said taking aspirin could make a difference even if an ambulance takes as little as four or five minutes to get to the scene.

The NAED released the Aspirin Diagnostic and Instruction Tool to help dispatchers determine when to advise the administration of aspirin and when not to. Priority Dispatch Corporation (PDC) incorporated the new diagnostic tool into both its MPS® card set and ProQA®. In the card set, the Aspirin Diagnostic pulls out from inside the sleeve for Protocol 10, Chest Pain. In ProQA, clicking on a button in the toolbar can access the Aspirin Diagnostic.

The NAED recommends using this life-saving tool whenever a patient reports chest pain or heart attack symptoms. Refer to the Additional Information on Protocol 10 for a list of heart attack symptoms. The Aspirin Diagnostic should also be used for callers with chest pain as identified on Protocol 19.

Typically, the dispatcher will refer to the Aspirin Diagnostic immediately after dispatch on Protocol 10 or 19. The Aspirin Diagnostic begins with a series of questions designed to find out whether the patient qualifies for aspirin, whether they have any aspirin, and if so, what type.

Former NAED Executive Joins Consulting Firm

Former National Academies of Emergency Dispatch (NAED) executive director Robert L. Martin, ENP, MPC, is now the vice president of business development for e-Copernicus, a government affairs and business development consulting firm. Prior to joining the Washington, D.C., based e-Copernicus, Martin served as executive director of the National Emergency Number Association (NENA). Martin has also worked as partnership director for the COMCARE Emergency Response Alliance and spent 10 years at the NAED, where he was founding editor of the National Journal of Emergency Dispatch and program manager for the Navigator and EuroNavigator conferences. He is a past chapter president and district board member for the International Association of Business Communicators (IABC) and past chapter board member for the citizenship education non-profit Freedom Foundation at Valley Forge. He is a certified Emergency Number Professional (ENP) and holds a bachelor’s degree in business marketing from the University of Utah and a master’s degree in professional communication from Westminster College in Salt Lake City.

Five States Receive Grants to Improve Justice Information Sharing

To encourage the exchange of information among disparate justice systems the National Governors Association Center for Best Practices (NGA Center), with funding from the U.S. Department of Justice (DOJ) Bureau of Justice Assistance, awarded five states—Alabama, New York, Pennsylvania, Washington, and Wisconsin—$50,000 grants to implement pilot projects that will benefit public safety through the improved sharing of information.

Information sharing among law enforcement, courts, and corrections agencies at all levels is critical to implementing effective homeland security and public safety strategies, officials said. Each state’s pilot project will use the National Information Exchange Model (NIEM) to create information exchanges that enhance a different justice area, such as incident reporting, court case management, and person identification.

A partnership of DOJ and the Department of Homeland Security (DHS), NIEM is designed to support enterprise-wide information exchange standards and processes that can enable jurisdictions to effectively share critical information in emergency situations.

From November through May 2008, the five states will participate in a pilot implementation process, which will result in documentation of information exchanges that can help other states and localities.
**Early Dispatch Education**

**High School Students Eager to Dispatch**

Kevin Jacobson has no problem filling his classes. The criminal justice department instructor for Burleson High School in Texas started an emergency telecommunications course (ETC) three years ago and has never once had to hunt down the number of kids necessary to keep the class going.

“They’re eager,” he said. “We even have them fill out applications because we can’t take everyone who wants to take the course.”

What’s his secret?

There are a lot of students wanting to go into the criminal justice field, he explained, so they readily sign up for the courses Jacobson and Adam Legler teach. Courses like the ETC class from the National Academies of Emergency Dispatch’s (NAED) that Jacobson teaches give students a leg up for a career in public safety or a good job that pays for college tuition.

“Kids are looking for certification,” he said. “They want to have some sort of career to support themselves through college and, if they don’t go to college, they want a good career to go to once leaving high school.”

And there’s an extra benefit that Jacobson appreciates: the opportunity to keep this vulnerable age group in school and out of trouble. The ETC course is only available during a student’s senior year of high school, which means many students may stay around for that last year of high school to take a course other students talk about.

After all, where else would a high school student get an opportunity to live vicariously through an emergency?

Not only does Jacobson take the teens through 13 chapters of the ETC manual but he also provides the chance to practice 9-1-1 emergency call-answering techniques using simulators the high school purchased from the SAVE (Sanders Audio Visual Equipment) Corporation, a developer of communications training simulators for calltaking and dispatching. Students must pass the ETC certification test as the entrance qualifier to the simulator room.

“The simulators are a big motivation,” he said. “They have sound effects like gunshots and the kids look forward to that real life practice.”

High school teaching was the last career Jacobson imagined he’d be doing when he was the same age as the students he now teaches. That was until the former police officer for the Denton Police Department (Texas) decided that the risk on the street was too great once he had children of his own. He went back to college, got a degree in criminal justice, and ended up taking a teaching job at the high school.

He has no regrets.

“I enjoy the students,” he said. “My pride is seeing what they accomplish in their lives. Their successes keep me going.”

The success of the Burleson program may soon reach other high schools in Texas. A seminar Jacobson offered through the NAED at Sam Houston University brought teachers from around the state interested in increasing their criminal justice curriculum, including the ETC track.
The issue would not raise the current sales tax, but would simply keep the current tax in place. Passing the renewal, Pack said, would ensure Brown County keeps, at the very least, the same police, fire, and EMT dispatching capabilities the county has come to rely on.

The 9-1-1 emergency system, housed at the Brown County Communications Center, relies entirely on the quarter percent sales tax for operating money and does not receive funding from any other agencies. The sales tax, equal to one cent for every four dollars spent, is applied to any goods or services purchased within the county with the exception of non-taxable edible items. With the sales tax, the communications center is able to retain a staff of 14 full-time employees, and Pack said at least two dispatchers are on duty at all times.

Salt Lake City voters turn down $192M public safety bond

Salt Lake City voters turned down a $192 million public safety bond despite pleas by police and fire officials that the upgrades were long overdue for a center the city will need to upgrade some day.

Proposition 1 would have paved the way for five new public safety structures at three locations. A budget of $100 million of the bond was budgeted to replace the current 50-year-old public safety building with an emergency operations center and a combined parking/evidence storage structure to be grouped as a downtown public safety campus.

The bond also would have paid for a new fire station and training center and a combined police/fire public safety facility, both in areas outside the city proper.

The proposition was defeated by 263 votes—50.4 percent to 49.6 percent—which includes 2,400 provisional and absentee ballots counted during a canvass three weeks after Election Day.

Critics of the plan, including former Salt Lake City Mayor Rocky Anderson who voiced his opposition two days prior to the vote, said the cost was too high for

Salt Lake City residents alone who would be shouldering the cost while others reaped the benefits. The 20-year bond’s annual cost for the owner of a $300,000 home was estimated at $175.

Voters in Salt Lake City, however, shouldn’t think the issue will go away any time soon. After the election, Salt Lake

**ACCREDITED CENTERS OF EXCELLENCE**

**ACE–2007:**

We apologize to the centers that we inadvertently left off the previously published list. The following list is current through December 2007.

**Reaccredited ACEs – 2007**

**Medical**

#01 Albuquerque Fire Department

Albuquerque, N.M.

#04 Clark Regional Emergency Services Agency – Vancouver, Wash.

#14 City of Miami Fire-Rescue

Miami, Fla.

#18 Colorado Springs Police Department

Colorado Springs, Colo.

#20 City of Rochester Emergency Communications Department

Rochester, N.Y.

#43 Metro/Asheville Emergency Communications Center

Nashville, Tenn.

#48 M.D. Ambulance Communications

Saskatoon, Saskatchewan, Canada

#50 Welsh Ambulance Service Carmarthen Control Central and West Region

St. Asaph, Denbighshire UK

#52 Collier County Sheriff’s Office

Naples, Fla.

#53 Citrus County Sheriff’s Office

Lecanto, Fla.

#54 Regional Emergency Medical Services Authority – Reno, Nev.

#57 Groupe Alerte Sante

Longueuil, Quebec, Canada

#59 MedStar Ambulance Inc.

Sparta, Ill.

#63 Pennington County 9-1-1

Rapid City, S.D.

#75 MedStar EMS

Fort Worth, Texas

#79 Rehoboth Beach Police Department

Rehoboth Beach, Del.

#82 Jefferson County Emergency Communications

Kearneyville, W.Va.

#86 Broward County Sheriff Fire Rescue

Fort Lauderdale, Fla.

#88 Sedgwick County Emergency Communications – Wichita, Kan.

#89 Sarasota County Public Safety Communications Center

Sarasota, Fla.

#90 M ecklenburg E.M.S. Agency

Charlotte, N.C.

#92 American Medical Response – Oregon Communications – Portland, Ore.

**New ACEs – 2007**

**Medical**

#107 American Medical Response – Western Washington Communication Center

Seattle, Wash.

#108 Warren County Joint Communications

Warrenton, Mo.

#109 Centre de communication santé de la Mauricie et du Centre-du-Québec, Canada

#110 Central Emergency Medical Service, Inc.

Fayetteville, Ark.

#111 Montgomery County Hospital District

Conroe, Texas

#112 Gold Cross Ambulance

Salt Lake City, Utah

#113 Edmonton Emergency Response Department

Edmonton, Alberta, Canada

#114 Raleigh-Wake 911

Raleigh, N.C.

#115 South Western Ambulance Service

NHS Trust – St. Leonards, Dorset, UK

#116 Loveland Emergency Communications Center – Loveland, Colo.

**Fire**

#5 Salt Lake City Fire Department

Salt Lake City, Utah

#6 Kent County Department of Public Safety

Dover, Del.

#7 Medicine Hat at Regional 911 Communications

Medicine Hat, Alberta, Canada

**Police**

#01 Medicine Hat at Regional 911 Communications

Medicine Hat, Alberta, Canada
City councilman Eric Jergensen told the media that the city council needs to move forward with plans to create an advisory committee consisting of elected officials, business leaders, and public safety personnel to figure out how to meet the city’s public safety needs. According to a Salt Lake Tribune article published after the Nov. 20 canvass, Salt Lake City Police Chief Chris Burbank said it was premature to assume any new funding plan was in place although there was talk that the plan may be repackaged into several smaller projects that gradually fulfill the aims of the original proposition.

Voters in Ohio renew 9-1-1 tax levy

Voters in Ohio approved a 0.1-mill, five-year renewal levy for operation of the 9-1-1 Emergency Management Agency that operates out of the Stark County Emergency Management Office.

One mill is one dollar per $1,000 of assessed value.

The levy generates $650,000 annually, and the vote was to renew the tax that’s been in place.

The measure passed with 60,931 voters in favor of renewing the levy while 28,099 voted against the measure.

Another issue sending voters to the Ohio polls proved that one vote does count. A 3.75-mill, five-year levy that would raise about $94,000 each year to operate a fully staffed fire department in the village of Clinton, lost in the election by one vote—202 to 201. When the margin of victory or defeat is one-half of 1 percent or less of the total votes, a recount is automatically conducted.

Dispatch Grant to University Rankles Public Safety Professionals

Ball State University (BSU) in Muncie, Ind., became the center of controversy last fall when the U.S. Department of Homeland Security announced the university would receive a $2.5 million grant for the creation of a 9-1-1 training program geared toward dispatchers.

There were a couple issues concerning the dispatch community, explained Michael Wallach, the founder of 911Lifeline, a national organization that serves the 9-1-1 emergency communications community and related public safety professionals.

And they were aired on the mailing list of the National Emergency Number Association (NENA) that serves as a forum for communications center personnel.

The problem started when the Indiana chapter of NENA got wind of the press release BSU sent out following the grant’s announcement. Members went to the mailing list to express their views of the grant’s recipient and, according to the commentary that followed, it seems the tone of the press release indicated that current telecommunication training was not up to best standards. Consequently, BSU staff believed it was in the best interest of the national dispatch community to propose a more adequate training program.

"That got everybody’s goat," said Wallach.

The NENA mailing list was buzzing, and somebody finally decided to contact the source at BSU. From there, an allegiance was forged among the school’s academics and those from the ranks of the emergency dispatch organizations.

"They agreed to include input from NENA, as well as the Association of Public-Safety Communications Officials, another professional standards organization," said Wallach. "The controversy has since faded."

Wallach, who is always on the lookout for in-the-trench 9-1-1 personnel, however, still has one issue to discuss and that’s representation by people outside the hierarchy of the public service organizations. "We want to make sure they bring all the right people to the table," he said. "I plan to talk to them about involving people from 911Lifeline who are directly affected by the training standards. Too often the experience and practical perspective of those who are actually doing the day-in-day-out work are overlooked."

The Ball State team plans to use the grant money over the next three years to develop a comprehensive program to broaden the scope of public communications training, according to a news release quoting project coordinator Thad Godish, a BSU natural resources and environmental management professor.

Robert Pritchard, a public relations professor and retired Navy officer who specialized in public relations while in the military, said they don’t plan to duplicate what’s already available. "Our plan is to help the dispatcher deliver the message," he said. "It won’t introduce dispatchers to the job but reinforce their key role in emergency response."

