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The National Academies of Emergency Dispatch

January/February 2009

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“Information is the reduction of uncertainty”
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The following U.S. patents may apply to portions of the MPDS depicted in this book: 5,857,966; 5,989,187; 6,004,266; 6,030,451; 6,053,864; 6,076,065; 6,078,894; 6,106,459; 6,607,481; 7,428,301. FPDS and PPDS patents pending. Protocol-related terminology in this text is additionally copyrighted within each of the NAED's discipline-specific protocols. Original MPDS, FPDS, and PPDS copyrights established in September 1979, August 2000, and August 2001, respectively. Subsequent editions and supporting material copyrighted as issued.
Despite mid-December temperatures that are below freezing on the streets, I feel the heat rising and my pulse quickening every time my cell phone rings and I can tell by the caller I.D. that someone from The Journal is calling to remind me about my column. Well, maybe “remind” is a little misleading. Two days before deadline their urgency now includes hints of irritation thrown in for good measure.

I’m not a procrastinator; it’s just that the Academy has so much going on that sometimes it’s tough to decide the direction to move. Since the last edition highlighting our international conferences in Bristol and Berlin, the Academy has moved full speed ahead in planning the annual stateside conference in Las Vegas. This year’s theme will celebrate the 30-year anniversary of protocol and the many people involved.

While the longevity of the business is something to celebrate, that’s really not the focus of the events planned. Thirty years ago, EMS standards were starting to gel. The national use of any level of emergency medical services (EMS) was reaching close to 75 percent. Paramedic programs were springing up all over the country in the 10 years since the first program was established at the Miami (Fla.) Fire Department. The American Medical Association (AMA) recognized emergency medicine as a specialty. The time was right for an emergency dispatch program that would complement and add to the services already available for the provision of pre-hospital care.

Jeff Clawson, M.D., who developed the concept of dispatch medical protocols, envisioned a national standard. This was not for the sake of moneymaking. Most of you who have heard the story of protocol know Dr. Clawson initially gave away the protocol for the asking. His motive, which continues today, was to improve what he and others considered the weakest link of emergency services. He wanted the level of qualification available at the communications center on par with other EMS professionals. After all, the calltaker directly affects the outcome of an emergency; this is the first person the public contacts when calling 9-1-1 and the person accountable for the response sent.

Prior to his medical protocols, there were few standards for dispatchers to follow. General practice was a seat-of-the-pants approach. Training was catch-as-catch-can. Believe it or not, the same might still apply to EMTs and paramedics if it wasn’t for the EMS Systems Act (public law 93-144) passed by Congress in 1973. The law, first proposed because of inconsistent levels of care, was structured to create an inclusive comprehensive emergency medical system.

Since the law passed, 46 states now require EMS certification through the National Registry of EMTs (NREMT) for a license to practice as an EMS professional in their state. All EMS professionals are required to complete continuing education. The Continuing Education Coordinating Board for Emergency Medical Services establishes guidelines for approval of courses and helps assure that EMS professionals receive a quality educational experience, according to information on the NREMT Web site. So why hasn’t the same been mandated for EMDs? State laws governing EMS often include a provision relating to EMDs, but not to the extent the public might believe. While television shows have created a public perception of universal pre-hospital protection, that’s actually more of a misconception. While many communications centers rely on the fire, police, and medical protocols, there are still thousands of centers frozen in time, dancing to the beat of disco music. Does the public they serve realize the absurdity? Probably not. They probably think they’re protected to the same standards as the next guy.

It’s time to turn up the heat by contacting state and national decision makers about the benefits of uniform protocol for emergency calltaking. A sound of urgency with a note of irritation thrown in might just do the trick. It certainly worked for me.

Scott Freitag, NAED President

Presidential Message

The Heat’s Up. A sense of urgency accompanies 30-year celebration

The National Academy of Emergency Medical Dispatch
No Judgment Call. Calltaker’s integrity intact despite request to verify condition

Jeff Clawson, M.D.

Dr. Clawson:

In the “13-Diabetic” and the “25-Psychiatric” cards and ONLY in ProQA®, the question is asked “Can I speak to the patient personally to verify his condition?” What is the point of this question, and what is the calltaker’s objective here? Aren’t we in fact questioning the caller’s integrity and possibly compromising the patient by requesting that he physically come to the phone?

Thanks in advance for any and all light you may be able to shed on this!

Tracey Horrocks

Quality Improvement Coordinator

Performance Management Division
British Columbia Ambulance Service
Vancouver Island Region

Tracey:

This has long been a part of the full OMEGA version of the protocol. Since OMEGA must refine certain situations to assure that the assessment is correct for alternate referral AND all OMEGA centers are either accredited or function at ACE compliance levels, we are not judging the integrity of the caller in this case. The judgment thing is usually present in the ad hoc asking to talk to the patient when the EMD literally distrusts the caller, inappropriately suspecting that the patient is less ill than reported. In the OMEGA environment, the EMD is simply verifying the relative stability of the patient and ensuring the safety of the referral. In other words, asking to talk to the patient in the OMEGA setting is motivated by patient safety and under-triage concerns, while asking ad hoc in other situations is most often motivated by suspicion and concerns about over-triage.

Remember, this is a written addition to the Key Questions in OMEGA, which has purpose. In the standard protocol, users don’t ask this question because there is generally no need to talk to the patient. That is the current rationale, and it has worked well for 16 years of OMEGA use—starting in Montreal in 1992.

Hope this helps to clarify this interesting question.

Onward through the fog… Doc
Audrey Fraizer, Managing Editor

Some days take a jumpstart.

Dr. Jeff Clawson tends to shy away from the attention, it’s safe to say his drive helped to revolutionize emergency dispatch. Over the past three decades, his work and the reciprocal efforts of those who believe in the protocol systems have continued to transform dispatcher procedure in response to emergencies and the public’s perceptions of what to expect when calling 9-1-1.

Countless stories we hear and write reveal the lifesaving potential behind the voice of dispatch. The first Emergency Medical Dispatch newsletter the NAED published noted EMD Jerilyn Maughan of the Weber Communications Center in Ogden, Utah, who assisted a hysterical woman in saving the life of her drowning child. In the next issue, Debra L. Finley, dispatcher for the Livermore Falls, Maine, Police Department, was lauded for the CPR instructions she gave over the phone to parents frantically trying to save their two-year-old son, also a victim of a near drowning.

The stories keep on coming and the best are told to us by members. During this year of celebration, we invite you to send us anecdotes about your job for publication in The Journal. We want to know what comes your way and how you handle the situations you consider tough. Please call—it’s not only important, but the chance to hear your stories would do wonders for my endorphins.
Getting Along. Mentoring builds on skills learned in relationships

By Jay Fitch, Ph.D.

What do you look for in a mentor? We’ve frequently asked that question of Communications Center Manager course participants in recent years. The most common answers have been: humility, vulnerability, a servant’s heart, a deep understanding of human nature and leadership, and someone who is a good communicator. “Mentoring is not about what you know,” the answers seemed to say. “It’s about what kind of person you are.”

This confirms what one of my mentors used to say: “Leadership is a character-building profession.” The challenge, of course, is that neither the character of a leader nor the skills that support that leader is learned in isolation. Neither can someone learn the skills solely by reading books, attending conferences, or surfing Web sites. Rather, they must be learned in relationships.

It is perhaps the most important aspects of leadership that must be learned and passed on in close quarters. Drawing on the insights of Dr. David Nelson, we equip experienced leaders to pass on their knowledge to the next generation. It’s a great way to build up tomorrow’s leaders today. Learning to communicate directly is one of the 41 core competencies every leader should develop.

When I assumed one of my early leadership roles in St. Louis (Mo.), a number of the staff had children older than I was. At age 24, I was their director. That was intimidating. I was told by a mentor that I would have to be discreet when I talked to me rather than among themselves.

The list I drew up evolved into 10 principles that transformed the way we communicated and ultimately the way we dealt with one another. Rummaging through my desk the other day, I ran across the list. It is as relevant today as it was then. Reviewing the principles was helpful as my daily use of them can always stand to be refreshed:

1. If you have a problem with me, come to me (privately).
2. If I have a problem with you, I’ll come to you (privately).
3. If someone has a problem with me and comes to you, send them to me. (I’ll do the same for you.)
4. If someone consistently will not come to me, say, “Let’s go to the boss together. I am sure he will see us about this.” (I will do the same for you.)
5. Be careful how you interpret me—I’d rather do that. (On matters that are unclear, do not feel pressured to interpret my feelings or thoughts. It is easy to misinterpret intentions.)
6. I will be careful how I interpret you.
7. If it’s confidential, don’t tell. (This especially applies to our supervisor meetings.) If you or anyone comes to me in confidence and indicates that the matter we are discussing is confidential, I won’t tell unless (a) the person is going to harm himself/herself, (b) the person is going to physically harm someone else, (c) a crime has been committed. (I expect the same from you.)
8. I do not act on innuendo, unsigned letters, or notes.
9. I do not manipulate; I will not be manipulated; do not let others manipulate you. Do not let others try to manipulate me through you. I will not preach “at” you as a leader and will do my very best to walk the talk.
10. When in doubt, just say it. The only dumb questions are those that don’t get asked. We are a family here and we care about each other, so if you have a concern, then speak up. If I can answer it without misrepresenting something or breaking a confidence, I will.

While these principles may not eliminate every problem in the workplace, they provide a strong foundation for direct communication and mentorship.

Recently, two individuals asked a longtime co-worker to “tell the boss” about an idea that was not working. At first, the person agreed to speak with me. Then, she called the two individuals back and said, “I’ve thought about what you asked me to do. I know that the boss would appreciate it if you told him yourself. He always wants to hear what people think. If he does not respond, then call me, and you and I will talk to him together.”

That afternoon, the staff members came to see me, and we worked through their issue. I did not know about their request of the person who sent them to me.

“I’m so glad you came to me personally,” I closed our conversation. “We need to communicate openly and honestly, even about difficult matters.” Later, when I learned the rest of the story, I knew that adherence to our communication rules had given that leader an opportunity to communicate her confidence in me and I was allowed to cement two other relationships that might have presented roadblocks later on.

Are you mentoring your leaders? Here are four questions you can use to begin thinking about your mentoring relationships.

1. Do I spend time with my staff, building interpersonal relationships?
2. Are others being encouraged as leaders not only by what I say but by how I say it?
3. Do I like to plant ideas for leadership among my staff, allowing those seeds to grow naturally?
4. Do I communicate with others in a manner that encourages greater communication and builds trust?