Pritchard, who will be the primary instructor for classroom training at state, regional, and national levels, also plans to incorporate the use of protocol developed by the National Academies of Emergency Dispatch® (NAED) along with training standards developed by both NENA and the Association of Public-Safety Communications Officials (APCO).

"What we’re doing is an enhancement to existing training," Pritchard emphasized.

Ball State’s team of faculty and staff was expected to begin work on the project by the end of 2007, and their first step will be to create a communications DVD for distribution to about 3,000 9-1-1 dispatch offices for independent study awareness training. A seven- to eight-hour electronic independent study module will also be used in conjunction with on-site, hands-on training activities utilizing tabletop exercises and other techniques, according to the BSU press release.

The grant is part of the Competitive Training Grant Program (CTGP) from the U.S. Department of Homeland Security through the Federal Emergency Management Association (FEMA).

Others from the BSU team include Robert Yadon, an information and communication sciences professor and director of the Applied Research Institute; Nancy Carlson, a telecommunications professor; Greg Siering, of Ball State’s Office of Teaching and Learning; and Phil Bremen, a telecommunications instructor. William Gosnell, an emergency management director for Delaware County (Ind.), will also work on the team.
Wildfires Return to Southern California.

Dispatchers go around the clock answering calls

BY AUDREY FRAIZER
WITH THE ASSISTANCE OF EVERYONE MENTIONED IN THIS STORY

Photographs courtesy of Kevin Key, Chris Mesaros, Miguel Alfaro, and SDMSE Public Relations Department

When it comes to fighting wildfires with a view from the inside of a communications center, rest is every bit as elusive as preventing natural disasters.

And forget about personal stuff like taking a break to watch your kid’s varsity football game or expect to go on that long-anticipated trip to Las Vegas.

It won’t happen when wildfires strike within your region.

Take Charlie Knust, for example. The communications manager of the North County Dispatch JPA (Joint Powers Authority) in San Diego, Calif., spent 72 hours at his center when wildfires were threatening that portion of the state. He went the first 40 hours without sleep.

The consecutive hours spent at the center were far from typical, said Knust, who was lucky to catch any shut-eye during the crisis—and when he did it was on the floor in his office. “The dorms [on-site] were given to the dispatchers working 24-hour shifts,” he said. “We’d have them in position for four to six hours and then they’d take a break and we’d rotate in someone else. They did a great job, especially considering a time like this when they didn’t know if they would have a home to go back to.”
Wildfire Inferno  The Harris Fire as seen from atop Mt. Helix in La Mesa, Calif., started in the town of Potrero, located southeast of downtown San Diego and about two miles north of the U.S.-Mexico border.
The same kind of schedule applied to the San Diego Medical Service Enterprise (SDMSE), one of several communications centers in California that relied heavily upon Priority Dispatch System™ protocols during the recent wildfires in Southern California. During brief intermissions from her work, Susan Infantino, SDMSE communications center manager, spent her time trying to get some sleep on a cot set up in her office.

“She [Infantino] was tremendous,” said Vickie Adkins, the center’s administrative coordinator. “They all were. The dispatchers sat at their consoles and worked constantly through the fires. I never saw such a dedicated group of people.”

The dispatchers at Metro Cities Fire Authority Communications Center (commonly referred to as Metro Net) in Orange County worked 18-hour shifts, then went home for eight hours, and came back again to work another 12 hours.

“You do what you need to do,” said Communications Manager Jean Ferrell. “You have to answer the phones, and your pace picks up when it has to pick up. When you take on the job as dispatcher, that’s part of it.”

The wildfires, which burned 809 square miles from the U.S.-Mexico border to Los Angeles during the fourth week in October, forced a half-million people to evacuate their homes and find room in emergency shelters set up in seven Southern California counties. As of the last Sunday in October, fires had demolished 2,767 structures, a number that included 2,013 homes, according to the California Office of Emergency Services. Although news reports differ about the number of deaths directly attributed to the fires, at least 14 people were killed. Hundreds reported respiratory problems relating to smoke inhalation. (See accompanying story.)

Daily news reports showed images of the soot-streaked and often fatigue-etched faces of men and women firefighters wielding hand tools as they worked furiously to hem in the wildfires. Residents fleeing their homes became a familiar sight shown against the sounds of bulldozers and aircraft buzzing in the background.

The dispatchers were also there behind the scenes with the voices of the emergency reaching their lines by the thousands.

North County Dispatch JPA

Knust and his crew worked the “Witch Creek Fire,” so named for the area where it started, and unlike many emergencies they handle, they could see this one from the windows of their public service building. “On one evening, we could see the fire coming over the ridge although there’s no way we could tell how far away the fire was when looking at it or how big the flames were,” he said. “It is a very ominous feeling not knowing how close it is.”

For their own safety, the North County Dispatch Communications Center had engine companies stationed in front of the center, set up with hose lines to defend the structure. “That was going to be our first line of defense,” Knust said. “As long as essential services were running and the structure wasn’t in danger, we would shelter the place.”

With the cooperation of the National Guard and local officials, employees were able to pass through the checkpoints both to get home and go to work.

The phone calls were constant from the night of Oct. 21 through Oct. 24. They didn’t stop after the worst was over.

“Once the immediate fire danger was gone, they were inundated with calls from people who wanted more information,” said Knust. “We couldn’t spend an extreme amount of time with each but we did make sure we gave them the information they needed.”

Typically, because the media is allowed access to those areas, Knust said they would refer people to the Web pages of media groups, which constantly updated fire information, and the San Diego County home page also kept people posted about the wildfire status. For awhile the media was allowed to enter the areas and list the addresses of homes that were destroyed.

Knust’s statistics show that from Oct. 21 through Oct. 25, the center ran 6,412 inbound calls. Normally, Knust said they receive 1,763 phone calls in a five-day period, meaning this was nearly four times the call load they typically handle. “I’ve been involved with fires for quite a few years, but nothing like this,” said Knust, whose home and his parents’ home were in a voluntary evacuation area. “This was about the greatest extent I have seen.”
The “Witch Creek Fire” was one of the most devastating of the wildfires and, according to the news, burned 197,990 acres and destroyed an estimated 1,141 homes. Thousands of people were forced to flee their homes as it passed the same path taken by the Cedar fire four years earlier. Damage was estimated at $15.4 million. The cause of the fire was still undetermined at the time this story was ready for publication.

San Diego Medical Service Enterprise

On Sunday, Oct. 21, Infantino met with staff to prepare for the threat of widespread fires due to the imminent high power mix of the strong Santa Ana winds, above average temperatures, and excessive amounts of fuel from years of drought-like conditions. No one was expecting a repeat performance of the record-breaking 2003 firestorm that engulfed San Diego County, said Tom Anglim, SDMSE quality assurance (QA) specialist. But it proved even larger.

The next week would see a thousand firefighters from dozens of agencies pressed into service. In addition, agencies would use the reverse 9-1-1 system, evac-

High Alert: Dispatchers had their profession put to the test in their response to thousands of calls for assistance during Southern California’s wildfires.

Fire Burns More Than Land and Home

In addition to deaths because of the fires, 9-1-1 centers received a dramatic increase in medical calls for respiratory illness, according to FirstWatch, a data analysis and surveillance tool that identifies emergent public health and safety trends.

FirstWatch has multiple uses in emergency dispatch.

FirstWatch can be used with ProQA® software to collect real-time data that is a vital information source for both the communications center dispatch manager, the EMS medical director, and local or state public health authorities. For example, four communications centers in the San Diego area with FirstWatch capabilities monitored data relating to the number of calls made during the height of the wildfires. They also collected data suggesting a correlation between the wildfires and an increase in complaints for respiratory and breathing problems. The results are shown in the accompanying pie chart.

The World Health Organization (WHO) has done extensive research regarding the health hazards associated with wildfires. According to an early set of statistics relating to California wildfires, the 1993 fires in that state resulted in a 40 percent increase in asthma and a 30 percent increase in emergency visits for chronic obstructive pulmonary diseases.

What’s in all of that fire and smoke?

Plenty, according to a guide published by the Montana Department of Environmental Quality (DEQ), which lists three air toxins considered a concern from wildfires:

1. Acrolein. Even at low levels, acrolein, which carries a piercing odor, can severely irritate the eyes and upper respiratory tract. Symptoms include stinging and tearing eyes, nausea, and vomiting.
2. Formaldehyde. Low-level exposure can cause irritation of the eyes, nose, and throat. Higher levels cause irritation to spread to the lower respiratory tract.
3. Benzene. Benzene causes headaches, dizziness, nausea, and breathing difficulties, and is a very potent carcinogen.

According to the National Center for Atmospheric Research (NCAR), scientists have found significant amounts of mercury in laboratory burns and in research flights over wildfires. Forest vegetation acts as a sink, absorbing atmospheric mercury when it rains or falls out onto leaves or needles. During a wildfire, the stored mercury is released back into the atmosphere. This provides an additional source that can enter watersheds, where interaction with microbes converts it into methyl mercury, a neurotoxin. Scientists are studying the impact these volatile organic compounds add to the combustion process as well as the regional haze and pollution.

Not everyone who is exposed to thick smoke will have health problems, according to the Montana DEQ guide. Level, extent, and duration of exposure, age, individual susceptibility, and other factors play a significant role in determining whether or not someone will experience smoke-related health problems.
Knust Letter to 9-1-1

Kevin [Willett], thank you for your words of encouragement. I always read these activations and never thought we would be one of the noted groups. The service you provide with 9-1-1 Cares is very valuable to everyone in this profession.

I have one dispatcher who has not had the chance to check the status of his home. He is in an area hard hit by the fires, and three of his neighbors have lost their homes but do not know the status of his. We hope and pray that his family’s will be one of the homes spared, but we will be sure to let you know if it is not.

I would write more, but I am a bit slow on the draw at the moment and am about to turn in for some much needed sleep. Thank you for your concern.

Charlie Knust – Communications Manager – North County Dispatch JPA.

The SDMSE not only had the job of responding to the fire threat within the boundaries of their usual response area (the cities of San Diego and Poway) but also coordinating the deployment of multiple strike teams and other state- and federal-certified incident managers.

Added responsibilities felt at all levels

“Extra workstations were staffed, and some dispatchers canceled vacations or ended their days-off early because they knew how valuable the extra hands would be,” Anglim said.

For 3 1/2 days, SDMSE invoked emergency dispatch rules regarding EMD call-taking. First responders were only sent on “E” level calls. At the peak of activity, EMDs were told they did not need to triage the calls, but many did. Initially, only about 40 percent of the EMD calls were triaged, but that number steadily grew during the emergency rule period to almost 100 percent because, Anglim said, “ProQA® was so fast.”

If there was a need for additional resources, and an engine wasn’t available, options included sending an additional Advanced Life Support (ALS) or Basic Life Support (BLS) ambulance. The SDMSE BLS fleet was kept very busy assisting the evacuations of hospitals and nursing homes, said Anglim. Additionally, as thousands of people evacuated to Qualcomm Stadium, Del Mar Racetrack, and many other sites, units were deployed there to assist with treatment and transport.

“At one point, we had less than 10 first
A Los Angeles Times report described the wreckage. “The fire was right across the street,” Newhall said. “The streets are wide and our side was voluntary.”

SDMSE Dispatcher Cheri Newhall took calls during the height of the “Witch Creek Fire” in Rancho Bernardo, one of the hardest blazes to contain throughout the disaster. In this upscale area, house after house had been reduced to a smoldering heap, which is how one Southern California newspaper described the wreckage.

“I still have nightmares about the calls we took,” Newhall said nearly three weeks after the blaze was contained. “It was very sad what happened to the people living there. People had no time to get anything. We felt helpless but I don’t know how we could have helped them anymore than we did.”

Newhall said the call volume from Rancho Bernardo was constant on Monday, Oct. 22, and at one point the most they could do was tell callers to evacuate. After it was over, the dispatchers were amazed at the number of people who got out. “There were fires everywhere,” Newhall said. “I’m still having bad dreams about this. It’s hard. It was very hard.”

Not only did Newhall answer calls in response to the wildfires, but her own home was in an area of voluntary evacuation. “The fire was right across the street,” she said. “The streets are wide and our side was voluntary.”

Newhall decided to evacuate. “I wasn’t interesting in waiting, especially knowing what had happened in Rancho Bernardo,” she said.

Metro Cities Fire Authority Communications Center

In Orange County, the fires started on Santiago Street (the Santiago Fire is so named for the street closest to the source) and since the area falls within Orange County jurisdiction, dispatchers at MetroNet sent aid to the Orange County Fire Authority. OCFA provides coverage for cities without their own fire departments. MetroNet dispatches fire and emergency medical services for more than 1.2 million citizens, covering 188 square miles in seven cities within Orange County.

MetroNet generally has seven dispatchers on duty, at least during that time of day. During the October wildfires, they kept nine dispatchers on duty, which is the maximum their center can hold. For two days—Oct. 21 and 22—they received 2,600 calls, or nearly triple the number they usually receive.

“After you have the location, it’s a matter of seeing whether the person calling has any new information,” Ferrell said. “We were busy.”

According to news reports, the Santiago Fire scorched 28,400 acres and destroyed 15 homes in nearly three weeks of burning; the cost of fighting the fire reached $20.3 million. During its final days in November, a total of 566 firefighters were still on hand to extinguish the fire with the assistance of five helicopters, 36 fire engines, and 10 bulldozers.

Fires end, other work begins

Not only does the administrative work stack up after the wildfires, but also the number of visits from federal and state agencies. The good news was the number of volunteers that stayed on the scene long past the last flame.

Many churches, other nonprofit groups, and corporations donated tons of materials from water and energy drinks to rakes, garbage bags, potato chips, and blankets, according to the Union-Tribune newspaper. One group provided a trailer outfitted with numerous showers. A mobile laundry offered 16 washers and 16 dryers. A notable story in the Union-Tribune cites the Families Helping Families, a program of the Jenna Druck Foundation in San Diego, which has been meeting with individuals, families, groups, and corporations facing losses from the wildfires.

The Guard Experience reported about 50 citizen-soldiers from the California Army National Guard’s Battery A, 1st Battalion, 144th Field Artillery, set out to fill about 5,000 sandbags for residents in the Valley Center area north of San Diego. Other National Guard units performed the same service in other communities hit by the Southern California wildfires.

The outpouring is the way they do things in California. “People reach out during these times,” Ferrell said. “They help so that everyone can move forward.”

The nonprofit 9-1-1 Cares, established to help dispatchers who struggled to manage emergency operations following the terrorist attacks of Sept. 11, 2001, donated boxes of goodwill packages to the 14 communications centers responding to the wildfires. Co-founder Kevin Willett, instructional coordinator for Public Safety Training Consultants (PSTC), said two PSTC instructors from the California area hand-delivered several of the packages to
On the political side, Congress appeared to step up its assistance and, in a move pushed by California Sen. Dianne Feinstein and others, a House-Senate conference committee approved $500 million for emergency fire suppression and recovery efforts.

Schwarzenegger wants the Blue Ribbon Fire Commission, appointed after the fires in 2003, to assess “next steps” in the state’s fire preparation efforts, according to an editorial in the Sacramento Bee. Among the top priorities are stricter fire codes, especially those governing the types of vegetation grown around homes and the materials used in building, and an increase in the number of fire trucks up to the commission recommended level in 2003 of 150.

Federal and local agencies dropped off their calling cards. The Burned Area Emergency Response (BAER) had teams assessing the damages and potential hazards, such as landslides, flooding, and soil erosion. President Bush issued a major disaster declaration for California and ordered greater federal aid to supplement state and local response activities in the affected areas, according to information on the Federal Emergency Management Agency (FEMA) Web site.

Federal resources began mobilizing Sunday, Oct. 21, and authorized federal funds to reimburse the state for certain costs incurred under FEMA’s Fire Management Assistance Grant Program. Under those grants, FEMA pays for 75 percent of the state’s eligible firefighting costs. Eligible costs include equipment, supplies, emergency work evacuations, shelters, and traffic control. A major disaster declaration for California was granted Wednesday, Oct. 24, for seven affected California counties (Los Angeles, Orange, Riverside, San Bernardino, San Diego, Santa Barbara, and Ventura).

As of the first of November, FEMA has already received nearly 8,300 aid applications and visited 641 homes to assess damage in the seven counties declared a major federal disaster area. As of late October, the agency had paid out $600,000, and was on pace to settle about 75 claims a day.

For the dispatchers it’s also a matter of catching up on their rest and, also, their lives outside of the communications center—provided there’s time, said Knust. Now that the fires are over, a ton of paperwork to document their efforts awaits, along with everything else that needs to be done. It’s a job that never stops.

“To challenge our dispatchers with the extra push from the wildfires simply meant stepping up what they do each day,” he said.
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### Tuesday, April 22

**OPENING GALA RECEPTION**
- **6:00 PM - 8:00 PM**

### Wednesday, April 23

**REGISTRATION AND CONTINENTAL BREAKFAST**
- **7:30 AM - 8:30 AM**

**OPENING SESSION**
- **WELCOME TO NAVIGATOR 2008**
- **PRESIDENT’S SPEECH**

**CONFERENCE THEME**

**OPENING KEYNOTE**
- **DR. ED RACHT**

**Exclusive Exhibit Hall Hours**
- **10:30 AM - 12:30 PM**

**Box Lunch in the Exhibit Hall**
- **11:30 AM - 12:30 PM**

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**Coffee Service**
- **12:45 PM - 2:00 PM**
- **2:15 PM - 3:30 PM**
- **3:45 PM - 5:00 PM**
- **5:30 PM - 8:00 PM**

### Thursday, April 24

**REGISTRATION AND CONTINENTAL BREAKFAST**
- **7:30 AM - 8:30 AM**
# Friday, April 25

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<td>Coffee Service</td>
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<td>10:15 AM - 11:30 AM</td>
<td>Leadership &amp; OperationsLeadership for the Future: Managing a Diverse Workforce - Ron Two Bulls, John Ferraro</td>
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<td>Special InterestResearch: Dissected - Dr. Jeff Clawson, Brett Patterson</td>
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<td>12:45 PM - 2:00 PM</td>
<td>TechnologyRegional EMD Project - Omar Glasson, Frank Marshall</td>
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<td>2:15 PM - 3:30 PM</td>
<td>Quality ImprovementFPDS Dispatch Accuracy - Joy Dornseif</td>
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<td>3:30 PM - 3:45 PM</td>
<td>FireThe New NENA Protocol Standard - Eric Parry, Michael Spath</td>
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<td>3:45 PM - 5:00 PM</td>
<td>PoliceMobile Crisis Team: Baltimore County Police and Mental Health Officers - Sgt. Todd Rassa</td>
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<td>7:30 AM - 8:00 AM</td>
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<td>LeadershipAppreciative Supervision - David Nelson</td>
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<td>9:30 AM - 10:45 AM</td>
<td>Management &amp; OperationsBeyond the Incident Action Plan - Tom Sommers</td>
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<td>11:00 AM - 12:15 PM</td>
<td>Special InterestDispatcher Stress Management - Alice Valle, Christina Baum</td>
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<td>1:00 PM - 2:30 PM</td>
<td>TechnologyProQA for Dummies - Chip Hlavacek</td>
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<td>CDEModulate and Specialize Your CDE - Jerry Chaney</td>
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<td>Quality ImprovementDealing With Your Most Difficult Calls - Brian Dale, Scott Freitag</td>
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<td>ACE RECIPIENTS CCM GRADUATES</td>
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<td>TOPICS AND SPEAKERS ARE SUBJECT TO CHANGE. VISIT <a href="http://WWW.EMERGENCYDISPATCH.ORG">WWW.EMERGENCYDISPATCH.ORG</a> FOR THE LATEST UPDATES</td>
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CONFERENCE REGISTRATION OPTIONS
APRIL 23-25, 2008 (WEDNESDAY, THURSDAY, FRIDAY)

Passports INCLUDE admission to all regular conference sessions, the opening reception, the exhibit hall, and two box lunches.

☐ Conference Passport
DISCOUNTS (CHECK ONLY ONE, AS ONLY ONE APPLIES)
☐ NENA Membership (ID: __________) -30 ______
☐ NAED Membership (ID: __________) -40 ______
☐ Group Rate (3 or more from same agency, submitted at the same time) -70 ______
☐ Accredited Center (Current ACE) -100 ______

☐ 1-day (Price per day, Wednesday-Friday, check below)
   ☐ April 23   ☐ April 24   ☐ April 25
   $195 ______

☐ Spouse/Guest Admission (Name: __________)
   (Admission only to exhibit hall. Includes two box lunches and opening reception.)
   $50 ______

☐ Special Event: Bay Lady Cruise, April 23 (Wednesday 6 p.m. - 8 p.m.)
   $25 ______

☐ Keynote and Awards Luncheon, April 25 (Friday)
   $25 ______

PRECONFERENCE PROGRAM SUMMARY
APRIL 20-22, 2008 (SUNDAY, MONDAY, TUESDAY)

NAED CERTIFICATION COURSES
(Prices as marked. NAED materials and testing fees INCLUDED)

3 DAYS, SUN-TUES, APRIL 20-22, 8:30 a.m. - 5:30 p.m.
   ☐ EMD: Emergency Medical Dispatch Certification Course (C-13540) $295 ______
   ☐ EFD: Emergency Fire Dispatch Certification Course (C-13541) $295 ______
   ☐ EPD: Emergency Police Dispatch Certification Course (C-13542) $295 ______
   ☐ ETC: Telecommunicator Instructor Course (C-13543) $475 ______

2 DAYS, SUN-MON, APRIL 20-21, 8:30 a.m. - 5:30 p.m.
   ☐ EMD-Q: Medical Dispatch QI Certification Course (Class 1) (C-13544) $550 ______
   ☐ EPD-Q: Police Dispatch QI Certification Course (C-13545) $550 ______

2 DAYS, MON-TUES, APRIL 21-22, 8:30 a.m. - 5:30 p.m.
   ☐ EMD-Q: Medical Dispatch QI Certification Course (Class 2) (C-13546) $550 ______
   ☐ EFD-Q: Fire Dispatch QI Certification Course (C-13547) $550 ______

1 DAY, MON, APRIL 21, 8:30 a.m. - 5:30 p.m.
   ☐ ED-Q: Recertification Course (C-13548) $250 ______

NAED, NENA, & PSTC SPECIAL TOPIC WORKSHOPS

1 DAY, MONDAY, APRIL 21, 8:30 a.m. - 5:30 p.m.
   ☐ NENA: Overcoming Negativity in the Communications Center $190 ______
   ☐ NENA: Liability Issues $190 ______

1 DAY, TUESDAY, APRIL 22, 8:30 a.m. - 5:30 p.m.
   ☐ NENA: Introduction to Next Generation 9-1-1 $190 ______
   ☐ NENA: Missing! $190 ______
   ☐ PSTC: Being the Best $190 ______
   ☐ PSTC: Supervisory Workshop $190 ______

½ DAY, TUESDAY, APRIL 22, 8:30 a.m. - 12:30 p.m.
   ☐ NAED: Accreditation Workshop $95 ______
   ☐ NAED: Beginning Data Mining: Gaining Access to Your ProQA and AQUA Data $95 ______

½ DAY, TUESDAY, APRIL 22, 1:30 p.m. - 5:30 p.m.
   ☐ NAED: Executive Workshop $95 ______
   ☐ NAED: Advanced Data Mining: Gaining Access to Your ProQA and AQUA Data $95 ______

Workshop Subtotal

☐ 7th Annual Golf Tournament Tuesday, April 22, 8:00 a.m. - 1:00 p.m. $65 ______

Total Enclosed (USD dollars only) ___________

FREE T-SHIRT WITH PRE-PAID REGISTRATION
Prepay your registration fees before the conference using a credit card or check/money order, and you will receive a free, custom-designed Navigator ‘08 Conference T-shirt at check-in. (See details on the Web.)

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FUNCTION
☐ Public Safety Dispatcher
☐ Paramedic/EMT/Firefighter
☐ Training/Coord Coordinator
☐ Comm. Center Supervisor/Manager
☐ Training/Coord/Chieff
☐ Medical Director
☐ Commercial Vendor/Consultant
☐ Other _______________________

EMPLORER
☐ Combination Fire/Medical Police
☐ Fire Service
☐ Educational Institution
☐ Law Enforcement
☐ Municipal/Regional Government
☐ Private Ambulance
☐ Other _______________________

SIZE OF COMM. CENTER (measured by call stations)
☐ 1 to 2   ☐ 3 to 5   ☐ 6 to 8   ☐ 9 or more

PRIMARY SERVICE AREA
☐ Urban   ☐ Suburban   ☐ Rural   ☐ Mixed

YEARS OF COMM. CENTER EXPERIENCE
☐ 1 to 5   ☐ 6 to 10   ☐ 11 to 20   ☐ 21 or more

METHOD OF PAYMENT
Registration will NOT be accepted without one of the following:
☐ Check/Money Order Payable to: NAED
☐ Purchase Order
   (A copy must accompany the registration form)
☐ Credit Card
   ☐ MasterCard   ☐ Visa   ☐ American Express

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Cardholder Name __________________________
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HOW TO SEND
MAIL: NAED • Attn: Navigator 2008
139 E. Temple Ave., Ste. 200
Salt Lake City, UT 84111 USA

INTERNET: www.naedd.org

PHONE: (888) 725-5853 USA
(801) 746-5853 Local/Intl

FAX: (801) 359-0996

CANCELLATION POLICY
Please provide cancellations in writing no later than March 24, 2008.
Your registration fee will be refunded, minus a $25 processing fee.
No refunds will be issued after March 24.
Heartbeat of an Emergency

Baby arrives unexpectedly. Couple gets help they need fast.