Mahatma Gandhi was a great change leader and mentor. He summarized it best by saying: “You must be the change you wish to see in the world.”
Carlynn Page is the Associate Director for the International Academies of Emergency Dispatch and is based in Salt Lake City, Utah. Her responsibilities include accreditation, legislation, the Communication Center Manager (CCM) course, Emergency Police Dispatch, and the Board of Certification. She is a graduate of the University of Utah with a bachelor's degree in speech and hearing science. She later obtained certification as a paralegal, completed the Peace Officer Standards and Training course, and worked as a reserve police officer. She was a public safety dispatcher for 15 years and a communications center manager for three years. During that time her center was awarded accreditation as a center of excellence with the National Academies of Emergency Dispatch.

Craig Whittington, a member of the National Emergency Number Association (NENA) since 1991, serves as the 9-1-1 & Special Projects Coordinator for Guilford Metro 9-1-1 located in Greensboro, N. C. During his 30 years of service in emergency services, he has worked in nearly every area of the local government side of public safety, including having served more than 20 years in a paid volunteer combination fire department (having risen to the rank of Deputy Chief). He also worked in EMS as a North Carolina certified Paramedic for over 12 years and as a sworn law enforcement officer for more than 15 years (three years as a reserve Sheriff’s Deputy and 12 years with his hometown Police Department).

Craig has been active in the North Carolina Chapter of NENA, having served twice on the North Carolina NENA Board of Directors and for eight years on the National NENA’s Education Advisory Board and is a NENA Instructor and educational course developer. As part of his current duties at Guilford Metro 9-1-1 he is a NAED certified instructor in EMD, EFD, and ETC and serves on the NAED ETC Board of Curriculum. Whittington will be sworn in as the Association’s President in June at the 2009 Annual NENA Conference & Trade Show in Ft. Worth.

Keith Griffiths has 26 years of magazine publishing and trade show experience, including the startup of JEMS Communications, where as President he helped lead the creation of multiple trade magazines, research journals, trade shows, newsletters, books, videos, and online resources for the emergency care market. In 1997, he developed his own business development and marketing organization, The RedFlash Group, and continues to serve as a contributing editor for JEMS; he is executive editor of Homeland First Response Magazine. Keith serves on the NAED Board of Trustees.

Greg Scott, MBA, served as supervisor of the San Diego EMS 9-1-1 Center from 1985-1997 and has directed many emergency dispatch implementation projects across North America. He is a dispatch consultant and EMD-Q instructor for Priority Dispatch Corp. and a research assistant for the NAED. Recently he was the lead writer for a white paper on best practices in 9-1-1 center management for the International City/County Management Association.
Jon Stones is the Priority Dispatch Corp. (PDC) client services representative for Illinois, Indiana, Ohio, Michigan, and Ontario, Canada. He grew up in Redmond, Ore., and moved to Utah in 1996, joining the PDC staff in 2002. When not working with clients, he enjoys spending time outdoors with his family and engaging in Utah’s top sports, including water and snow skiing, mountaineering, ice climbing, and canyoneering.

Kim Rigden is an emergency services consultant with nearly 20 years experience in dispatching. Prior to establishing KRB Consulting, she worked 17 years for the British Columbia Ambulance Service as a dispatch quality improvement manager in the Performance Management Division, a paramedic (1991-2004), and a critical incident stress diffuser. She has been a certified ED-Q and EMD since 2006 and she is a popular presenter at both the Navigator and EuroNavigator conferences.

Michael Spath began 9-1-1 dispatching more than 17 years ago. He is the Administrative Senior Public Safety Dispatcher at the Sunnyvale Department of Public Safety in Sunnyvale, Calif. He is a NAED certified quality improvement instructor for police, fire, and medical protocols. He co-chairs the NAED Call Processing board and is a member of the Q Standards Task Force. He and his wife Tammy own and operate EDQ911, a quality management consulting service.

Jim Lanier, ENP, is the Division Manager for the Manatee County (Fla.) Emergency Communications Center. He is also an EMD/EFD/EMD-Q/EFD-Q Regional Instructor for Priority Dispatch Corp.

Randall Larson brings extensive field and journalism experience to the Editorial Board. He is a senior dispatcher for the San Jose Fire Department and manager of its field communications unit. He has 25 years of police and fire dispatch experience and served many years as Secretary for the California Fire Chiefs Association (CFCA) Communications Section. Larson has been an Incident Dispatch instructor for 10 years, and, since 1995, the editor of 9-1-1 MAGAZINE, an independent, non-affiliated national magazine focusing on public safety communications. He is EMD/EFD certified and a trained quality assurance supervisor.

Scott Freitag is president of the NAED. In his 17 years of experience in emergency care, he has worked in the field as an EMT and paramedic, in administration as an EMS program manager, in dispatch as a committee chairman, and as a public information officer. He has also served the NAED as an instructor for the past seven years and as its governmental affairs director.

Ross Rutschman became an associate director of the NAED and IAED in April 2007. The Oregon native has been involved in public safety for 33 years during which time he has served in various capacities. Prior to becoming associate director he was a shift commander/EMS coordinator for a fire-based transport service for 10 years. He teaches EMD, EMD-Q, EFD, and EFD-Q, in addition to serving on a variety of Academy committees over the years, including Chairman of the College of Fellows.
Happy Anniversary. Protocol celebrates 30 years of responsible dispatching.

1965—A portable defibrillator developed by James Francis “Frank” Pantridge, M.D., is installed in a Belfast ambulance; it weighed 70 kg and was powered from car batteries.

1966—The American Ambulance Association publishes an article that states that as many as 25,000 Americans are either crippled or left permanently disabled as a result of the efforts of untrained or poorly trained ambulance personnel.

1967—The nation’s first paramedic program is offered at the Miami, Fla., Fire Department under Dr. Eugene Nagel Leonard Cobb, M.D., teams up with the Seattle Fire Department and creates Medic I, a Winnebago based at the hospital that’s only dispatched on cardiac-related calls.

1969—Apollo 11 is the first manned mission to land on the moon in July of 1969.

1970—The American Medical Association recognizes emergency medicine as a specialty.

1971—The television show Emergency! debuts; the number of medic units in the country increases from 12 at the program’s start to a number covering at least 50 percent of the population four years later.

1972—A new program called Medic II trains 100,000 citizens in CPR.

1973—Congress passes the EMS Systems Act (public law 93-144), structured to create an inclusive comprehensive emergency medical system.

1975—The Sears Tower becomes the tallest building in America when completed in May 1973.
This year we celebrate 30 years of protocol. Not only is this a landmark for the people involved in protocol development and the public protocol protects, but it is also an impressive show of durability over a sweep of years characterized by dramatic shifts in every major sector we use to define our worlds.

Protocol has stood the test of time. Its transition from one year to the next, and one decade to the next, reminds us that we are bound by a past-future link—a link that must stay a step ahead of the present with an eye always toward the future.

This edition of The Journal, and the others published in 2009, will commemorate the achievement through personal stories, timelines, special events, and contests. We encourage our members to participate in ways such as calling us with your stories about dispatching and calltaking.

**Timeline**

So, what's been accomplished over the past several decades? The following timeline gives you a tip of the iceberg view of the strides made.

1977—The National Council of EMS Educators is organized

1978—Phoenix Fire Department implements paramedic engine companies

Jeff Clawson, M.D., publishes the first set of protocols, which contains 29 sets of two 8-inch-by-5-inch cards

1979—The Journal of Emergency Medical Services (JEMS) starts publication

1979—The American Ambulance Association is organized

1979—The first working MPDS protocol prototype is introduced at the Alarm Office of the Salt Lake City (Utah) Fire Department and goes online just hours after the first training class ends on September 14

1980—MTV, the first channel to play music videos, launches on Aug. 1, 1981; today the channel broadcasts a variety of pop culture and reality television shows

1981—The Journal of Emergency Medical Services (J EMS) publishes an article supporting emergency medical dispatching

1981—Medical Priority Consultants, Inc., is formed and begins development of product to deliver the MPDS protocol system

Automatic Vehicle Locators (AVL) debuts

1987—The National Academy of Emergency Medical Dispatch is launched

1988—The National Academy of Emergency Medical Dispatch is launched

1989—The first Navigator conference is held in Salt Lake City

Study in Circulation magazine, published by the American Heart Association, recognizes telephone CPR as a safe and cost-effective means to increase the rate of bystander CPR and helps improve the quality of CPR performed by persons with prior CPR training (Circulation 1989;80:1231-1239)

1988—Star Wars, released in 1977, is the first of six films in the saga written and directed by George Lucas

1988—The Space Shuttle Challenger disaster occurs on Jan. 28, 1986, when it breaks apart 73 seconds into its flight, killing all seven crew members
The time was ripe

The initial set of medical protocol was the brainchild of Jeff Clawson, M.D., then medical director for the Salt Lake City Fire Department (Utah), in response to the vital role 9-1-1 dispatchers could play in the evolving public safety world of emergency response.

Not only did the doctor want to build a system to determine the appropriate response, he also wanted to give dispatchers the ability to help in a crisis prior to the arrival of responders. He sensed the public’s desire for pre-arrival assistance, particularly considering the sense of vulnerability some technological breakthroughs had created.

His timing also coincided with the emergence of modern EMS. (See timeline accompanying this story.)

Step back to the past

Thirty years ago, in 1979, a major nuclear accident at the facility on Three Mile Island, out of Harrisburg, Pa., was considered the most serious in commercial nuclear power plant operating history. The military’s establishment of the Nuclear and Chemical Directorate to oversee all nuclear and chemical matters signaled an awareness of the impending threat of chemical warfare. The entertainment industry even played a part. Disaster films during the 1970s—such as *Earthquake* and the *Towering Inferno*—were box office sensations.

People wanted protection and the growing emphasis nationally to design comprehensive programs of emergency response on a more personal level was reflected through state legislation like that in Oklahoma calling for an emergency telephone act. This act, similar to others, demanded a dispatch system “whereby a call over a basic or sophisticated system is connected to a central dispatch center providing for the dispatching of an appropriate emergency service unit.”

At the same time, cities did not want to inherent systems overtaxed by non-emergency calls or by those who would use the emergency lines for free transportation to the hospital or doctor’s office. Many cities, including Salt Lake City, passed legislation making it a crime for anyone to call paramedics unless a real emergency existed. Non-emergencies were often defined as non-life threatening injuries or illnesses, and those violating the law could look forward to fines and/or jail time.