BY AUDREY FRAIZER

Illustration by Jess Cook.
The Call

It all started with an early morning phone call, hours after coming home from a late night visit to the hospital with instructions to return the next day. Ryan Curran needed help delivering the baby his wife Lisa was trying to deliver

Sowell immediately shunted over to Instruction #14 (Baby Not Breathing) and provided the directions precisely as written. “Ryan got a towel and rubbed the baby’s back to stimulate breathing, just like I asked him to do,” said Sowell.

The “back rub” worked and the team moved back to Instruction #8 (Dry and Wrap the Baby). Next, Sowell had Ryan use his shoelace to tie off the umbilical cord.

“Are you sure?” asked Ryan.

“Yes,” replied Sowell.

Ryan took the lace from the shoe he was wearing and tied the cord. From there, he gently placed the baby into her mother’s arms. Sowell reassured them that the ambulance was on its way. The paramedics arrived at 6:58 a.m., nearly eight minutes into the call and three minutes after the baby was born, and took the mother and baby to the Santa Rosa Medical Center.

The baby girl, who was named Norah Grace, weighed 6 pounds, 4 ounces.

“I was elated,” said Sowell. “It feels good to bring people into the world.”

And Ryan’s sole misgiving? The placement of the shoelace on the umbilical cord, he said.

“Kevin asked that I tie it six inches from the baby around the umbilical cord,” he said. “I didn’t have a ruler, so I guessed.”

The Calltaker

As a floor supervisor, Sowell rarely answers the emergency calls. When he took the call at 6:50 a.m. on Saturday, Aug. 25, it was only because he wanted to do something right away on his first day back to work following a week’s vacation.

“Let me catch this one,” he said to his dispatch crew.

The call turned out to be his first childbirth and delivery over the telephone. “It was such a relief to the parents [once
the baby was born and breathing on her own]," said Sowell. "They had wanted to have the baby in the hospital, but it didn't happen that way."

Sowell credits the happy outcome to the MPDS. "She was born in about two minutes once we got into ProQA®," he said. "Over the years, I've certainly learned that we can handle any emergency because of Clawson's medical protocol."

Sowell started his career at the Santa Rosa Office of the Medical Examiner, but it wasn't for him. "I wanted something more upbeat," he said. He saw a job posting for dispatch, applied, and 15 years later, he still enjoys coming into the communications center.

"There's not a day I don't look forward to," he said. "In what other type of job do you get to help people in the best and worst times of their lives?"

Sowell can easily tick off the memorable calls he's answered. On the positive side, there was the birth of Norah Grace Curran and a call last year in which he helped revive a 4-year-old girl after she had clinically drowned in the bathtub. In the latter instance, he gave the Pre-Arrival Instructions for CPR (Child 1-7 yrs) and within two cycles the child was breathing. Her heart rate was 130bpm by the time paramedics arrived. "She's doing really good and I feel good about that," said Sowell. "Absolutely. Absolutely."

In his spare time, Sowell practices the MPDS protocol, and he expects the same from his dispatchers. "You could ask anyone on my crew what a 12 card is and they would know immediately without hesitation," he said. "It comes from years of using flash cards. I hold up a card and they know the answer."

Santa Rosa County Dispatch uses ProQA, which Sowell credits as the key to their confidence over the phone. "Protocol works," he said. "We don't get caught in a maze and there's no second guessing about what we're supposed to do. I see it work day in and day out, and that's the way we plan to keep it."

The Callers

Lisa and Ryan Curran had everything in order. They were prepared for the highly anticipated birth of their second child.

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The Callers

Lisa and Ryan Curran had everything in order. They were prepared for the highly anticipated birth of their second child.
Lisa. “He was asleep when she was born but it’s still a story he takes pride in telling.”

Norah Grace was born just minutes after Lisa patiently told Ryan it was time to call the hospital.

“Her water broke, but when I called labor and delivery [at the hospital] they told me it was time to go,” he said. “That’s when I got a hold of Kevin.”

Ryan attributes the show of calm to Sowell. “He took authority over the situation and I followed what he was telling me,” he said.

Once he heard the paramedics arrive, “I knew we had made it,” Ryan said. “I felt really good once Lisa and the baby were in the ambulance and on their way to the hospital.”

But that’s not where the story ends. The Currans introduced Norah Grace to Sowell on a family trip to the communications center two weeks after she was born. The baby, pictures show Sowell cradling in his arm, topped the scales at barely seven pounds.

“She was beautiful,” said Sowell of infant Norah Grace. “This is what makes my job so rewarding.”

Lisa was amazed at the way her husband handled the situation and kept his cool until the ambulance arrived.

“He was nervous,” Ryan said. “Absolutely. It was a two-minute ordeal. I’m not used to seeing babies born.”

Lisa was amazed at the way her husband handled the situation and kept his cool until the ambulance arrived.

“He was awesome,” she said. “This quiet husband of mine was giving me instructions like he was a drill sergeant. He was doing great.”

Sowell treated the Currans—Lisa and Ryan, their son Nathan, and a sleeping Norah Grace—to a tour of the Santa Rosa County dispatch center that included a view of the software system.

“I showed them ProQA, and it fasci-
On Track

Recognize the Symptoms. Additional Information protocol zeroes in on seizure complaint

By Jerry Chaney

This calltaker is taking what appears to be a typical seizure call until she gets to Key Question 6:

Calltaker: Has the jerking stopped yet?
Caller: They don’t have any jerking.
Calltaker: Then it can’t be a seizure.

Hold the call! Essentially, the calltaker has made two drastic errors in her last statement. First, she violated the EM D’s First Rule of Judgment: The EM D is never allowed to judge the integrity or honesty of the caller. Always remember that if the caller says it is a seizure, then it is a seizure until our “in-person professionals” get on scene. Secondly, just because the caller stated there were no jerking movements does not mean the patient did not experience a seizure.

While it is true that the most common type of seizure called into 9-1-1 is going to be of the tonic-clonic (grand mal) variety, which has jerking or twitching movements, there are several types of seizures that do not involve this type of movement. While these other types of seizures rarely initiate a call to 9-1-1, when they do, there is usually some mitigating factor that has prompted the call. Both of these errors
Specialists Update Seizure Advice

From the American Academy of Neurology

ST. PAUL, Minn. – A guideline developed by the American Academy of Neurology recommends that physicians consider a routine electroencephalogram (EEG) and brain scans when diagnosing and treating adults who experience their first unprovoked seizure. Evidence shows such tools often detect brain abnormalities that caused the seizure and predict seizure recurrence. The guideline is published in the Nov. 20, 2007, issue of Neurology®, the medical journal of the American Academy of Neurology.

To develop the guideline, the authors analyzed all available scientific studies on the topic.

The guideline recommends considering a routine EEG as part of the diagnosis of a person with a first unprovoked seizure. The guideline also recommends CT or MRI brain scans be routinely considered since the scans are significantly abnormal in one of 10 patients, helping to indicate the cause of their seizures. For adults who experience their first unprovoked seizure, the results of an EEG, CT, or MRI will influence aspects of patient care and management, including drug treatment, patient and family counseling, and the need for immediate hospitalization and subsequent follow-up.

Seizures are among the most common serious neurological disorders cared for by neurologists. Annually approximately 150,000 adults will have a first seizure in the United States. It is estimated that in 40 to 50 percent of these people, seizures recur and are classified as epilepsy.

The American Academy of Neurology is an association of more than 20,000 neurologists and neuroscience professionals dedicated to research.

have distracted from the purpose of the question, which is to identify if the seizure is still in progress or not.

A as defined in the Additional Information section for protocol 12, a seizure is “an abnormal firing of brain cells, usually resulting in jerking movements.” Seizures are basically classified into two categories: generalized or partial, with the partial classification broken down into either simple or complex.

• In a generalized seizure, the abnormal firing of the brain is widespread, usually involving the entire brain. The abnormal firing may start in a small area and then spread throughout the brain. The key to generalized seizures is the involvement of a large portion of the brain.

• Partial seizures are confined to a limited area of the brain and cause localized malfunction. The type of malfunction that occurs, as we will discuss later in this article, usually determines the breakdown between the simple and complex partial seizures.

The first type of generalized seizure that we want to look at is the “absence or petit mal seizure.” In the absence seizure, there is a temporary loss of consciousness or awareness, often described as staring. This loss of awareness usually lasts 10-30 seconds, after which the person will frequently not know he or she had a seizure. Frequently, there will also be some muscle movements such as eye fluttering, tasting movements with the mouth, or rubbing of the fingers as if the patient had a marble between them. Absence seizures occur primarily in children ages 4 to 14 years of age, and rarely occur after the age of 20.

A tonic seizures are also called “drop attacks” or “drop seizures.” The word drop is fitting for this type of seizure because something usually drops. The word atomic means without tone. In an atomic seizure, the patient’s muscles lose tone or strength. When muscles lose tone, something drops. Eyelids may drop, the head may drop, objects may drop from the hands, and, if it affects the leg muscles, the whole body will drop and the patient frequently sustains a head injury. Patients will usually remain conscious during the seizure but will be unable to move the area that has lost tone. A tonic seizures generally last less than 15 seconds.

Have you ever experienced a sudden jerk just as you were falling asleep? This may have been a myoclonic seizure. A myoclonic seizure is a brief, shock-like jerk of a muscle or group of muscles. These jerks are most commonly in the neck, shoulders, and upper arms and usually cause the abnormal movement on both sides of the body. The patient may refer to it as “jumps” and say something like their arms just jumped up in the air. This is bad when holding the cup of coffee you brewed to help you stay awake. The actual seizure itself lasts only a second or two, but they may have a series of jerks over a period of time. Myoclonic seizures generally occur in the morning, just after waking up, and go away after the person has been up for a couple of hours. Myoclonic seizures generally have an onset around puberty, but sometimes as late as early adulthood.

The most common type of seizure called into 9-1-1 is the tonic-clonic or grand mal seizure. This is a generalized, motor seizure that usually produces unconsciousness. Grand mal seizures typically include a tonic phase characterized by tense muscle contraction; the patient appears to be very stiff. Following the tonic phase the patient proceeds into the clonic phase, which is characterized by rhythmic jerking movements of the extremities. During the seizure activity, the patient’s respiratory muscles may be paralyzed, interrupting normal respirations. The patient’s neck, head, face, and eye muscles may also be involved.

Most tonic-clonic seizures will be preceded by an “aura,” which is a subjective sensation. Some common types of auras include hearing a noise or music, seeing floating lights, smelling unpleasant odors, feeling an unpleasant sensation in the stomach, or experiencing tingling or twitching in a specific area of the body. The aura may precede the seizure by several hours or only a few seconds. The calltaker may even get a call with the Chief Complaint of someone “about to have a seizure.” Once familiar with these auras patients can predict a seizure; therefore, when patients tell you they are about to have a seizure, believe them.

Once the clonic phase of a seizure is over, the patient will usually remain unconscious for a period of time and then slowly regain consciousness. The latter is known as the postictal phase of the seizure. Once the jerking activity stops, the patient will start normal respirations but there will be...
copious secretions in the mouth. Since the patient is unconscious and cannot protect his or her airway, turning the patient to the side is very important. During this postictal phase, the patient will slowly awaken and may be confused, disoriented, and fatigued. The patient may complain of a headache and may experience some neurological deficit. It is important to try and keep the patient still during the postictal phase to prevent injury due to his or her decreased awareness of the surroundings.

Generally, the tonic-clonic phase of the seizure lasts about 60 seconds, but it may last as long as three minutes. Rarely, the jerking will not stop or it may return before the patient is completely awake. This is a potentially life-threatening condition known as “status epilepticus.” It is very important to identify this condition, which is accomplished through compliant use of Key Questions 1 and 6 on protocol 12. We have the dispatch definition of CONTINUOUS Seizure, a seizure still in progress at the end of interrogation and after a physical verification by the caller, to identify the prolonged seizure. We also have the dispatch definition of MULTIPLE Seizures, the occurrence of more than one seizure in a patient who remains unconscious or not alert between episodes, to help identify cases in which the seizure activity immediately returns. Both are indicative of status epilepticus and have the same Delta-2 determinant code.

Chaotic movement or dysfunction to one area of the body characterizes simple partial seizures. These are also sometimes called focal motor, focal sensory, or Jacksonian seizures. These occur when the abnormal electrical discharge in the brain is limited to a certain area and only to those functions served by that area of dysfunction. There is no loss of consciousness in a simple partial seizure. They may spread and progress into a generalized, tonic-clonic seizure. Simple partial seizures are frequently divided into two categories: motor and sensory. In the motor variety, the patient will have jerking movements to a finger, a hand, or even an arm, usually on one side of the body. In the sensory type, the patient complains of feeling pins and needles or numbness and he or she may experience hallucinations. Simple partial seizures generally last less than two minutes.

Complex partial seizures, sometimes called temporal lobe or psychomotor seizures, are characterized by distinctive auras. These auras include smells, tastes, sounds, or the tendency of objects to look either very large and near or small and distant. Sometimes the patient may visualize scenes that look very familiar (déjà vu) or very strange. The patient experiences a loss of contact with the surroundings and may act confused, stagger, perform purposeless movement, or make unintelligible sounds. Some patients may show a sudden change in personality, such as abrupt explosions of rage. Complex partial seizures usually last one minute to two minutes.

Although this was not an extensive listing or description of seizures, you can see that there is a variety of ways in which a seizure may present, not all of which have jerking movements.

We return to protocol 12, Key Question 6, “Has the jerking stopped yet?” The term “jerking” is used in this question as it is representative of the most common type of complaint. The presence or absence of jerking is related directly to both determinant coding and Pre-Arrival Instruction. If the caller states that there was no jerking, implying that the seizure did not include jerking, a simple enhancement such as “Has the seizure activity stopped yet?” may be appropriate. This may enable the identification of seizure activity lasting longer than its usual time frame, which is the primary purpose of this question, and would result in the proper determinant coding of the call and appropriate instruction for the caller. The goal is accuracy through responsible interrogation and complete understanding of the Chief Complaint. EMD knowledge regarding various seizure presentations can help accomplish this goal.
CDE-Quiz  G  Medical

Take this quiz for 1.0 CDE unit.

1. All persons having a seizure will display jerking or twitching movements.
   a. true
   b. false

2. Seizures are generally broken down into what two categories?
   a. full and partial  
   b. motor and sensory  
   c. generalized and partial  
   d. tonic and clonic

3. A seizure in which the muscles lose their tone or strength is called a(n) ______ seizure?
   a. absence  
   b. atomic  
   c. myoclonic  
   d. tonic-clonic

4. The caller reports that her husband’s arms just keep flying up into the air every few seconds. You could suspect that was a(n) __________ seizure.
   a. absence  
   b. atonic  
   c. myoclonic  
   d. tonic-clonic

5. Which of the following describes what the patient might sense during the “aura”?
   a. smell  
   b. sound  
   c. taste  
   d. all the above

6. Which of the following describes what takes place during the “tonic phase” of a grand mal seizure?
   a. patient is going unconscious  
   b. extreme muscle tension  
   c. rhythmic jerking movements  
   d. slowly regaining consciousness

7. The tonic-clonic phase of a seizure usually last about ______ seconds.
   a. 30  
   b. 60  
   c. 90  
   d. 120

8. A patient has two seizures in row and remained unconscious between them. By dispatch definition this would be considered:
   a. continuous seizure  
   b. multiple seizures  
   c. recurrent seizures  
   d. febrile seizures

9. A seizure in which the chaotic movement or dysfunction is limited to one area of the body is called a(n) ______ seizure.
   a. absence  
   b. simple partial  
   c. complex partial  
   d. temporal lobe

10. You ask the question “Has the jerking stopped yet?” and the caller responds that the patient didn’t have any jerking. Which of the following would be an appropriate enhancement in this case?
    a. If they are not jerking, they are not having a seizure.  
    b. What makes you think it is a seizure?  
    c. Has the seizure activity stopped yet?  
    d. Let me know when they start jerking.
Editor's Note: Rather than concentrating on a specific emergency police dispatch protocol, the following police continuing dispatch education article brings readers up-to-date with the types of technology affecting all communications centers.

Every day in a 9-1-1 center, the emergency dispatcher addresses emergency calls. Call processing is what we do. When technology changes from day to day, it affects the way we do business. Some of the new changes in technology simplify our processes; some changes challenge our course of action.

Before we talk about the specific ways technology modifies emergency communications, it would be wise to discuss that evolution. Let's have a look at the three phases of Wireless 9-1-1.

Basic Phase

Phase 0 (the basic phase) dates back prior to April 1998. When the caller dialed 9-1-1 from a cell phone, the call was answered at a public safety answering point or PSAP. The caller's number was not displayed at the PSAP. Depending on how the call was routed, the call may be answered in close proximity to the caller or from a PSAP many, many miles away. This is a 9-1-1 requirement. According to Federal Communications Commission (FCC) rules: wireless calls must be transmitted to a PSAP regardless of whether they are placed by a wireless service subscriber or a non-subscriber.

Phase I

Around April 1998, the system was modified so that a call back number would be displayed when a wireless call was placed. Like today, calls from wireless devices were sometimes dropped or disconnected without advance notice. The number shown on the automatic number identification (ANI) system can be redialed in an attempt to make contact with the initial caller. Other information that is provided with the ANI/automatic location finder (ALI) dump is the caller's cell phone provider—so that if the situation warrants, the provider may be contacted for vital information that would be accessible through the provider's records. This may include the caller's general location through tower triangulation (2.5-mile radius of the tower the call is bouncing off of). In fact, in a life and death situation that our own center (Medicine Hat Regional 9-1-1) encountered, it was possible for the provider to pinpoint an even more specific location (distance and direction from the tower) because of the strength of the incoming cell phone signal.

Ring Those Phones. Cell technology changes way dispatchers do business

By Jaci Fox, Medicine Hat Regional 9-1-1 Communications
Phase II

Phase II allows calltakers to receive both the caller’s wireless phone number and his/her location information. The call is routed to a PSAP either based on cell site/sector information or on caller location information, according to information available from the National Emergency Number Association (NENA).

Unofficial reports indicate that accuracy of the cell phone handset may be as precise as 3 to 300 meters, as different vendors have different methods by which they are obtaining their exact locations. The FCC requires 50 to 300 meters. Obtaining this information may be done either through providing the longitude and latitude of the cellular handset using triangulation, GPS, or a combination of both. To locate wireless 9-1-1 callers, Phase II must have been implemented in the area by local 9-1-1 systems and wireless carriers.

Simply put, the cell phone provides an X/Y coordinate that is displayed either automatically or manually on a mapping system in the communications center.

Virtually all new cell phones have Phase II technology. The FCC Enhanced 911 (E911) program requires that all cell phone providers transmit the subscriber’s call back phone number and location when dialing 9-1-1. The FCC gave phone manufacturers, service providers, and PSAPs until the end of 2005 to comply with this ruling. This is one of the reasons many new telephones are GPS enabled. Some new phones even provide turn-by-turn directions.

To provide an exact location of the caller, it is possible that when the wireless caller is moving, the communications center has the ability to “rebid” the call, which initiates the process to provide an updated location of the moving cell phone handset. This may be done as many times as necessary during the incident.

In Canada, we do not yet have wireless caller location technology. A number of companies are testing or implementing the use of location technology similar to the American-mandated Phase II technology. As you can imagine, the information received at the PSAP is now becoming much more complex than the original ANI and ALI information coming in from wireless 9-1-1 calls. In the United States, about 80 percent of all PSAPs have the capability to receive wireless caller location information. This is significant because in many metropolitan areas wireless 9-1-1 calls exceed traditional landline 9-1-1 calls.

The unintentional call

An ongoing problem that 9-1-1 centers encounter, particularly with so many incoming wireless calls, is the unintentional 9-1-1 call. In fact, about half of all wireless 9-1-1 calls received by PSAPs are either dialed unintentionally or are not actual emergency calls. Unintentional 9-1-1 calls typically occur when an auto-dial feature is unknowingly activated by pressure on either the 1 or 9 button. This feature is built into the set software and can be deactivated. Carriers are asked to direct their set manufacturers to either remove this feature completely or set it to “OFF,” as well as to see that their sales points verify the feature is OFF at delivery to the customer.

Other considerations

As a calltaker in a 9-1-1 center, there are some frustrations and complications present when receiving a call from a wireless caller that do not exist with landline calls. Remember that when someone calls 9-1-1, he or she may hear up to three rings before the call even begins to ring in the center. So if the calltaker grabs the call on the third ring, it could actually be the fifth or sixth ring for the caller.

There is no question that cell phone callers can provide vital information about crimes in progress or injuries on scene, but often the center can be bombarded with Good Samaritans on the scene at the same incident. While most callers have relevant information about what is transpiring, many callers are passers-by and are calling just to make sure that help is on the way.

There is also the pragmatic situation of...
lost or cancelled cell phones. The FCC mandated that even though your service may not be current, or someone may not “technically” own the phone, any charged cell phone must be capable of calling 9-1-1 for emergency assistance. There is also the issue of having a phone that is GPS enabled, but the area where you are placing the call from has not yet implemented Phase II and cannot compute the exact location. Lastly, there can be complications when the 9-1-1 call is coming from a Voice-over-Internet Protocol (VoIP) cell phone.

Emergency police dispatch

Emergency police dispatch (EPD) protocol requires that the calltaker obtain specific location information and verify it. With wireless callers it is now, more than ever, essential to have correct address information. EPD protocol also asks in Case Entry “If the caller is on scene now?” This question is very early in the interrogation. This can facilitate the calltaker to let the caller go if the center is being overwhelmed by cell phone calls in a large incident.

Next Generation Arrives. Agencies push forward to meet technological demands

If you want information about the next generation of emergency services, just Google the phrase “NG9-1-1” (meaning Next Generation 9-1-1) and you’ll get listings literally into the hundreds of thousands. During the past seven or eight years, nonprofit and commercial groups alike have tossed their hats into a ring that will generate a new look to technologically outdated emergency services.

In a nutshell, the nation’s current 9-1-1 system is designed around telephone technology and cannot handle the text, data, images, and video that are increasingly common in personal communications. The NG 9-1-1 initiative will establish the foundation for public emergency communications services in a wireless mobile society (U.S. Dept. of Transportation, Research and Innovative Technology Administration, or RITA).

According to RITA, the primary goal of the NG 9-1-1 System is to save lives, health, and property by improving emergency services access and response in the United States. The NG 9-1-1 System objectives include:

- E9-1-1 calls from any networked communication device
- Geographic-independent call access, transfer, and backup among PSAPs and between PSAPs and other authorized emergency organizations
- An open architecture, interoperable inter-network of all emergency organizations
- Reduced emergency services capital, operating, and maintenance costs

The National Emergency Number Association (NENA) started the next generation of E9-1-1 project in 2000 when it published the 9-1-1 Future Path Plan. The NENA approach is targeted toward significant NG 9-1-1 transition and implementation in the United States and Canada starting in 2008-2009. The federal government is also involved with the transition. H.R. 3403: 911 Modernization and Public Safety Act of 2007 passed the House in November 2007 and the Senate has since referred the bill to the Committee on Commerce, Science, and Transportation. The proposal promotes and enhances public safety by facilitating the rapid deployment of IP-enabled 911 and E-911 services, encourages the transition to a national IP-enabled emergency network, and improves 911 and E-911 access to those with disabilities. For a status report, go to the Library of Congress site THOMAS and search the bill text using the bill number HR 3403. THOMAS is at http://thomas.loc.gov/.
1. When a Wireless Phase “0” 9-1-1 call was received in the PSAP, what information was provided to the PSAP calltaker?
   a. location of the caller
   b. location of the cell tower
   c. no location, no call back number

2. What caller information does Wireless Phase I provide?
   a. cell phone owner’s home address
   b. phone number associated with the cell phone
   c. location of the caller

3. What is the percentage of American PSAPs capable of receiving a wireless caller’s location?
   a. 80 percent
   b. 33 percent
   c. 50 percent

4. What is the FCC mandated accuracy for caller location?
   a. 5 to 15 feet
   b. 200 to 300 meters
   c. 50 to 300 meters

5. What additional caller information does Wireless Phase II provide?
   a. cell phone owner’s home address
   b. phone number associated to the 9-1-1 trunk
   c. geographic coordinates of the wireless device

6. What does the term “rebid” mean?
   a. process of requesting a wireless device call back number
   b. process that initiates a new GPS location from a cell phone handset
   c. ability to accurately get a phone number associated with a cell phone

7. What is a requirement of the FCC Enhanced 911 (E911) program?
   a. all cell phone providers must be able to transmit the subscriber’s call back phone number and location when the caller is dialing 9-1-1
   b. all cell phone users must disable their phone’s emergency mode to prevent the accidental dialing of a 9-1-1 call
   c. emergency communications calltakers must answer all calls by the third ring

8. What must be done to a wireless device to prevent unwanted or accidental dialing of 9-1-1?
   a. disable the 9 key
   b. enable the emergency mode
   c. disable the emergency mode

9. What does PSAP mean?
   a. public service answering point
   b. public safety answering point
   c. public safety access point

10. What is an example of an unintentional 9-1-1 call?
    a. prank call that is made from a cell phone when there is not a real emergency
    b. call made from a 3-year-old child in error
    c. call made using a wireless device although there is no actual emergency and the person calling wants other information, such as directions
For Good Reason. Compliance to protocol protects lives, saves resources

Presenter: Lisa Burnette, supervisor
Comm. Center: Salt Lake City Fire Department
Topic: Why I Comply: Wise Advice from a Dispatching Pro

As one of the newest members of the elite Accredited Center of Excellence (ACE) fire community, Lisa Burnette had a lot to say about her center and the consequent importance of compliance.