The public needed a way to get help as quickly as possible, and the 9-1-1 system offered a perfect venue for relaying critical information efficiently.

The beginnings

Dr. Clawson conceived the idea of a service allowing trained dispatchers to talk callers through a rescue effort over the phone. The dispatchers would not be
practicing medicine over the phone, but they would be there to provide immediate assistance through the caller when the right emergency conditions were present. People could receive help in case of heart attacks, choking, and other incidents by following the dispatcher's instructions. The subsequent protocol and Pre-Arrival Instructions (PAIs) gave dispatchers the confidence to gather information and keep their emotions in check during even the direst of situations.

Dr. Clawson called his innovative technique the Medical Priority Dispatch System® (MPDS). Each caller complaint was listed in alphabetical order, and reflected either a patient sign or symptom (e.g., abdominal pain, burns, cardiac/respiratory arrest) or an incident (e.g., electrocutions, drowning, or traffic injury accident). The core card contained three color-coded areas: Key Questions, Pre-Arrival Instructions, and dispatch priorities.

The Salt Lake City Fire Department, Gold Cross Ambulance, and the Davis County (Utah) Sheriff's Office were the first public safety agencies to enlist the new medical dispatch protocol system that has since grown to include fire and police protocols. It didn't long for the protocols—fire, police, and medical—to spread from centers in the contiguous states to centers worldwide; many of these have achieved the coveted level known as Accredited Centers of Excellence (ACEs).

Thirty years from now, where will we be?

On an individual level, 30 years leaves many of us wondering where the time went. We can look back over three decades and, perhaps, untangle the path that somehow led us to the place we are now. We may sigh while going through photos taken during the prime of our lives, the beginning of careers, or the other changes ultimately shifting our focus and attention.

Problems of the past may only be a fragment of the present.

On a larger scale, we may think of the future in terms of a continuum—population pressures, breakthrough technology, economic and business forecasts, social movements, or government and regulatory trends. Will virtual reality become part of real life?

Wherever we find ourselves, we stand assured that dispatch protocol will continue to meet the test of time. We will be there with the most appropriate response at your moment of personal crisis.

How you can participate

We would love to hear your stories about emergency dispatch for publication in The Journal. You can send your story to Audrey Fraizer, The Journal managing editor, at audrey.fraizer@emergencydispatch.org. We will also run contests during the year that will qualify you for prizes.
Communications center answers to own call for lightning strike

Who do you call when it’s the communications center that needs assistance with a Protocol 15 emergency (electrocution/lightning)?

Dispatchers at Bradford County 9-1-1 in Towanda, Pa., didn’t skip a beat. Damages were assessed and an emergency plan was put into place.

The plan worked without a hitch, according to news reports. Temporary radio dispatch was established through a mobile communications vehicle until all functions were operational.

The bolt of lightning struck the center during a late afternoon thunderstorm in July. The dispatchers on duty, who were notified by someone witnessing the strike from across the street, checked damages and proceeded to round up all the help they could get to take over until services were restored.

Here’s a quick recap of what they did:

- Contact was made to the center’s radio and phone service support, Police Safety Services of Dallas, Pa.
- Emergency responders were notified via phone to staff their stations because of a procedure established to contact them by phone in case of an incident in their response areas
- All fire stations and emergency management systems were set up to transmit their tones and police units were instructed to keep in contact with the Bradford County 9-1-1 Center using cellular phones
- The Incident Management Unit from the North Central Task Force was dispatched out of Loyalsock, Pa., to restore field unit radio communications

The most damage occurred to the radio consoles within the center. At the time of the lightning strike, a dispatcher was transmitting on the fire frequency, resulting in the fire frequency broadcasting for about an hour intermittently.

Police Safety Services staff arriving at the scene found that all radio consoles in the center were damaged and non-operational and they, in turn, were able to secure repair parts from Wyoming County 9-1-1, which also gave access to its backup 9-1-1 center for anything that was needed to get Bradford County back online. Police Safety was able to put Bradford County back in action by 2 a.m. the next day. By the clock, services were fully restored in less than 12 hours.

Agencies credited with lending a hand during the emergency included the Pennsylvania Emergency Management Agency (PEMA), Wyoming County 9-1-1, the North Central Task Force, Bradford County EMA, Bradford County MIS Department and Maintenance Department, Pennsylvania State Police, and Bradford-Susquehanna EMS Council, as well as all the Bradford County fire, EMS, and police agencies.

Center built to withstand weather and time

You might think that the tornado-proof design of the new MacDonald County E911 Center is the best part of the building plan.

And, in many ways it is since the county at the southwestern tip of Missouri is certainly no stranger to some of the most violent storms affecting the Midwestern Plains states.

But there’s more than safety issues at play here.

Aside from the sense of security eight-inch thick concrete walls can give against winds exceeding 100 miles per hour, there’s also the sense of autonomy that comes from a place built to last for a projected 50 years.

“It’s wonderful and challenging,” said Center Director Lisa McCool. “We started talking about this four years ago and here we are.”

The new 7,620-square-foot facility dwarfs the former 800-square-foot center E911 staff has occupied since 2001. Not only was there a lack of elbowroom—with two employees in the mapping division once sharing a space so small they literally sat shoulder to shoulder—but also a real need for a center dedicated to public emergency communications.

It’s almost unfair to compare the two facilities, at least in terms of their size and the convenience the new center offers.

The former facility the county owns could fit inside the new dispatch room with space to spare. Dispatch stations can be
Maine PSAPs go 100 percent MPDS

The State of Maine, Emergency Services Communications Bureau (ESCB), the state’s E9-1-1 regulatory authority, has selected the Medical Priority Dispatch System® (MPDS) as the single medical protocol of choice for the state’s Public Safety Answering Points (PSAPs).

The state anticipates full implementation by the end of 2009, a time frame making it almost five years since the process to adopt statewide EMD services started. There are currently 26 PSAPs in Maine.

In 2005, the Maine chapter of the American Heart Association, with support and encouragement from the ESCB, along with Maine Emergency Medical Services, and others sponsored legislation mandating statewide PSAP implementation and ongoing evaluation of emergency medical dispatch (EMD). The subsequent law that passed put the deadline at Jan. 1, 2007. While getting the PSAPs to follow the law was comparatively easy, the hard part was creating a unified system.

Nearly half of the PSAPs in the state were long-time MPDS users at the time the legislation was passed, although many centers had adopted other EMD protocols, and some centers offered no EMD services at all. In addition to wanting a universal protocol the ESCB wanted a system that incorporated an integrated quality assurance program. Following a competitive bidding process that lasted more than a year, MPDS came up the winner.

As part of the contract, Priority Dispatch™ will provide not only the 3-day EMD certification classes, but also protocol cardsets, QA training, ProQA and AQUA software installation and training, and the Advancement Services training CD system for continuing education. The ESCB also anticipates adopting the ETC curriculum as the state’s mandatory basic training program and develop a cadre of certified ETC instructors to deliver the program at the state’s training academy.

The ESCB is the state agency responsible for Enhanced 9-1-1 services in Maine. The state recently achieved 100 percent enhanced 9-1-1 service, with the last town, Lincoln, activating July 8, 2008. Its PSAPs recently went through a technology upgrade, making them wireless Phase 1 and 2 compliant, and all centers are equipped with GIS mapping technology to help locate callers.

Stephan Bunker is the state’s full-time dispatcher training and development manager for the ESCB.
NENA honors Surry County Communications Center director

Roger Shore is riding a roller coaster on a track looping through Cloud Nine.

He is simultaneously surprised, thrilled, overwhelmed, and humbled by the state Communication Director of the Year award he received in September 2008 from the North Carolina Chapter of the National Emergency Number Association (NENA).

And the best part just might be the basis of his nomination.

“They [the nominations] are made by the people at the center,” he said. “I don’t know how many nominations NENA received, but I think people here know how much I enjoy my job and how much I enjoy working with this group.”

Shore, director of Surry County Communications Center (N.C.), is dedicated to emergency services. His 14 years at the center overlaps the 20 years he has been a volunteer firefighter for the 4 Fire Department, during which he was the volunteer chief for five years. He was working as a part-time firefighter at the Mt. Airy (N.C.) Fire Department when his current job became available and he jumped at the chance when asked to interview for the position.

There’s not a morning he wakes up dreading the day ahead, he said, and he tries to impress an atmosphere of enthusiasm in the workplace despite the stress inherent in the profession.

“People enthusiastic about what they do here are better able to take care of situations and provide the assistance our callers need,” he said. “I also ask them to leave the stress from the job in the car when they go home. Don’t bring it home to your family; pick it up the next time you’re in the car on the way back to work.”

Shore said the job is about caring and the ability to provide emergency medical dispatch calmly during crisis. While there are too many stories to list, he does like telling the story about the four year old who had fallen through the ice into the frozen pond at his grandparents’ home. The mother of the toddler called 9-1-1 and relayed the CPR instructions to the father. Two days later the dispatcher got a call from the family.

“They couldn’t keep the toddler in bed,” he said. “He was ready to go home. He’d had enough of the hospital. When something like that happens, it makes everything we do worthwhile.”

Shore is quick to point out the many directors deserving of the same award, while admitting he was glad 2008 was his year.

“I’ve had calls from all over to congratulate me, and that’s wonderful because we all do this for the same reason,” he said. “We’re not here for the awards. We do the job because it’s the right thing to do for the people in our counties.”
The state-of-the-art communications center already under way. The new center and the grant-funded additions will serve the county for a projected 20 years.

Original plans for the main facility, funded through an operating tax levy, called for a 12,000-square-foot stand-alone facility. The larger of the two grants, $899,422, is an emergency operations center (EOC) allocation from the Federal Emergency Management Agency (FEMA), which will cover the cost of a 3,000-square-foot EOC. The second grant, $314,000 through the U.S. Department of Homeland Security, will be used to link dissimilar CAD systems between five public-safety answering points (PSAPs) in the central area of Oregon from the Washington border to the California border.

Deschutes County 9-1-1 anticipates moving to the new headquarters in September 2010.

The FEMA grant almost caught Pray completely off guard.

Pray knew competition would be heavy and this was the first grant he had ever submitted. He put the application together in less than a month using groundwork gathered during the bidding process for the new center and, as an extra edge, he sought the advice of an experienced grant writer from within public services. The fact construction plans were already in the works could only help his request; but, still, he didn’t hold his breath.

“I wasn’t counting any eggs in my basket,” he said.

The grants announced on Sept. 11, 2008, on the seventh anniversary of the 9/11 attacks, were awarded to 22 agencies. Deschutes County was the only agency from Oregon border to the California border.

The need for a consolidated center was not an idea confined to EMSA or Tulsa’s public safety administrators.

County and Tulsa city officials addressed the issue of consolidation among a long list of proposals submitted as part of the Dialog/Visioning 2025 Citizen’s Summit held in 2004. According to the Vision 2025 Web site more than 300 proposals were submitted which, if all were fully funded, would have required a public investment of more than $4 billion. Through an exhaustive selection process, the list was reduced to $885 million for 32 capital improvement projects designed to last a long time.

EMSA of Oklahoma provides ambulance service to more than 1.1 million residents in central and northeast Oklahoma. Operations were established in Tulsa in 1977 and later expanded to include Bixby, Jenks, and Sand Springs. EMSA began providing service to Oklahoma City in 1990. Each year, EMSA responds to more than 110,000 calls for help answered in two communications centers—one in Tulsa and the other in Oklahoma City. Both centers are Accredited Centers of Excellence (ACE).

Others receiving FEMA awards include:

- The Salt Lake County (Utah) Emergency Operations Center ($250,000)
- District of Columbia Homeland Security and Emergency Management Agency (HSEMAs) ($1,000,000)
- Cobb County Emergency Management Agency (Ga.) ($250,000)
- Hancock County Board of Supervisors/Hancock County Emergency Management Agency (Miss.) ($1,000,000)
- San Bernardino County (Calif.) ($323,943)

Two’s a charm for EMSA moving into consolidated communications center

The telecommunicators at the Emergency Medical Services Authority (EMSA) communications center in Tulsa, Okla., finally have a place to call their home, and for well into the future.

Two days before Halloween 2008, the agency’s 24 dispatchers, two managers, and IT personnel moved into a $1 million dedicated emergency communications center they will share with the city’s police and fire dispatchers. The 28,000-square-foot city-funded stand-alone building is rated safe against a F4 tornado and is bomb resistant. Their consolidated response goes across 150 jurisdictions.

Bryan Schultz, NREMT-P, EMD-1, EDQ-I, EMSA communications quality improvement supervisor, said the consolidated dispatch center not only optimizes services the public needs in the event of an emergency but also gives them room plenty of room to breathe compared to their past digs.

“There used to be a partial wall separating us from city services,” he said. “Not anymore. We work closely with city fire and our radio person is now within six feet of the fire dispatcher. The communication between us is so much better.”

EMSA shared its former digs at the downtown civic center with several agencies, including the city police department and the state Emergency Management Association (OEMA). Parking was a problem and the space was increasingly inadequate in contrast to the growing needs of the communications center.

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A Night too Terrible to Forget.
Galveston dispatcher tells his story of Hurricane Ike

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Ready and Waiting.
Texas City prepared for the worst Ike can deliver

Page 26
Practicing without Preaching.
Chaplains offer compassion and spiritual hope to beleaguered emergency responders
Hurricane winds packing speeds of 74 miles per hour and escalating forced a four-hour cautionary hold on sending Cy-Fair VFD emergency response vehicles to the scenes of their callers.

But that didn't mean the dispatchers left their 9-1-1 consoles, even for a minute. They never stopped answering the panicked calls for assistance.

“Nobody went home Friday at noon until late Saturday,” said Assistant Chief Mark Braswell of the Harris County, Texas, based volunteer fire department. “We helped the callers over the phones and radios as much as we could until it was again safe to send out the responders.”

The Calm During the Storm.

Hurricane Ike doesn’t take the wind out of dispatchers

BY AUDREY FRAIZER

Photographs courtesy of
Cpl. Neal Mora, Texas City PD
Norma Oliver, Galveston PD
U.S. Coast Guard
National Aeronautics Space Administration
Inside the center, the Cy-Fair VFD dispatchers were prepared for a hurricane later billed as the third most destructive storm to hit the U.S. coast, ranking just behind Katrina [2005 Atlantic hurricane season] and Andrew [1992 Atlantic hurricane season]. They had enough food and water to last for four days and sleep was arranged in shifts using air mattresses set-up in the Emergency Operations Center (EOC). Eileen Dodson, wife of Harris County Emergency Services District #9 Board President Dan Dodson, voluntarily took care of all meals during the heaviest two days of emergency communications.

The communications center was ready for a horrific storm rising.

“Most of us had never seen winds like this before, yet we preferred being here doing something and not sitting at home waiting for something to happen to us,” said Cy-Fair VFD Communications Chief Angela Burrer.

Ike takes aim

For three days, Hurricane Ike raked the Republic of Cuba from east to west before turning its attention toward Texas. The huge storm system, 900 miles across at its largest point, took deadly aim on Galveston Island and Houston—the fourth most populous city in the country—turning them into areas that will never look the same as they did before Ike’s monstrous storm surge and Category 2-strength winds crashed ashore.

Galveston Island bore the brunt of Hurricane Ike, with flooding seven feet deep at the storm’s peak despite the 17-foot tall seawall built after the infamous hurricane of 1900 that killed 6,000 people. The two-mile wide island, located on the Gulf of Mexico about 50 miles south of Houston, is only nine feet above sea level at its highest point. About 40 percent of the city’s 57,523 residents chose to stay on the island rather than flee before the storm hit. At the height of the storm, around 4:30 a.m., 9-1-1 calls poured into Galveston city’s emergency center, but teams were unable to respond (see related stories).

Good Samaritan

With emergency response down in Houston, a Good Samaritan readily took his chances against the hurricane force winds to assist an elderly neighbor in a diabetic coma.

“The patient aroused,” Burrer said. “He followed the instructions we read to him over the phone while the caller held the flashlight for him to see.”

A majority of the 1,100 calls the center received during a 48-hour period [4 p.m. Friday, Sept. 12 through 4 p.m. Sunday, Sept. 14] were not so traumatic. Most were related to fire alarms, transformer fires, and downed power lines; the volume, however, was well over the center’s usual load.

“We normally get about 90 emergency
calls a day,” Braswell said. “By the end [of the two days] we were drained.”

Evacuation and relief efforts

On Sept. 9, the Federal Emergency Management Agency (FEMA) activated its national disaster contract with AMR, which oversees operations in more than 250 locations across 40 states. FEMA gave instructions to deploy EMS assets to the two states most likely to be impacted by Hurricane Ike—Texas and Louisiana. Within 24 hours AMR and its disaster response subcontractors deployed 540 ground ambulances, 25 air ambulances (helicopter and fixed wing), 163 para-transit vehicles, and 1,100 EMTs and paramedics from 34 states in advance of landfall.

Coordinating emergency communications was a formidable part of their challenge, said Steve Delahousey, AMR Vice President of Emergency Preparedness and Project Director for the FEMA national ambulance contract.

Delahousey is no stranger to disasters. In 2005 he chaired the Congressional Hurricane Katrina Independent Panel—Emergency Communications Committee. Knowing that public safety communications would be essential, he wasn’t taking any chances. Through its communications subcontractor, AJT Communications, AMR had two interoperable communications systems positioned on the ground in place even before Hurricane Ike made landfall.

“Even with disruption of Galveston’s communications infrastructure, we stayed in constant contact,” Delahousey said.

While many of the calls to AMR involved electrical malfunctions and building damage, there were those calls forcing responders into the weekend maelstrom. In one such case, paramedics rushed to the scene of a traffic accident complicated by high winds whipping the water pooling on the highway. There were also people in Galveston who had refused to leave their homes on the island and, consequently, were stranded in the thick of the hurricane’s wake.

Traveling to assist

The Denton County Sheriff’s Office in Denton, Texas, gave a Sheriff’s Recognition award to the group of eight firefighters, paramedics, communication specialists, and electrical technicians deployed voluntarily from Sept. 13 to Sept. 18 to aid responders in Harris County.

According to Denton County Sheriff’s Office Public Information Specialist Tom Reedy, the deputies set up cots at an elementary school and took cold showers from hoses before leaving at daybreak to work 12- to 14-hour days providing security for the emergency personnel going house-to-house to search for victims and survivors.

They turned off electric and gas meters, helped homeowners secure their homes from looters, handled disturbances, attended ambulance calls, and responded to fires.

“TV and pictures don’t even begin to show the extent of the devastation,” said Denton County Sgt. Jose Peña. “The smell of rotting fish and animals, the oily black muck that covered everything—you had to be there to realize how bad it really was.”

Sgt. Peña said most of the damage was due to water, and all the homes, from the smallest to the largest, suffered damage.

“Most of us had never seen winds like this before, yet we preferred being here doing something and not at home waiting for something to happen to us.”

– Angela Burrer, Cy-Fair VFD Communications Chief
The night of the storm, I worked the 9-1-1 lines from 8 p.m. to 8 a.m. I have to say I hoped that this situation would never happen to me again after Hurricane Rita in Lake Charles, La. As a 9-1-1 dispatcher, this is not an experience you can ever forget. It emotionally drains and haunts you for the long haul. For me it was like having a flashback of experiences all over again that you thought you had put in files in the back of your mind never to be remembered.

In addition to emergency help provided over the phone or radio, there were also communications centers pitching in to assist evacuees. MedStar EMS in Fort Worth, Texas, worked alongside other local emergency service agencies to provide food, bedding, medical attention, and shelter for some of the hundreds of people fleeing the Houston area before Hurricane Ike made landfall. Too far inland to experience the brunt of the storm, the city did, however, receive warnings of the potential for severe weather affecting their area.

MedStar EMS EMD Quality Assurance Supervisor Melissa Allen said their assistance was indirectly related to the storm. “There were no hurricane injuries,” she said. “The medical attention provided was for injuries or sickness that occurred while away from their homes.”

Aftermath

More than 1 million people evacuated the Texas coast because of Ike. The storm caused flooding as far away as Pennsylvania and Illinois and was responsible for at least 72 deaths in nine states. Ike’s toll in Texas was 37.

Damage estimates include $10 billion to $15 billion from winds and storm surge, $2 billion to $3 billion from inland wind and flood losses, and $1 billion to $3 billion in offshore losses. The U.S. Department of Housing and Urban Development (HUD) is providing temporary housing assistance until March 2010, beginning Nov. 1, to more than 6,500 eligible families.

By nightfall Saturday, 9-1-1 operators in Houston were working through a backlog of 4,700 calls made from within and around the city. To those, they would add the types of calls they receive on a daily basis from the public they never stop serving.
By now shock had set in and all I could do was hold her hand by way of the phone. She cried softly. We stayed on the phone as long as the connection held up. I had her dress him nicely, prop his head with a pillow, and cover him with a sheet. I never spoke to her again after that; I couldn’t get a call out. But at least this time was different. This time I was able to get help out and his heart was strong enough to hang on until we got there.