The same went for her dispatchers from the Salt Lake City Fire Department communications center.

“My dispatchers really thought hard about this when I asked them about why they comply,” Burnette told her audience at the 2007 Navigator conference held last April in Las Vegas. “They came up with some very good reasons.”

Notwithstanding the potential loss of their jobs if quality assurance scores fall below a certain standard for three consecutive months, Burnette’s team cited personal job satisfaction and a commitment to the public good among their reasons for consistently complying with the Fire Priority Dispatch System™ (FPDS) protocol.

Above all, however, was the goal to send the right resources once the dispatcher establishes the type of fire emergency requiring a response.

“It’s a matter of protecting our citizens and crews,” she said. “We want to save what the crews don’t need while at the same time sending them [the public] the right resources.”

So, what did Burnette recommend for staying at the top of your compliance game? Following are the recommendations based on her expertise and that of her dispatchers.

• Review protocols
This is particularly important for the fire protocols used at the Salt Lake City Fire Department communications center, she said. The center achieved its fire ACE on April 18, 2007, just days prior to the Navigator conference. She suggested a regular review of protocol for the overall goal of sending the right response—fast.

• Review current scoring standards
There’s nothing like getting dinged for something you actually did well, said Burnette. “We all make mistakes, but don’t be afraid to challenge a score if you think it was given in error,” she said. “As a dispatcher you should care enough about compliance to challenge your score, if you feel that’s necessary.”

• Ask protocol questions exactly the way they are written
The rule here is simple. The protocol questions are written with the goal of accomplishing a safe and satisfactory response. “They work,” she said.

• Know your center’s goals
If your center’s staff is working toward ACE status, do what you can to help them accomplish the goal. “It’s very hard work, and a long process,” she said. But, obviously, well worth the effort.

Burnette provided her audience with tapes from nearly a dozen 9-1-1 calls to highlight the often challenging task of choosing the correct protocol under difficult circumstances, such as imprecise location descriptions from the caller using a cell phone or insufficient information about the incident. In one case, it was a good guy doing a good thing by calling 9-1-1 to report a fire he spotted from the expressway. “He was on his way to go somewhere and didn’t want to spend a lot of time discussing what he saw,” she said.

Burnette complimented her dispatchers for the great jobs they do, while acknowledging the different ways they may respond to an emergency call.

“Not everything is a definite,” she cautioned. “Sometimes, it also takes a lot of common sense to get to the right protocol.”
Playing Host. Academy offers course to instructors from around the world

By Audrey Fraizer

The National Academies of Emergency Dispatch® (NAED) office in Salt Lake City, Utah, is always playing host to dispatchers from around the world.

In November, the office opened its doors to people arriving from as far north as Quebec and Alberta, Canada, to attend the Instructor Academy. The four days of in-class instruction is the first step in the certification process for later teaching EMD, EFD, and EPD classes. The course provides the tools necessary for effective instruction through the explanation of adult learning concepts and practice in presenting Academy curriculum in the classroom setting.

Jaci Fox has been using the police protocol for five years at the Medicine Hat 9-1-1 Communications Centre in Alberta, Canada, and now wants to spread the good news about the Police Priority Dispatch System™ (PPDS) protocol to prospective EPDs in her agency and to other centers around the country.

"I want other agencies to experience the type of consistent and professional public service that we offer at Medicine Hat," said Fox, the center's quality assurance instructor.

Fox is excited about the opportunity to teach from both the calltaker's and the public's viewpoints. In other words, protocol isn't only about making the agency look good, she said.

"From the street point of view, the proper use of protocol determines the response code appropriate for the call," she said. "They're getting the resources they need."

According to the Medicine Hat Communications Centre Web site, the 9-1-1 center is the core of services for police, fire, and medical emergencies, and it serves a regional population of about 100,000 residents and tourists. Medicine Hat recently earned triple-ACE (fire, police, and medical) status and, in doing so, is the first communications center in the world to achieve the distinction.

But Fox, who has spent the past seven years at the Medicine Hat center, wasn't the only communications expert thinking of the next step in a public service career. In fact, the Instructor Academy directed by Larry Latimer and Ross Rutschman attracted aspiring Academy instructors to NAED headquarters.

Rick Hammond, of Dane County (Wisc.) Public Safety Communications, has his sights set on an expanding role. He already wears the hats of data processing, training, and EMD/EFD Quality Assurance Specialist. To those hats he wants to add the certified EFD instructor designation. He plans modest beginnings—teaching at the Dane County center—and from there, making a
The National Academies of Emergency Dispatch® is looking for qualified instructors to teach the medical, fire, and police protocols. Instructors must have previous experience working in adult education and support the NAED goals and Code of Ethics. Medical and fire instructors must be certified with the Academy and associated with an Accredited Center of Excellence (ACE) or a licensed training site.

EMD Qualifications
- **ALS Certification**
  - Previous training, experience, and certification or licensure as an ALS-level medical practitioner, preferably as a paramedic
  - EM S nurse or EM S physician
  - Five years of active field or medical or clinical experience is preferred
- **Instructional**
  - Previous training in disciplines of adult learning theory, adult education, and instructional technology
  - Significant classroom instructional experience is preferred
- **Personnel Training**
  - Previous experience in EM S/prehospital care personnel training, preferably at the ALS level
  - Five years of experience is preferred
- **Medical Dispatching**
  - Previous work with medical dispatching and communications center operations
  - On-line experience with a system utilizing the Advanced PDS® is preferred
- **Computer Knowledge**
  - Previous experience with and knowledge of personal computers
  - Ability to perform basic personal computer operations
  - Experience with Microsoft® PowerPoint presentation software is preferred

EFD Qualifications
- **Experience as a firefighter and one of the following:**
  - NFPA Fire Service Instructor I certification
  - NFPA Officer I certification
  - Five years as a full-time/paid firefighter or 10 years as a part-time/volunteer firefighter, with a minimum of three years or more as a company line officer
- **Instructional**
  - Previous training in disciplines of adult learning theory, adult education, and instructional technology
  - Significant classroom instructional experience is preferred
- **Personnel Training**
  - Previous experience in fire rescue personnel training
  - Five years of experience is preferred
- **Fire Dispatching**
  - Previous work with fire dispatching and communications center operations
  - On-line experience with a system utilizing the Advanced PDS® is preferred
- **Computer Knowledge**
  - Previous experience with and knowledge of personal computers
  - Ability to perform basic personal computer operations
  - Experience with Microsoft® PowerPoint presentation software is preferred

For more information, go to the NAED Web site and click on the instructor tab.
New NAED Web Site. Tips that help you make the most of the new site

In its quest to develop the highest quality standards in emergency dispatch, the National Academies of Emergency Dispatch (NAED) continually evolves to respond to new challenges—and so does its Web site.

NAED unveiled its new Web site in September 2007. It sports a fresh look and a completely redesigned interface to help you find what you need. In this article, we'll give you some tips so you can use the site to your best advantage.

Navigating the site

Near the top of the new site you'll see the navigation bar, similar to the old site. You will notice that several new buttons have been added to the navigation bar: Journal, News, Conference, Instructor, and Science (highlighted below).

When you click on one of the buttons in the navigation bar, a gold bar appears immediately below to show you a list of information available in the section you chose. You are also taken to a page that introduces or summarizes what that section of the site is all about.

Clicking on one of the links in this gold bar will display the relevant Web page, along with a list of related pages in a sidebar on the left.

At any time, you can see where you are in the Web site. On the top, the section you are in is highlighted in gold in the main navigation bar. Below that, the gold navigation bar shows you the subsection you're in by underlining it. In the sidebar on the left, the page you are on appears in purple.

You can get back to NAED’s main home page at any time by clicking on the home button on the far left of the main navigation bar.

If you can’t seem to find what you need, you can always try looking it up in the site index. This link is always available at the top of every page.

By Ben Rose

The Mission of the National Academies of Emergency Dispatch:
"To advance and support the public-safety emergency telecommunications professionals and ensure that citizens in need of emergency, health, and social services are matched safely, quickly, and effectively with the most appropriate resource."
Useful pages
So, what fascinating and useful information does the Web site hold for you? Here's a list of pages you'll want to check out.

- Home page. The Web site's home page contains a list of TopLinks located, appropriately, right at the top of the page. Top Links lead you to pages featuring hot news items and featured content. At the bottom of the page you'll find a list of QuickLinks that will take you directly to some of our most popular and useful pages.

- Journal Archives. Here you'll find articles from past issues of The Journal available for free.

- Jobs. Employment opportunities advertised in The Journal are also listed here.

- Submit a Story. The Journal wants to publish your stories! Learn how to submit a story about your unforgettable calls and lessons learned.

- News. Check out the accompanying sidebar story to the right of this one for more on our News section.

- Organization Contact. Clicking on this link takes you to the main Organization page, which lists the NAED's official contact information. You can also reach specific people at the NAED offices by visiting the Staff Info page.

- Links. As a service to you, we've included a whole host of links to dispatch-related Web sites.

- Downloads. Come here to get copies of all your forms—accreditation applications, membership applications, Case Evaluation Records, Proposal for Change forms and more.

- Certification Courses. Get course descriptions and links to the current course schedule from Priority Dispatch Corp.®

- Online Recertification. You can log in here to complete your recertification process online.

- Conference. Find descriptions of the upcoming Navigator and EuroNavigator conferences, as well as links to the official conference Web sites.

- Accreditation. Isn't it about time your center became accredited? Come here for all your accreditation needs.

- Case Review Calculator. This handy calculator will tell you how many case reviews your center must perform in order to qualify for accreditation.

- Science. We've compiled a whole library of published articles about the Priority Dispatch Systems and related subjects for you to download here.

What the future holds
The new Web site's design is a result not just of our desire to offer you an enhanced browsing experience, but it also belongs to the preliminary steps in one of NAED's major member-oriented initiatives: the development of an exclusive member area to be completed in several phases.

Upon completion of Phase I of the new member area, you will be able to log in and view your membership status and recertification deadlines, complete your CDE online, update your personal information, and have unrestricted online access to the current edition of The Journal before it even ships out. It is anticipated that Phase I will be completed in April 2008.

Phase II will see the implementation of forums for members and instructors, as well as upgrades and additional features in the online certification and recertification areas. Plans for Phase III are still being developed, but will involve features dedicated to agency supervisors.

NAED's new Web site is a quantum leap forward in the evolution of the services we offer. If you have any questions or comments regarding the Web site, please contact the webmaster at webmaster@emergencydispatch.org.

This is probably the only time you'll hear us say this: It's time to stop reading The Journal of Emergency Dispatch! Put the magazine down now and go visit the new NAED Web site at www.emergencydispatch.org.

Hot Off The Press
In the accompanying article about the NAED's® new Web site we mentioned the site's News section. It deserves some special attention because it's an area you'll want to visit again and again to get all the hottest news related to NAED. The News section is updated daily using sources from all over the Academy and, as always, we welcome any news our readers would like to submit for inclusion in the several news sections listed below.

Go to the NAED home page at www.emergencydispatch.org and click on News in the navigation bar at the top. Our news pages are divided into four sections: Hot off the Press, Academy News, Press Releases, and General News.

- Hot off the Press features current news stories about NAED and the protocols. Right now the hot news is about the new Aspirin Diagnostic and Instruction Tool. The site includes your chance to listen to a live aspirin diagnostic call, compliments of Dane County Public Safety Communications Center in Madison, Wis., using the National Academies of Emergency Dispatch Advanced Medical Priority Dispatch System®v11.3 protocol.

- Go check it out!

- Academy News is where we post the most recent news about NAED—everything from new research to fun news like the naming of Salt Lake City’s South Temple (the street the NAED world headquarters is located on) to the 10 Greatest Streets in America.

- Press Releases highlight protocol updates, awards, and other Academy news released to the press. You’re sure to want to keep up-to-date with this stuff.

- General News contains recent news stories about dispatch, dispatchers, and other related stories that we think you’ll enjoy. This page is updated on a daily basis to bring you news and human-interest stories from the pages of newspapers from all over the world. Gain a perspective from others in your profession.
Editor's Note: The following article was initially printed in the Priority Dispatch Software Secrets Newsletter (Vol. 1, No. 1, 2007).

Did you know that Priority Dispatch Corp.™ has teamed up with the National Academy of Emergency Medical Dispatch® (NAEMD) to create a software solution for Continuing Dispatch Education (CDE)? The EMD Advancement Series™ is the first computer-based continuing education program designed specifically for EMDs using the Medical Priority Dispatch System® (MPDS). The course content is a highly cooperative effort between NAEMD content experts and the professional instructional design staff at Priority Dispatch. Each lesson provides two hours of dispatch-specific CDE credit.

The EMD Advancement Series lessons are designed to help EMDs understand what is happening on the other end of the line. Disease pathology is discussed and full-motion video clips bring medical problems to life. The lessons are also designed to help EMDs stay current with MPDS practice. Instruction and exercises teach EMDs: how to select the correct Chief Complaint Protocol, the importance of asking each Key Question and how these questions relate to the Determinant Descriptors, and how to select appropriate Dispatch Life Support instructions for various situations. Real-life audio clips give EMDs a chance to hear their colleagues doing it right.