Another caller was an elderly woman who lived with her adult son, who is developmentally delayed. They didn’t leave for the storm. She called when the water first started coming into her apartment. This was partially bad news because she had a first-floor, one-story apartment with no attic access. During the first call she understood that there was nothing I could do for her at the time. She would have to make do. I told her she had to unplug everything in the house even though the electricity was out already, just in case it flickered. I told her to prepare herself and her son to have to move to higher furniture like a bed and if it got really high, a table or kitchen countertop. I had several calls from this elderly woman during the first half of the storm. The calls became increasingly hysterical as the water rose. Her greatest fear, of course, was drowning. According to her, the water height reached waist deep. All I could do was be a reassuring voice to keep her as levelheaded as possible. I promised her when the storm was over, someone would come to help her and that she was going to make it, even though in the back of my mind I was worried that she might not. The last time I spoke to her was during the eye of the storm and she asked if the storm was over; I told her no. It was only the eye and the second half, the worst half of the storm, was to come. She told me that the water had gone down some. I told her that was good but to expect the water to rise again during the second half and that it might get a bit higher. She begged during our last phone call to please come rescue her and her son. I explained it was beyond my control and that no one would be allowed out even during the eye of the storm—the water was too high and the weather was still dangerous. She eventually decided to hang up to save what little battery life she had left on her cell phone. I never heard from her again. Her informa-

“It’s the scariest feeling in the world for me, a seasoned dispatcher of eight years, not to be able to help someone in need.”
me where they were, I nearly dropped the phone; it felt like my heart dropped to my toes and skipped a few beats in the process. At this time I already knew that Hooters [restaurant], which was built over the water off the seawall, had not survived and neither had the 61st Street Fishing Pier. I never shared this information with the caller. They went on to explain that the first floor of the building had already been taken out by the waves and storm surge. I explained to them that there was no way we would be allowed out in the height of the first half of the storm to rescue them. I asked if they had life jackets. At this point all I could think of was anything is better than nothing. This is when they told me they had gone upstairs right after the storm started to watch the TV to see how things were faring. They heard the crashing sound when they got to the top of the stairs. All they saw was the water. To add insult to injury, the life jackets were downstairs. I told them I would attempt to contact the Coast Guard and see if they could be of assistance, knowing that none of my resources were available for use. A representative of the Coast Guard told me they wouldn’t go out either. When my caller called back, I said they had no choice but to ride it out. In the back of my mind I prayed that they could make it until the eye passed. Maybe the eye would give enough relief from the wind, rain, and surge that they could get off by way of the pier. I think it was the second call when they told me they could feel the building itself moving and waves were lapping up from where the staircase used to be. Again, I had no answers other than to hang in there and when this is all over let them know that we will get to you to safe ground.

The first call I got from them during the eye was begging and pleading for me to help them. They believed, or hoped, that the Coast Guard would be able to get to them because of the calm of the eye. I checked with the Coast Guard again and was told the same thing: They would not go out in the eye. Only after the storm was over would they attempt rescues, but this time they took information down so they could attempt the rescue later. My last call from that group was just when the storm was starting up again; their final pleas for help. I didn’t have the answers they wanted to hear. No one would be able to help them until the storm had passed and we were just crossing the halfway point. The worst of the storm was yet to come. Knowing this made it even worse because they believed there was just no way the building would survive the second half of this monster of a storm. They told me the battery was getting low on the cell phone. I thought this was going to be the last time I would ever speak to these people.

I went with my heart and threw the training manual out the window. The only thing left was to put their fate in the hands of God. I asked if they were God fearing; the caller said “yes.” I said the only thing I can tell you is to pray. Pray that the Lord gives that building the strength to hang on through the second half of the storm and spare these people’s lives. I offered to pray with them. He declined, wanting to save his remaining battery life on the cell phone. He said they would pray after hanging up with me. The only other words I could give them were the words that Mayor [Lyda] Thomas gave during the coming of Hurricane Rita—words that still send chills up my spine to this day: Write your social security numbers on your arm just in case. Not really words of comfort, but at this point my caller was trying to deal
Texas City, Texas, about 15 miles north across the bay from Galveston on mainland Texas, felt a portion of Ike's wrath when the hurricane made landfall during the early morning hours of Sept. 13. Dispatchers were busy at the Texas City Police Department answering call after call while the storm was raging outside.

However, the storm didn't catch them unaware. With the storm moving in, Texas City police communications center staff planned for the influx of calls. "Just prior to the storm our dispatchers went onto 12-hour shifts so they had three dispatchers working the shift," said John Broussard, who is with the Texas City Police Department. "Normally, we would have two working the shift so that helped us a lot."

Most of the people living in Texas City stayed and rode out the hurricane. While the city didn't experience flooding it did suffer from wind damage, which knocked down power and cable poles and trees as well as damaged roofs. "We were about the only city in this area that did not have a mandatory evacuation," Broussard said. "So that helped us, I think, a lot on our calls."

Ike wasn't an exact repeat of Hurricane Rita back in September 2005. "When Rita came through we had a mandatory evacuation so Texas City was like a ghost town," said Donna Johnson, telecommunicator with the Texas City Police Department. "So, the calls were different. Like in Rita, people wanted to know if they could come back or where they could buy gasoline and food. During this hurricane about 99 percent of the people stayed here. So the calls were a little different because of that aspect of it."

Johnson worked the morning following Ike’s pummeling into the evening hours on Saturday. Even though she couldn’t see outside while she was working in the communications center, she could gauge what was happening in the community by the types of calls.

By Heather Darata
Practicing without Preaching.
Chaplains offer compassion and spiritual hope to beleaguered emergency responders

A quarter of a million Houston area residents were without running water the day in September 2008 that Erick Riddle arrived in Harris County, Texas. The same was assumed of another 600,000 people the Texas Commission of Environmental Quality could not contact. Many were without electricity; few would escape unscathed.

The living conditions were overwhelming, Riddle said.

"People are without everyday things and there's really not a lot they can do about it," he said.

Riddle is the chaplain at the Fort Wayne (Ind.) Police Department and the senior minister at Christ's Hope Church in the same city. Although the dual ministries manage to consume most of his time, he also responds to catastrophic emergencies outside of Indiana. He left for Harris County two weeks after Hurricane Ike hammered a 10-county region along the state's upper coast.

The destruction was devastating, he said, both from a land perspective and the toll the storm played on the people. Texas Lt. Gov. David Dewhurst told a Homeland Security subcommittee convened on Capitol Hill that the post-hurricane housing squeeze had become so severe in southeastern Harris County that local officials were asking the Federal Emergency Management Agency (FEMA) to provide trailers for temporary housing.

Ike's fury universal
But it wasn't only residential settings affected. Hurricane Ike damaged and destroyed private businesses as well as the public agencies responsible for emergency response. Losses to communications centers in the area, including the Galves-
ton Sheriff's Office, the Galveston Police Department, the Seabrook Police Department, and the Pasadena Police Department, included everything from loss of power to total destruction of the facilities.

The Harris County Emergency Services District 1 (ESD1) 9-1-1 communications center is in a commercial building that was extensively damaged during the storm. But it wasn't damages to the building that caused an interruption in its services. The center lost the use of its diesel-fueled generator because of a combination of mechanical problems. First, a pump broke and then water poured into one of two diesel fuel tanks as a result of a cap misplaced during maintenance the week before.

For the next 12 hours calls were rerouted to other communications centers in Harris County, explained Communications Center Director Kraig Klaar.

"At no time did anyone in the county go without assistance," he said. "We were back in service once the generator was fixed. It took a week until call volumes were down to something manageable."

The anticipation of what may be happening at home only compounded the stress Hurricane Ike left in its wake. To help alleviate worry at ESD1, dispatchers took turns away from their consoles after the hurricane to survey personal damages. The chance to go home was a boost to morale, Hurricane to survey personal damages. The turns away from their consoles after the

Public service chaplains are men and women of compassion. They offer comfort in times of crisis and counsel when life appears to be teetering on the edge of emotional and spiritual collapse. They are available to all emergency service responders: police, firefighters, paramedics, and telecommunicators at 9-1-1 communications centers.

Chaplain Jim Milne, deputy senior chaplain, Placer County (Calif.) Law Enforcement Chaplaincy, describes their work as the paramedics of counseling, on the scene to lend a hand, a caring word, and solace. "We don't have to say anything earth-shattering and sometimes we don't have to say anything at all," he said. "We bring hope. We give people the peace they may need to get through the moment."

Although many law enforcement agencies rely on the emotional and spiritual support of chaplains, the way they go about it differs. The Placer County Law Enforcement Chaplaincy is a nonprofit organization serving law enforcement agencies within the county; the chaplains also respond to crisis outside the county, when requested. There are also groups such as the International Conference of Police Chaplains (ICPC), founded in 1973, and the Central Oregon Police Chaplaincy (COPC), established in 1999, that train chaplains for the ministry and coordinate chaplaincy disaster response teams for large-scale emergencies.

"We bring hope. We give people the peace they may need to get through the moment."

- Chaplain Jim Milne
We provide a safe environment. We walk with you through the storm.”

Spectrum of care
ICPC Executive Director Charles R. Lorrain has spent 25 years in field ministry to local and national public safety workers at events as traumatic as the crash of American Airlines flight 587, the Sept. 11, 2001, attack on the World Trade Center, and Hurricane Katrina. Not only did the victims of the emergencies become part of his life but also the public employees serving the agencies reporting to the catastrophic events.

Emergency dispatchers, he said, were part of their spectrum of care.
“Dispatchers are often left out of the circle and we make it so that doesn’t happen,” Lorrain said. “Their job is stressful and maybe more so at times than police responders at the scene. They are stuck behind a screen with only an audio of what’s going on. We give them a place to go and someone to talk to.”

ICPC has steadily progressed from a concept the original five chaplains envisioned 35 years ago when law enforcement chaplaincy was moving toward a more proactive response to critical incidents.
“They got together to form a network, to share ideas among others who wanted to do more than officiate at ceremonies,” Lorrain said. “Since then, we have evolved into a highly-specialized law enforcement response team.”

In addition to counseling and spiritual guidance, when requested, chaplains also provide the more customary but never easy services, such as the delivery of death notifications and visits to the sick or injured and their families. They officiate at funeral and memorial services.