For more information about the EMD Advancement Series, contact a Priority Dispatch Client Services Representative and ask about the EMD Advancement Series Sampler.

Currently available lessons include:

**The 2007 EMD Advancement Series**

- CDE 30: The MPDS® Allergies (Reactions) Envenomations (Stings, Bites) Protocol
- CDE 31: The MPDS Burns (Scalds)/Explosion Protocol
- CDE 32: The MPDS Heat/Cold Exposure Protocol
- CDE 33: The MPDS Unknown Problem (Man Down) Protocol

**The 2007 Flashback Series**

- CDE 11: Understanding ECHO Determinant Practice
- CDE 12: Understanding Heart Problems & Chest Pain
- CDE 13: The MPDS Heart Problems & Chest Pain Protocols
- CDE 15: MPDS Protocol 22

In addition to the EMD Advancement Series, Priority Dispatch™ also provides computer-based CDE lessons on the following topics:

- Navigating the New PAIs: Advanced EMD Certification CD
- The SEND Protocol: Secondary Emergency Notification of Dispatch
- The ACN Protocol: Automatic Crash Notification
- The AMPDS® OMEGA Protocol
- ProQA for Medical
- ProQA for Fire
- AQUA™ Phoenix

By Greg Spencer
Linda Boe started her dispatch career in not such a lovely place. Hotel Cadillac was a combination hotel, saloon, and restaurant, a vestige from the boom days when Whitefish, Mont., was stomping ground to lumberjacks, railroad workers, miners, and a host of scoundrels eager to spend their pay for the fast life the small town offered. “I wish I had taken pictures of the place when I worked there,” said Boe, who recently passed the 32-year career mark in dispatching and now works at two centers in nearby Kalispell, Mont. “It’s torn down and when it went, so did a lot of history.”

The Whitefish native remembers the day in 1975 when she reported to work her first shift as the town’s dispatcher, a job the local police figured was best located in the area’s landmark hotel. She was given a chair, desk, and phone in a small, dingy front office where the self-proclaimed neatnick found “plenty of room” at the Hotel Cadillac to apply elbow grease and bookkeeping skills.

“I think the owners of the hotel offered the space, and it was cheaper for the city to pay the hotel a few bucks for dispatch rather than dedicate a desk to dispatch at the station,” said Boe.

Luckily, Boe excelled at multi-tasking. Not only did she answer the emergency line, but she also made hotel reservations for train crews passing through the railroad town plus took service calls for local businesses. “I’d take messages for places like a refrigeration shop and send out the repair person while at the same time getting someone a room,” she said.

The place turned out to be heaven. “It was a lot of fun,” she said.

The fact that someone was taking emergencies over the phone, however, was quite an improvement over the former system—an electric bulb on top of a utility pole on Main Street that lit up each time the emergency line rang at the station. The cop on duty might notice the light flashing and that meant rushing back to the station in hopes of answering the phone before the caller hung up.

“I don’t know how many people were helped unless they kept calling back,” said Boe. “You had to move fast to get to the phone.”

The dispatch desk at the Hotel Cadillac lasted about three years before somebody not the idea to relocate the dispatch center to the local hospital. The job there included dispatch, patient admission, and taking phone messages for the medical staff. Boe said she almost didn’t take the transfer and nearly gave up the dispatch profession because of her affection for the Cadillac and the owners she still calls friends.

“They were great people,” she said. “The hotel was rundown, but I think they bought it because of their interest in the restaurant. They really treated their employees well. They recognized the people they knew and the people they responded to.”

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Boe discovered her career in an unlikely setting at Hotel Cadillac.

By Audrey Fraizer

Lyrics to “Hotel California,” by the Eagles

Welcome to the Hotel California
Such a lovely place (Such a lovely place)
Such a lovely face
Plenty of room at the Hotel California
Any time of year (Any time of year)
You can find it here
Linda Boe, 32 years later, says dispatching is in her blood.

The opening at the Cadillac Hotel for the part-time dispatcher/hotel clerk intrigued her, she was also a certified nurses’ aide, and she was hired even before completing the application. “My family got a kick out of where I was working,” Boe said. “But, in my heart of hearts, I believe dispatch should have stayed at the Cadillac Hotel.”

The hotel has since been torn down and in its place a brewery stands. But that perhaps is only appropriate because, as local legend and the Great Northern Brewery Company tells it, the W hitefish boom happened so fast that when they got around to building sidewalks, the foundations were made from empty beer cans.

Whitefish, like the neighboring towns of Columbia Falls and Kalispell, is now a popular stop for tourists on their way to Glacier National Park or other outdoor destinations. Subdivisions, malls, and the other trappings of metropolitan America are filling the open spaces once separating the small rural northern Montana towns.

Boe’s career has had its twists and turns, but all within the dispatch profession have kept her in the same corner of Montana. In 1980, Boe left W hitefish and went to work at Kalispell Police Department (KPD). In 1992, she went to work at Flathead County Sheriff’s Department part time while still working full time at Kalispell Police Department. The next year she quit KPD and went to work full time at Flathead County Sheriff’s Department (which is now called FECC). Later in 2001 she was asked to come back to Kalispell Police Department part time, which she’s currently still doing, as well as working full time at FECC.

Boe no longer books hotel rooms, schedules refrigerator repairs, or checks the blue chip charge cards of incoming hospital patients. The Flathead County Emergency Communications Center in Kalispell and the sheriff’s office are state of the art. She uses the Medical Priority Dispatch System® (MPDS) to help deliver babies, give CPR instructions, and route emergency vehicles.

“There are times it’s hard, very hard,” she said. “I get callers screaming they’re so scared, lots of outdoor accidents, and last year a local boy was electrocuted when he got tangled in some wires underwater where he was swimming. It was tragic, terrible. You have to develop a thick skin.”

Of course, Boe said, the job is also tempered by the positive side: the chance to help people in their times of crisis. “We’re more than a voice that sends out the knight in shining armor,” she said. “We don’t get a lot of credit but we do quite a job.”

Boe finds a lot of satisfaction in what she does, despite the occasional rough spots, and would find it hard leaving regardless of the job and retirement opportunities in an area growing so fast she sometimes can’t even recognize it as the place where she has spent all of her life.

“Dispatch gets in your blood,” she said.

Or, as the rock band the Eagles might say, “You can check out any time you like. But you can never leave.”

Facts about the Flathead County
Emergency Communications Center

Dispatchers at the Flathead County Emergency Communications Center (FECC) in Kalispell, Mont., obtain state certification in law enforcement telecommunication and emergency medical dispatching. The Flathead County ECC dispatches for dozens of public safety agencies including city and rural fire departments, ambulance crews, law enforcement, animal control, and the local Office of Emergency Services (OES).
Seconds Mattered. Over-the-phone CPR keeps cardiac patient alive

When seconds mattered, it's a good thing Cheri Newhall was there with instructions for giving cardiopulmonary resuscitation (CPR) over the phone to the distraught spouse of an apparent cardiac victim.

The emergency call came in at 5 a.m. on Sept. 13, 2006, when Newhall was working the night shift at dispatch. "The caller was scared, and I completely understand why," said Newhall, a San Diego Medical Service Enterprise (SDMSE) dispatcher. "Her husband had collapsed on the floor after complaining about pain in his chest and she was hysterical."

Newhall brought the caller through the emergency, keeping her actively involved in administering CPR using the Medical Priority Dispatch System® (MPDS) Pre-Arrival Instructions (PAIs) until emergency crews arrived at the home. "Usually that's where it ends for us," said Newhall. "We disconnect from the call, go on to the next, and don't often hear what happened to any of the callers."

This call, however, took an unexpected turn several months later when Communications Manager Susan Infantino told her about a note she received from the caller. "She wrote to thank us for helping to save her husband," said Newhall. "She was very grateful."

According to the letter, the caller's husband was not only alive, but also able to walk, talk, and think clearly. Most importantly, he was home after spending 22 days recuperating at the hospital. A section of the note was intended for Newhall, the dispatcher she had yet to meet:

"I really want to thank the person who helped me through this ordeal and to be sure she knows how successful and important her part in my husband's life was... without her help he would be dead...All the doctors and nurses said the compressions saved his life, period."

The California Public-Safety Radio Association later presented Newhall its 2006 Outstanding Performance by an Individual award for the CPR save. In addition, Newhall was named Dispatcher of the Year at the 2007 National EMS Week (May 21–25) during a ceremony sponsored by SDMSE. She was able to meet the caller and her husband.

Newhall's control calms caller

Listening to the call, it's amazing to hear Newhall's control in calming the caller and, subsequently, relaying the MPDS PAIs for CPR. The caller is frantic at the sight of her husband lying on the floor and nearly sobs during the first several minutes of the call as Newhall tries to make sense of the emergency.

"Tell me what is happening," Newhall asks.

"My husband, he had a lot of pain in his chest and he just passed out," cries the caller.

Newhall asks about his age. "He's 61."

She asks whether or not he is conscious and breathing. "Yes, he's breathing. It sounds like he's snoring. He's trying. I can hear him."

Newhall asks if she saw what happened. "He got up and swallowed or something and said he got a pain," the barely audible caller tells Newhall. "It happened to him twice."

During the next several seconds Newhall soothes the caller while giving preliminary CPR Pre-Arrival Instructions—getting him as close to the phone as possible and lying him flat on his back. The caller seems to hesitate. Her breathing is heavy.

"Are they coming?" the caller pleads.

"Yes," Newhall assures the caller. "Listen carefully. I'm going to tell you how to do chest compressions."

Barely four minutes into the emergency, compressions begin per Newhall's instructions. The hysteria is gone. The caller is counting the number of compressions she is applying while Newhall listens.

"Christina [the caller's name], are you pumping?" she asks.

"Yes."

"Keep going. I'm timing you."

Newhall stays as close to the crisis as she possibly can, reassuring the caller about the great job she is doing.

"Keep going, they're almost there," she says. "Keep going. Don't stop until they're in the house and they can take over for you."

Approximately six minutes and 30 seconds into the call, the SDMSE emergency vehicle approaches; the sirens are heard in the background.

Attention is a bit unnerving

Publicity generated by the call and letter makes Newhall a little uncomfortable.

"I'm more of a behind-the-scenes person," she said.

Besides that, she works alongside a team of dispatchers who she said deserve the same sort of credit for the hard job they do day-in and day-out.

"I love it," she said. "We all love it. It's hard, especially some of the calls when you can't help as much. But if you can help one person, the job is all worth it."
Not only about protocol. Company fundraiser nets $1,430 for orphaned and vulnerable children in Africa

By Audrey Fraizer

So, you think the national and international offices for emergency dispatch protocol research and development in Salt Lake City, Utah, are all protocol and no play?

Not always.
The people staffing these offices are about protocol and playgrounds, jungle gyms, soccer balls, and overflowing beach buckets of educational supplies like boxes of crayons and children's storybooks.

At least it was this past summer when the staff from the Priority Dispatch Corp.™ (PDC) Consulting and Office Support Departments sponsored an event in which $1,430 was raised as a charitable contribution to the orphans of Rundu in Namibia, a country in southwest Africa.

The exchange rate of $7 Namibian dollars per $1 U.S. dollar puts the actual donation at about $10,000.

The donation, raised from the proceeds of a lunch served Southern style (pulled pork, sweet tea, and watermelon) and the sale of raffle tickets, will be used toward the purchase of educational and recreational supplies for a population devastated by the HIV/AIDS epidemic. The disease is the leading cause of death among all ages in the country. According to facts about Namibia from the United Nations Children's Fund (UNICEF), about 120,000 children under age 17 have lost one or both parents; about 57,000 of these children have been orphaned by HIV/AIDS.

The money represents a dream come true at a very tough time for the Rundu Center that houses the Orphaned and Vulnerable Children (OVC) project sponsored by the Namibian Red Cross Society. "The donation was a shining beacon of light for us," gushed an exuberant Margaret "Maggie" Boehly, a Peace Corps volunteer with the Kavango Regional Red Cross Center in Namibia.

"It's almost overwhelming," she continued. "This is a unifying point because of what the huge gift can do for the children."

The children's response was overwhelming, especially on the day they heard about the 22 boxes packed with clothes, school supplies, toys, recreational equipment, and fun stuff—like nail polish and colored pencils—the children seldom receive.

"The timing couldn't have been better," said Maggie. "The house belonging to one of our families had just burned down. They are a family of seven we were able to help in addition to the others coming to our center. We gave gifts to 70 kids. It was absolutely perfect."

Maggie is the 25-year-old daughter of Bill Boehly, who you may know as PDC's director of consulting. When his group was looking for a way to benefit others as
part of a PDC team-building exercise, he was admittedly a bit biased when it came to selecting the Namibian cause. “I tossed out the idea and my group was right on it,” he said.

Staff pulled out all the stops, including volunteering their own time after office hours, and put together an activity held at Salt Lake City headquarters that would impress even the likes of stalwart fundraisers like the formidable Red Cross.

Judging from the attendance and the money raised, the benefit was not a hard sell for staff from both PDC and NAED. That’s not always the case with formal and consistent funding as Maggie has learned during her first of two years as the OVC project’s assistant director.

Money for the OVC project came to an official end when its contract ran out in April 2007. That left the Namibia Red Cross Regional Office struggling for the barest of necessities, like food, at a center considered a lone safe haven for children between six and 20 years of age who often walk two to five miles daily each way to receive their help.

“For a while we thought we’d have to close the center, and some of the older children who understood the situation were very worried about what would happen to them,” Maggie said. “Sometimes we were so low on food that staff used their money to buy the essentials like bread and fillings for sandwiches.”

Some local donations came through, and they’re continuing to keep the OVC program afloat at a minimum of services. The shoestring funding pays for food—on most days—but leaves nothing else for programming.

“We go day-to-day,” Maggie said. “The lack of money, however, hasn’t dampened Maggie’s enthusiasm or imagination.

She is absolutely dedicated to the idea of establishing lasting recreational and educational programs for the average 170 children that visit the center each day, including weekends. When push came to shove for a new activity in June, for example, she rounded up used racquets and started a badminton club. She also circulated pages from a coloring book among the younger children, which was a big hit, she said.

“At the end of the day, kids need food, attention, and a safe place,” she said. “That’s what the OVC project is about. The kids telling me that the center is the most important part of their lives each day keeps me going.”

Maggie is a graduate student in International Politics from George Mason University in Virginia, which requires a two-year enlistment with the Peace Corps. She was assigned to a country nearly across a continent and an ocean from her family’s home in Salt Lake City, Utah.

“IT’s tough having her so far from home,” admits Bill, her father. “But this is about what she is and wants to do. Ever since high school she’s been active in volunteering.”

For Maggie’s part, she said the work is addictive.

“To be able to give back is great,” she said. “Helping people is what it’s all about.”

Issues facing children in Namibia

• About 120,000 children under age 17 have lost one or both parents; about 57,000 of these children have been orphaned by HIV/AIDS.

• Stunting, which is related to undernutrition, affects about a quarter of all children.

• Young people face high unemployment, at around 40 percent, or double the national average.

• The poorest parts of the country are most vulnerable to malaria and chronic drought and have the highest rates of HIV/AIDS infection.

• Flooding in the Caprivi region in 2004 forced the relocation of 1,500 people, and destroyed crops and livestock for 20,000 people.

AIDS has been the driving factor in recent increases in the maternal mortality rate.

• Physical and sexual violence against women and children is a serious concern; many victims never seek help. Much of the violence is fueled by alcohol abuse.

• Bureaucracy and a lack of awareness are barriers that prevent many Namibians from accessing social services to which they are entitled.

Would you like to help? Contact:
Miss Maggie Boehly, Peace Corps Volunteer OVC Project Assistant Namibian Red Cross Society: Rundu Office P.O. Box 1562 Rundu, Namibia 9000 Africa

UNICEF Facts about Namibia

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SURPRISE PACKAGES: Boxes of clothes were a welcome addition.
Communication Roadblock. Dispatcher gets past language barrier to help caller in distress

Robbery. Gun. Motel. Those three words alerted Dixie Weatherall to the trouble that was brewing when she answered that emergency call in the early days of her dispatch career.

“What’s the address of the emergency?” Weatherall asked.

And that’s when things really started getting shaky.

“He [the caller] was telling me he had been held up, but I couldn’t understand where it had happened,” she said.

Weatherall works in San Jose, Calif., a multicultural area that includes a large Vietnamese population, which she assumed was the nationality of the caller based on the language he was speaking that she was trying desperately to grasp.

“We weren’t getting anywhere,” she said. “He couldn’t understand me. I couldn’t understand him. All I got were the three words in English that told me he needed help and I knew he wanted it fast.”

But Weatherall couldn’t send help with the information she had. The call happened from a pay phone years ago when there wasn’t any equipment to trace the location of the caller. Phone translation service also wasn’t available at that time. She knew his English was limited so she tried her best.

“I pulled from my bag of experience and tricks that had served me well in the past,” she said. “We began the arduous process of spelling—letter by letter—the name of the motel.”

Four letters into the spelling, Weatherall knew that the “somewhere” was not a place she could send police. She was starting to realize that this was not going as well as she had hoped. He was spelling the word vacancy, a word most likely displayed somewhere in the vicinity of the hotel’s marquee.

“We began again,” she said. “It took three or four minutes, but at least I was able to get the information needed to get him help.”

The “bad guy” was never caught although police made it to the scene in perhaps less than 10 minutes from the time the caller had been robbed of his wallet at gunpoint. But even worse than the guilt she felt over the language barrier was the subsequent ribbing by fellow dispatchers.

“They weren’t mean about it,” Weatherall said. “I was the new person, the rookie, and they probably remembered the times the same thing happened to any of them.”

Since those days 25 years ago, the San Jose Police Department Communications Center now uses a phone system that connects to a variety of language assistance programs and a state-of-the-art computer-aided dispatch system. It’s no longer a matter of doing everything the dispatcher could think of to get past the language barrier.

Weatherall concedes her story is not as dramatic as some she reads, although every bit a part of the business she’s in. “Maybe this is not a hair-raising story, but certainly one I chuckle about from time to time when I hear a dispatcher struggling with the same problems.”

Those early years are also marked by Weatherall’s intense desire to get on the other side of emergency calls from her first job as an administrative assistant at the city’s front desk. The phone she used had a red button, a yellow button, and a green button for transferring emergency calls to the dispatch center on the floor above her reception desk.

“The red button meant life or death and that they’d better get help on the way,” she said. “The yellow signaled that someone should get there although nobody’s life was in danger. Green was in between.”

If the caller hung up, Weatherall would relay the information the best she could. Well, that job lasted six months. Weatherall was itching to get closer to the emergencies she was transferring to dispatch. She got the dispatch job at the sheriff’s department and later transferred to the new communications center where she has stayed for the past 17 years as the supervising public safety dispatcher for the San Jose Police Training Unit.

The calltaking and dispatch aspects, however, are what she loves.

“The job is very passionate and unpredictable,” she said. “You go to work not knowing what’s going to happen from one minute to the next. Dispatching is never boring, plus you get hooked on helping people.”
The picture in the newsletter tells it all: Actor William Shatner, Dr. Henry Heimlich, and Emmy-winning TV producer Arnold Shapiro appear absorbed in conversation while a bearded Dr. Jeff Clawson stands in the background looking absolutely delighted. The black-and-white photo on the newsletter’s front page was taken at the Second Annual International Conference of Emergency Medical Dispatch held in 1989 in Orlando, Fla. The name Navigator was yet to be coined.

The newsletter published one month after the two-day conference—yes, just two days—was the four-page inaugural edition of the quarterly newsletter, predecessor of the current magazine style Journal now published bi-monthly. The column Dr. Clawson wrote in the original newsletter praises emergency medical dispatchers for the role they play in the EMS system and he acknowledges the official start of the Academy—then known as the National Academy of Emergency Medical Dispatch®—a year earlier at a conference held at the Utah ski resort called Snowbird.

“Membership has grown tremendously in 1989 as we near our first 1,000 certified members,” he wrote. “You should be very proud of your contribution to that excellence in dispatch.”

Dr. Heimlich and Shatner were conference keynote speakers and cohorts in a presentation emphasizing the ease of teaching the Heimlich Maneuver “to an untrained emergency caller (even children) over the telephone.” Class presenters included names still popular today among the dispatch community—Fred Hurtado, who attendees rated extremely high, along with Dr. Clawson, and the late James O. Page.

The two-day event was obviously well received, according to several comments published on the back page of the newsletter. “If all conferences were as well prepared as the Second Annual EMD International Conference, EMS personnel would not be as hesitant to attend for fear of them being a waste of money and time,” says Michael E. Rader, an EMS instructor from the University of South Alabama. An anonymous comment notes: “The two-day event was obviously well received, according to several comments published on the back page of the newsletter. "If all conferences were as well prepared as the Second Annual EMD International Conference, EMS personnel would not be as hesitant to attend for fear of them being a waste of money and time," says Michael E. Rader, an EMS instructor from the University of South Alabama. An anonymous comment notes..."
that a class attended was “stunning” and the time gone “before you realize it.”

The editor of the newsletter, Rob Martin, recalls the heady days of the past decade and the uncertain future of an Academy existing for emergency dispatchers. Martin credits the “drive and passion” Dr. Clawson had for the profession and the dedication to a set of protocol that now sets the call-taking and dispatching standard for thousands of communications centers worldwide.

“She defined a new niche where no one else had gone,” said Martin, former NENA executive director, currently working as a consultant with E-Copernicus, a Washington, D.C., based broadband financing and government affairs consulting firm. “No one else had the same vision for its potential.”

The focus Shatner and Shapiro brought to the industry only helped the industry’s prospects. At that time, Shapiro was directing the popular TV series Rescue 911. Shatner, who captured eternal fame as Capt. James T. Kirk commander of the starship USS Enterprise, hosted the series, which focused on police, firefighters, paramedics, and ordinary people as they responded to real 9-1-1 emergency line phone calls.

“We believed in what we were doing,” he said. “It was easy to see from the inside what Dr. Clawson was trying to achieve.”

Dr. Clawson was the medical director for the series’ first years (it ran from 1989–1996), reviewing calls, scripts, and basically lending his emergency medicine background to a series many credit with drawing national primetime attention to the little known work of dispatch.

Key people from the Rescue 911 series—Shapiro and Shatner—were recognized at the 1989 conference with special President’s Awards “for enhancing public awareness of the importance of EMDs in the EMS world.” The Dr. Jeff Clawson award, which is an honor that continues to this day, was given to the Central Net Dispatch Center of Huntington Beach, Calif. Carl VanCott, of North Carolina State EMS and chair of A STM’s Communications Standards Committee, was the recipient of the James O. Page Award for his contributions to the further advancement and standardization of EMD.

These were exciting days, remembers Martin, who was hired by Dr. Clawson in 1988 to run the administrative side of the business. And the environment at the office—the same office building the Academy still occupies—was every bit as urgent as the space of an emergency room. “We believed in what we were doing,” he said. “It was easy to see from the inside what Dr. Clawson was trying to achieve.”

Martin stayed with the company for a decade before moving on to other positions in emergency communications. He alone wrote, designed, proofed, and even mailed the first issues of the newsletter. His master’s degree project in 1996 saw the beginnings of the Navigator Conference as we know it today.

There was an initial attendance of maybe 100 people at conferences held every few years in the late 1980s. Attendance has since grown to more than 1,200 from all over the world at the conference held annually. Certified members number close to 40,000. The NAED offers three distinct types of dispatch credentials (EMD, EFD, and EPD), compared to the single credential offered in 1988, in addition to certification in quality assurance and instruction. More than 3,000 communications centers use the system worldwide, impacting the lives of at least 600 million people annually.

Despite the growth and worldwide recognition of protocol, there are many things that have remained consistent over the years. Dr. Clawson still gives his chief attention to the development of his life and resource-saving dispatch system. His word to the wise from that first newsletter printed 18 years ago February holds true today: “Remember that the expert knowledge built into the dispatch protocols can’t help unless you use them. To ad lib at the console is just a nice way of saying, ‘arbitrary decision-maker at work’.”

Looking Ahead

Your next issue of The Journal will provide stories you surely won’t want to miss. In addition to the valuable continuing dispatch education (CDE) articles you rely upon for keeping credentials up-to-date, you can look forward to timely news briefs about the industry as well as the latest information about advances in protocol and software.

The March/April issue features stories about your colleagues on the job. The coming issue also provides a sneak preview of the Navigator Conference scheduled from April 23 to April 25 at the Baltimore W hite Marriott H otel in Baltimore, Md.

And, while we’re on the subject of stories, let’s not forget that The Journal needs you! Here are a few ways you can contribute (and see your name in print):

Unforgettable Call, or Dispatch in Action
W e welcome your touching or hair-raising dispatch story (in 500 words or less and with the word “Unforgettable” or “Action” in the subject line) for publication. Tell us your full name, your company, your hometown, your contact information (e-mail and phone number), and the number of years you have been in the dispatching profession.

Real Life
Submit a story about something you think your peers may want to read about (check out the Summer 2007 Journal for the story about Wade Itzel’s run across North Dakota). You can also send us a suggestion and we’ll do the follow up and story. Once again, just tell us your name, your call center, your hometown, and your contact information.

Close Call
Our newest column showcases the often unseen talents of those who work in the field of emergency dispatch. If you have written a poem or a prose piece, or have penned a book or movie review, or have an inspired observation, we welcome the opportunity to showcase the work.

How to Submit
It’s easy. Send the information to Audrey.Fraizer@emergencydispatch.org. We will contact you.
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