Employees of Deschutes County 9-1-1 in Oregon have a close-knit relationship with their COPC chaplains. Last year, COPC Chaplain Jim Crowley, his assistant Chaplain Michael Dinsmore, and their volunteer chaplains logged nearly 8,500 hours in services related to counseling, education, and critical response.

The chaplains report to the scenes of traffic accidents, fires, shootings, and other emergency situations such as the two recent drownings near Class IV rapids on the Deschutes River. Their connection to police, fire, and communications centers in the county gives them a sense of which agency to contact following an emergency. They may stop by to talk directly with those affected or, when asked, make house calls.

Building lasting relationships
The chaplains also offer assistance for personal problems. They are invited to participate at weddings and funerals, and they visit the hospital or nursing center to comfort an employee or family member. They celebrate birthdays and anniversaries as friends, not professional acquaintances.

Becky McDonald, director, Deschutes County 9-1-1, said COPC offers dispatchers something they haven’t had in the past.
“We often get left out of the loop,” she said. “People remember the police officer or firefighter but since they don’t see us, we’re forgotten. This reminds people that we are part of the system and affected by our job in the same ways others are.”

Milne agreed, adding that the raw emotions dispatchers face often make their situation more urgent, albeit there can be a disregard for their emotional response.
“Most people think dispatchers just take the call,” he said. “That’s wrong. That’s very wrong. They get the brunt of emotions wrapped up in the moment. After everything has settled down from one incident, they’re left with the next call to answer. It’s a very rapid, stressful environment.”

The ministry puts chaplains at risk for the same stress-related symptoms as the people they serve. When that happens, the chaplains can turn to one another in an irony that becomes their chance to practice what they preach.
“We use the same resources as those we recommend,” he said. “We are not immune. Faith might give us an edge but at times we all need some help. After all, if you can’t lift the load, you can’t help anyone to do the same.”
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**Method of Payment**

Registration will NOT be accepted without one of the following:

- Check/Money Order Payable to: NAED
- Purchase Order #
- Credit Card
  - MasterCard
  - Visa
  - American Express

**Please check all that apply**

**Function**
- Public Safety Dispatcher
- Medical
- Fire
- Police
- Paramedic/EMT/Firefighter Training/QI Coordinator
- Comm. Center/Supervisor/Manager
- Comm. Center Director/Chief
- Commercial Vendor/Consultant
- Other

**Employer**
- Combination Fire/Medical/Police
- 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
- Rural
- Mixed

**Years of Comm. Center Experience**
- 1 to 5
- 6 to 10
- 11 to 20
- 21 or more

**Free T-Shirt with Pre-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 ‘09 conference T-shirt at check-in. (See details on the web.)

**8th Annual Navigator Golf Tournament**

Tuesday, April 28, 8:00 AM–1:00 PM

$65

**Total Enclosed**

(US dollars only)

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**Pre Conference Program Summary**

**APRIL 26–28, 2009 (SUNDAY–TUESDAY)**

**NAED Certification Courses**

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

<table>
<thead>
<tr>
<th>Course</th>
<th>Price</th>
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<tbody>
<tr>
<td>EMD:</td>
<td>$295</td>
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<tr>
<td>EFD:</td>
<td>$295</td>
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<tr>
<td>EPD:</td>
<td>$295</td>
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<td>ETCI-Q:</td>
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**NENA & NAED Special Topic Workshops**

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Day, Tuesday, April 28, 8:30 AM–5:30 PM</td>
<td>NENA: Introduction to Next Generation 9-1-1 $190</td>
<td></td>
</tr>
<tr>
<td>1 Day, Tuesday, April 28, 8:30 AM–5:30 PM</td>
<td>NENA: Overcoming Negativity in the Communications Center $190</td>
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<tr>
<td>½ Day, Tuesday, April 28, 8:30 AM–12:30 PM</td>
<td>NENA: Next-Gen Employees for the Next-Gen PSAP $190</td>
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<tr>
<td>½ Day, Tuesday, April 28, 8:30 AM–12:30 PM</td>
<td>NENA: Preparation for PSAP Management $190</td>
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<tr>
<td>½ Day, Tuesday, April 28, 8:30 AM–12:30 PM</td>
<td>NAED: Accreditation Workshop $95</td>
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<tr>
<td>½ Day, Tuesday, April 28, 8:30 AM–12:30 PM</td>
<td>NAED: Data Mining 101 $95</td>
<td></td>
</tr>
<tr>
<td>½ Day, Tuesday, April 28, 8:30 AM–12:30 PM</td>
<td>NAED: Executive Workshop $95</td>
<td></td>
</tr>
<tr>
<td>½ Day, Tuesday, April 28, 8:30 AM–12:30 PM</td>
<td>NAED: Data Mining 201 $95</td>
<td></td>
</tr>
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</table>

**Workshop Subtotal**

$475

**8th Annual Navigator Golf Tournament**

Tuesday, April 28, 8:00 AM–1:00 PM

$65

Please provide cancellations in writing no later than March 27, 2009.

Your registration fee will be refunded, minus a 5% processing fee. Thereafter, no refunds will be issued.
Ventilations First.

There are times when mouth-to-mouth still applies

By Audrey Fraizer

The caller told EMD Carla Poissant that the victim was not conscious. He had taken an overdose of medication in an attempted suicide and his breathing, Poissant could hear, was labored.

“The situation was serious,” she said. “He needed immediate attention.”

Poissant immediately asked the caller to state when the patient took each breath; she knew a time of 10 seconds or more between breaths was considered ineffective breathing, that is likely a fading, agonal (dying) respiratory pattern. These abnormal breaths indicate the brain’s breathing center is still alive and may appear like snoring, gasping, or snorting. They may last a couple of seconds prior to brain death.

The caller counted. The results indicated the patient might be in cardiac arrest (clinical death), which doesn’t mean CPR would be futile, especially since statistics show that CPR performed on a person whose heart has stopped beating has a 30 percent chance of survival if a defibrillator can arrive within several minutes to shock the heart.

“I started CPR instruction, using ventilations first,” she said. “It’s usually compressions first or compressions only. But this time the caller had told me the specifics (overdose) of the situation.”

The Medical Priority Dispatch System® (MPDS) Pre-Arrival Instructions (PAIs) for CPR includes a list of conditions that apply to the ventilations first standard of operation. These are:

- Under 18 years old
- Allergic reaction
- Drowning
- Hanging/Strangulation
- Lightning strike
- Overdose/Poisoning
- Severe trauma
- Suffocation
- Toxic inhalation
- Unconscious choking

Compressions first apply for other problems (if none of the above apply) because other problems are more likely to be of cardiac origin.

In giving the ventilations instruction, Poissant told the caller to start mouth-to-mouth and then to continue CPR, using both ventilations and compressions, once the caller reported feeling the air going in and out. Since ventilations were administered first, a ratio of two breaths to 30 compressions applied. For compressions first, the ratio is two breaths to 100 compressions, after an initial 600 compressions.

Poissant stayed on the line, continuing CPR instructions until EMS arrived and took over. She heard as a paramedic took out the defibrillator and the call was dis...
Changes in mechanical ventilations. The victim, who was taken to the hospital, survived.

Changing guidelines

Under bystander CPR guidelines established in the 1960s, the person performing CPR cleared the victim’s airway and provided two rescue breaths, prior to beginning chest compressions. Mouth-to-mouth ventilation was resumed after a specific number of compressions.

CPR guidelines for the untrained layperson have changed several times since then. In 2005, the American Heart Association (AHA) published Guidelines for CPR and Emergency Cardiac Care, which recommended a 30:2 ratio of compressions to breaths but put a very strong emphasis on uninterrupted compressions. On March 31, 2008, a Call to Action was published that, due to more recent research, further emphasized the link between uninterrupted compressions and survival from cardiac arrest. According to the AHA: If a bystander, not trained in standard CPR, sees an adult suddenly collapse then he or she should call 9-1-1 and provide chest compressions by pushing hard and fast in the center of the chest. Interruptions should be kept to a minimum until trained rescuers arrive. For bystanders previously trained in standard CPR, the standard 30:2 ratio of compressions to breaths should be performed but hands-only CPR may be given if the bystander is not confident or is unwilling to perform mouth-to-mouth ventilation. Hands-only CPR is limited to bystanders who directly witness out-of-hospital cardiac arrest of likely cardiac origin (sudden collapse after signs consistent with a myocardial infarction).

Some believe that the elimination of mouth-to-mouth makes it more likely that people who are strangers to the victim will instigate CPR, for several reasons.

The compressions only CPR also removes the stigma of giving mouth-to-mouth resuscitation since the technique is easier to learn without the breaths compared to what some describe as difficult to use because of complicated breathing to compression ratios. For example, an article in the May 2005 issue of Resuscitation noted “expeditious compliance with these multiple directives can be extremely difficult, especially when (undemonstrated) instructions are provided, for the first time, over the telephone, to a frightened person in a stressful situation.”

A more contemporary concern is the fear of transmitted infectious disease, particularly the HIV virus responsible for AIDS. According to information available from the AHA and Centers for Disease Control and Prevention (CDC), the CDC says no scientific evidence shows that Acquired Immune Deficiency Syndrome (AIDS) is transmitted by saliva. The AHA doesn’t know of anyone getting AIDS from contact with a manikin used in CPR training, or from giving CPR to a cardiac arrest victim.

There’s also the fear of liability should the victim not survive despite the bystanders’ attempt at CPR. However, Good Samaritan laws cover the provision of emergency medical assistance, including CPR. These laws generally prevail when a citizen responds to an emergency and acts as a reasonable and prudent person would under the same conditions. For example, a reasonable and prudent person would summon professional help by calling 9-1-1 or the local emergency number and continue to provide care until professional help arrives. Additionally, proving damage in civil court, when acting prudently to help the patient, is difficult when the patient was already in cardiac arrest, versus the more likely litigation associated with omission (doing nothing to help).

Why ventilations matters

Not all cardiac arrests are directly related to the victim’s diseased heart. According to a position paper by a PAI Standards Committee of the National Academies of Emergency Dispatch® (NAED), CPR experts currently do not advise the provision of compressions first in many primary respiratory-based situations such as drowning, suffocation, critical trauma, allergic reaction, and overdose/poisoning, as well as in children and young adults not routinely suffering a heart attack or problem as the underlying cause of their arrest. Where the victim has been in cardiac arrest for over 10 minutes, initial ventilations are recommended because by that time the body’s oxygen fuel tank is on empty. In
those cases, rescue breathing is an important part of reviving unresponsive victims.

Although research continues with regard to the need for ventilation during CPR, recent findings published in the *Annals of Emergency Medicine* [Idris AH: Reassessing the need for ventilation during CPR. Ann Emerg Med May 1996;27:569-575] clarify the effect of ventilation during low blood flow states and how ventilation influences resuscitation. For example, under conditions of prolonged, untreated cardiac arrest, ventilations given prior to compressions put oxygen into the circulatory system, which then carries the gas to the vital organs. It is important to note that “guesstimates” of downtime in the dispatch environment are historically inaccurate, and the odds of survival for patients with prolonged downtimes are dismal. For these reasons, a compressions 1st pathway is recommended for all victims of probable cardiac arrest in the dispatch environment, even when not witnessed, since uninterrupted compressions provide the best chance of survival for the survivable patient.

**Refusal to provide CPR**

There are also people refusing to give CPR because it’s something they learned in a classroom on a manikin, so they in turn hesitate when faced with applying the procedure to a human being. This happened in the case of dispatcher Regina M. Kiser in an incident reported in the *The Journal.* Kiser, a Yuba City (Calif.) Police Department dispatcher turned to the PAIs once the caller told her that a stranger in a car at a fast food restaurant wasn’t breathing. “He started asking those around him if anyone knew CPR,” she said. “I brought him back and told him, ‘No, I’m going to tell you how to do it.’” The caller followed instructions and stayed with it until paramedics arrived.

A dispatcher generally has better luck when telling, rather than asking, the caller to provide traditional or compressions 1st CPR. It’s a matter of limiting choices and it is the policy of the NAED: PAIs are stop-gap emergency provisions that do not require informed consent of the provider (caller) and the delaying or confusing telephone treatment by asking permission is considered contrary to the ethic of emergency medical dispatch. Additionally, the caller generally has no medical authority to refuse treatment for a patient whereas the concept of informed consent implies that a reasonable person in cardiac arrest would desire help.

There are also situations in which CPR may not be needed. CPR is intended for someone whose heart and breathing has stopped. For example, if the victim tries to push the help away, it’s time to stop CPR.

**NAED CPR instruction**

In 2003, the NAED convened a special committee to look at using all available science and applicable literature. The New PAI Standards Committee formulated “A Modified Cardiopulmonary Resuscitation (CPR) Instruction Protocol for Emergency Medical Dispatchers” rationale and position document. Based on this, the NAED modified the current telephone CPR and Unconscious Choking Pre-Arrival Instructions protocols to include a “compressions first” pathway and specifically defined when that pathway was to be initially applied. This pathway was constructed based on the science considered by the AHA in their 2005 guidelines, as applied to the dispatch environment.

This means that in most cases (excluding the conditions described at the beginning of this article), dispatchers now instruct bystanders to perform CPR using continuous pumping of the patient’s chest — currently 600 times — before providing mouth-to-mouth resuscitation. The new protocols include:

- Instructing trained lay rescuers to continue performing CPR according to their training
- In adult cases of sudden cardiac arrest, instructing rescuers untrained in, unsure of, or unwilling to give mouth-to-mouth ventilation to perform consecutive chest compressions for approximately six minutes (600 compressions), followed by ventilations between each subsequent 100 chest compressions, until EMS arrives

**CPR experts currently do not advise the provision of compressions first in many primary respiratory-based situations.**

The NAED policy change took effect March 15, 2008, and the carefully constructed, tested, and scripted protocol instructions were introduced in MPDS version 11.2 and modified in version 12.0. The NAED policy doesn’t affect the way in which emergency personnel will treat heart attack patients or how first aid and CPR training is taught to volunteers. The mouth-to-mouth technique remains as part of the AHA and American Red Cross certified CPR courses.

Brett Patterson provided advice and his technical expertise for this article.
CDE-Quiz  Medical

Answers to the CDE quiz are found in the article "Ventilations First," which starts on page 33.

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
<th>Answer</th>
</tr>
</thead>
</table>
| 1. What are the chances a person will survive cardiac arrest if provided immediate CPR and paramedics arrive with a defibrillator within several minutes to shock the heart? | a. 100 percent  
b. 50 percent  
c. 30 percent  
d. 10 percent | C      |
| 2. It is useless to administer CPR if the victim is experiencing agonal breathing. | a. True  
b. False | B      |
| 3. How much time must lapse between breaths for it to be considered ineffective breathing? | a. 5 seconds  
b. 10 seconds  
c. 15 seconds  
d. 30 minutes | A      |
| 4. Under bystander CPR guidelines established in the 1960s, the person performing CPR cleared the victim’s airway and administered: | a. two rescue breaths before beginning chest compressions  
b. 15 chest compressions followed by rescue breaths  
c. one rescue breath followed by two chest compressions  
d. chest compressions only | B      |
| 5. Hands-only CPR is limited to: | a. EMDs  
b. Bystanders trained in CPR  
c. EMTs  
d. A bystander not trained in or unsure of CPR | C      |
| 6. The NAED’s modified CPR Instruction Protocol for EMDs was released in which version of the MPDS? | a. version 10.0  
b. version 11.2  
c. version 12.0 | B      |
| 7. According to the modified CPR Instruction Protocol, dispatchers now instruct bystanders to perform CPR using continuous pumping of the patient’s chest before providing mouth-to-mouth resuscitation. What is the amount of time compressions should be provided prior to mouth-to-mouth? | a. 30 seconds  
b. 1 minute  
c. 90 seconds  
d. 6 minutes | C      |
| 8. PAIs are stop-gap emergency provisions that do not require informed consent of the provider (caller). | a. true  
b. false | B      |
| 9. Compressions-first CPR applies to: | a. adults whose hearts have stopped beating  
b. adults and children whose hearts have stopped beating  
c. anyone experiencing severe trauma  
d. only those younger than 18 years of age | C      |
| 10. Good Samaritan laws offer protection for giving assistance during a medical emergency. | a. true  
b. false | A      |

CDE Quiz Mail-In Answer Sheet

Answer the test questions on this form. (A photocopied answer sheet is acceptable, but your answers must be original. Please do not enlarge.) Within six weeks, you will receive notification of your score and an explanation of any wrong answers. Once processed, a CDE acknowledgement will be sent to you. (You must answer 8 of the 10 questions correctly to receive credit.)

Clip and mail your completed answer sheet along with the $5 processing fee to:
The National Academies of Emergency Dispatch  
130 East South Temple, Suite 200  
Salt Lake City, UT 84111 USA  
(800) 960-6236 US; (801) 359-6916 Intl. 
Attn: CDE Processing

Please retain your CDE acknowledgement to be submitted to the Academy with your application when you recertify.

Name _________________________________
Organization ____________________________
Address _______________________________
City________________St./Prov. ____________
Country__________________ZIP ___________
Academy Cert. # ________________________
Daytime Phone ( ) _____________________
E-mail: _________________________________

PRIMARY FUNCTION
☐ Public Safety Dispatcher (check all that apply)  
☐ Medical  ☐ Fire  ☐ Police
☐ Paramedic/EMT/Firefighter  
☐ Comm. Center Supervisor/Manager  
☐ Training/QI Coordinator  
☐ Instructor  
☐ Comm. Center Director/Chief  
☐ Medical Director  
☐ Commercial Vendor/Consultant  
☐ Other

ANSWER SHEET + MEDICAL

January/February Journal 2009 VOL. 11 NO. 1 (Ventilations First)  
Please mark your answers in the appropriate box below.

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

To be considered for CDE credit, this answer sheet must be received no later than 02/28/10. A passing score is worth 1.0 CDE unit toward fulfillment of the Academy’s CDE requirements. Please mark your responses on the answer sheet located at right and mail it in with your processing fee to receive credit. Please retain your CDE certificate to be submitted to the Academy with your application when you recertify.

Expires 02/28/10
Editors Note: In following up The Building Blocks of a Police Call published in the November/December issue of The Journal, this article will go into detail, scrutinizing a specific police call and then describing in detail the functionality of ProQA®. For a sample call, we use one that is available in full on the ProQA Police Demo CD and online at www.prioritydispatch.net.

Sample Call: A male customer, who is later accused of the crime, goes into the pharmacy and produces a note stating that he has a gun and wants morphine. The gun is never seen. The accused male is 6 feet tall, and he is wearing a black toque (stocking cap) and green overalls. He leaves on foot out the front door and heads toward a shopping mall. The 9-1-1 call is placed from the pharmacy as soon as the suspect leaves the store. He is apprehended one hour later.

Mandatory information gathered
At the beginning of this interrogation, specific information must be obtained before the call is dispatched out for officers. The mandatory information is:
- Address of the occurrence
- Phone number the person is calling from
- Caller’s name
- Exactly what happened
- When the incident occurred
- Where the person responsible is now
- Whether weapons were involved, and if so, what type and where the weapons are now

Verification and resource allocation
The information must be obtained prior to sending police officers for reasons of officer and public safety and allocation of resources.

Philosophically, we say it is better to dispatch to a where than it is to a what. Verification of incident location and caller phone number (the number in which the caller can be reached at any given moment) is vital. The address must be correct for obvious reasons. In the case of a phone number, if the caller is disconnected for any reason, the telecommunicator must be able to reconnect with the caller using the given number.

As mentioned in the previous article, knowing the caller’s name helps create a bond with the caller while using the name may help keep the caller calm. The caller may also be asked to be a witness to the event.

Resource allocation depends upon timing. For example, if the caller has waited three hours since the incident to contact 9-1-1, and the accused has long left the scene, there is no reason to send multiple units. Timing determines the most appropriate response.

Scene safety
Officer safety is not negotiable; therefore, scene safety issues are mandatory.
questions on every in-progress or just-occurred event. The safety questions are displayed in red (e.g., Are you in immediate danger?) in both the cardset and ProQA. The bold coloring indicates safety relevance to the calltaker.

Suspect location
If the suspect has left or is leaving, it is mandatory to note the mode used. If the suspect has left in a vehicle, the dispatcher should ask for the vehicle description using the acronym CYMBALS—color/year/make and model/body style/additional information/license/state or province. It is also necessary to know what direction the suspect was last seen going and, if the complainant knows, where the suspect might be headed. The vehicle description comes first since the officer will be looking for the largest moving target. If the suspect left in a vehicle, then it is the vehicle that officers will want to stop.

Suspect description
These descriptions are obtained by using a specific template, outlined below, which is designed to mimic what the officer will be looking for while circulating the area. It is mandatory to obtain the items in bold in the description.

- Race
- Gender
- Clothing (top to bottom)
- Age (DOB)
- Name/Address
- Build/Height/Weight
- Hair color/Length/Style
- Other identifiable characteristics (facial hair, accent, tattoos, piercings)
- Eye color
- Complexion
- Hat
- Shoes
- Jewelry
- Demeanor

If the suspect is on scene when the call is made, the suspect’s description comes first, with the mode of transport questions following next in line.

Victim
The next questions pertain to a description of what was taken and the status of the people in the area of the crime. The description of items taken includes a dollar value for money, what the money was put in, if the money was marked, and whether the money was in a dye pack. If the items taken were property and not money, the dispatcher would ask for a description of what items were taken.

The final question determines if anyone is injured or sick. The Academy’s Police Council of Standards has ruled that this question, although an important one, must come after the scene safety and suspect apprehension questions have been posed. In any crime scene, EMS will stage away from the scene until police secure the area. If the caller has stated in Case Entry that there are injuries, an EMS pre-alert has hopefully occurred.

Post-Direct Instructions and Pre-Arrival Instructions
These are important safety instructions to maintain caller safety and preservation of forensic evidence. This includes telling the caller to lock the door and return to the phone, as well as to not disturb anything on scene (e.g., weapons, tools, or other objects found nearby). If the person returns, the caller
must not let the suspect into the business or dwelling and tell the calltaker immediately about the suspect's return.

Pre-Arrival Instructions (PAIs) are safety-specific instructions for high risk-inherent cases. The situations they cover include sinking vehicles, hostage situations, bomb/potential explosives incidents, suspicious package, suspected contamination cases, and callers in danger situations.

There are reasons to follow the PAIs precisely as written. If the robbery incident had turned into a hostage situation, for example, and the hostage taker is on the phone, there are precise scripted questions within the protocol designed to solicit information while officers are arranging resources (such as negotiators).

In a related scenario, if the caller believed he or she was in danger during a robbery, the Caller In Danger Instructions would be used after dispatching the police units. In this dangerous situation, exact instructions offer the caller safe alternatives. This includes having the caller get to safety (if that is an option), or what the caller should do if he or she cannot safely leave the scene. This protocol also includes intuitive ways of soliciting information from the scene of the incident when the caller cannot get to safety.

Dispatch Life Support

The Dispatch Life Support (DLS) links maintain the caller until police arrive or the telecommunicator professionally terminates the call after telling the caller to call back if anything changes.

Quality assurance

The complete call can be exported from ProQA for import into quality assurance software for evaluation. The scoring or evaluation software AQUA™ has been designed to automate the entire dispatch case review process, from data entry to compliance scoring, to record keeping, reporting, and more. AQUA can measure and document the quality of service provided to the community, as well as the level of protocol compliance in accordance with Academy standards. It is through unbiased and timely scoring that feedback has been shown to be most valuable to the process.

Summary

Following is a summary of advice found in the two articles:

- Protocol has been designed to follow a process the caller and dispatcher can depend upon. Trusting the protocol is the first step; it will not let you down. That means reading all questions as written and knowing that following the scripted questions verbatim will produce reliable results.

- Protocol questions MUST be asked exactly as written. Any deviation in wording has the potential to change meaning or caller understanding. Changing even one word can have devastating results.

- Calltakers must be remarkable right out of the chute. Using the interrogation system as intended ensures that we are not practicing our skills on the caller (especially during low frequency/high acuity incidents).

- Remember, we have trained calltakers, not trained callers. Obtaining and processing accurate information is what we are trained to do! Day in and day out, if used correctly, this system will result in efficient, refined, high-quality call processing.

Serving the public is why we do our job. We are here to help. So let's be sure that we are doing it right the first time!
1. Officer safety is negotiable in a police call.
   a. true
   b. false

2. Why do certain pieces of information need to be obtained prior to sending police to a call?
   a. So that CAD can cooperate with the ProQA system
   b. To be sure that you have some information to send out to units attending to calls
   c. To be sure that specific safety issues have been addressed for an in-progress or a just-occurred event
   d. To give the suspect enough time to leave

3. We have trained calltakers, not trained callers.
   a. true
   b. false

4. What are Pre-Arrival Instructions?
   a. Very safety-specific instructions for specific situations that do not need to be read exactly as written
   b. Very safety-specific instructions for specific situations that must be read exactly as written
   c. Very safety-specific instructions for specific situations that can be read exactly as written if the calltaker has time
   d. Not very safety-specific instructions for any situation

5. What items are mandatory to ask in the description of every person (even if the caller did not see the suspect)?
   a. Whatever the calltaker thinks is important
   b. Race, age, and clothing description
   c. All of the items listed in the persons description template
   d. The bolded items in the persons description template

6. Why is the address of the emergency such a vital piece of information?
   a. It is the first question that the calltaker asks
   b. There is a risk of getting it wrong, since many addresses sound and look alike
   c. Dispatchers are still able to dispatch to a where easier than to a what
   d. To observe and maintain statistical data for high priority events

7. Changing just one word in a Key Question can have devastating results for the calltaker.
   a. true
   b. false

8. What is the purpose of asking the vehicle description first, before the person’s description, if the suspect has already left?
   a. The vehicle description is shorter and more efficient to ask
   b. The officer will be looking for the biggest moving target, and that may be the vehicle the suspect is driving
   c. Vehicles can move faster than people
   d. Asking the vehicle description first enhances the flow of the interrogation

9. Which of these situations do not have Pre-Arrival Instructions available in MPDS?
   a. Bomb or potential explosives incidents
   b. Caller in Danger incidents
   c. Sinking vehicles
   d. Disarming a suspect of a firearm

10. When the EPD protocol is used correctly, it is reliable and produces efficient, refined, high-quality call processing.
    a. true
    b. false

To be considered for CDE credit, this answer sheet must be received no later than 02/28/10. A passing score is worth 1.0 CDE unit toward fulfillment of the Academy’s CDE requirements (up to 4 hours per year). Please mark your responses on the answer sheet located at right and mail it in with your processing fee to receive credit. Please retain your CDE certificate to be submitted to the Academy with your application when you recertify.
Games People Play. Creative spin puts fun into the CDE experience

Angel McDaniel registered for Navigator 2008 with a mind open to what she could take back to the Larimer County (Colo.) Sheriff’s Office. She was eager to learn but didn’t want to bring home anything that would monopolize the dispatchers at the 9-1-1 communications center, puzzle them, or put them in the “Poor Farm.”

But that’s exactly what she did, and continues to do, as the center’s go-to person for games to stimulate their continuing dispatch education (CDE) program.

McDaniel attended the Game the Day Away session presented by Erin Holland and Samantha Paul, both from Central EMS in Fayetteville, Ark. The popular class is one of several in the CDE genre at Navigator designed to take the potential drudgery out of the CDE learning experience.

“We’ve been doing the EMD program since 1993, spending our time in CDE using the usual methods like PowerPoint and lecture,” Webber said. “To Angel, that wasn’t enough. She’s a perfectionist when it comes to QI, so I let her run with the idea.”

McDaniel has transformed board games such as Monopoly, The Game of Life, and Imagine, based on information she took home from Navigator. She’s working on an emergency dispatch version of the game Clue, which in the 1963 version put players at the Poor Farm or on Millionaire Acres. She tailors the names and packaging to the EMD environment. A jigsaw puzzle game awards pieces based on EMD call compli-ancy. Dispatchers can win prizes Webber purchases from money budgeted for CDE.

The games are made during McDaniel’s project day when she has time off the console. She said putting together most of the

Erin Holland’s creativity has helped with morale, team building, and the working relationships between dispatchers and field personnel.
Tips for successful games

1. Get supervisor approval.
   After the initial OK, be sure to keep supervisors in the loop and don’t expect another center’s rules to apply to yours across the board. For example, some center supervisors might not like the idea of money passing through several hands (even if it is play money).

2. Ask dispatchers for ideas—what games they would like to play.
   Success takes buy-in. The whole point is to give dispatchers something to look forward to outside of the daily routine. Holland said, “Dispatchers vote on a list of ideas submitted and I go to work on the one that wins,” she said. Holland asks for advice in writing questions for her Hollywood EMD. The assistance saves her from burnout and helps everyone get involved.

3. Don’t force dispatchers to play.
   Paul said the games have never been required play. “But the dispatchers love them,” she said. “This is something they look forward to doing.”

4. Rotate members among teams.
   Building working relationships is part of the goal, Paul said. And don’t worry about shift conflicts. Depending on the game, team members on different shifts can be part of the same team.

5. Fashion each game with a specific goal in mind.
   Holland builds all the games around a single concept: relevance to dispatch. The games also help to increase protocol knowledge and compliance, Paul said. “This has been a great way to get our scores up,” she said.

   McDaniel’s Life EMD has 108 questions very specific to their county and since there’s a lot of water in their jurisdiction, many of the questions focus on Protocol 14 (Drowning (Near)/Diving/Scuba Accident) and other water-related emergencies.

7. Don’t make games your only option.
   Spend CDE time in classic classroom learning situations. While games are fun and motivating, don’t drop your other CDE programs.

8. Don’t plan to spend a lot of money.
   Although you should modify the games from their original look, the materials you might require can be found at hobby shops, dollar stores, and other low cost outlets. Prizes need not be expensive and can be purchased from organizations that benefit dispatchers, such as 911 Cares.

9. Be sure your games are non-infringing on the copyrights of the games you’ve copied.
   While there is no guaranteed protection from liability, the following suggestions are from Dear Rich: Nolo’s Patent, Copyright & Trademark blog (dated Jan. 24, 2008): Start with the principle that the underlying ideas for games are usually not protected. For example, many companies have created online games based on hangman, but you’ll run into a problem if your hangman game is expressed in the same way as Wheel of Fortune. To lower the odds of becoming a defendant in a lawsuit, do the following:
   - Don’t use a name that’s similar to a popular game
   - Avoid copying the appearance of the packaging
   - Don’t copy text or artwork from the game
   - Since some games are protected under utility patent and design patent laws, check to see whether the game is patented

10. Don’t put your games up for sale.

   “It’s been amazing for us,” Webber said. “Because of these games, they spend a lot more time studying their cards.”

   McDaniel doesn’t regret any time invested in developing the games because, like Holland, she genuinely enjoys the creative outlet.

   “They’re a great stress reliever for me,” McDaniel said.

   Holland’s inaugural challenge was the Monopoly game Paul asked her to modify into a CDE course dispatchers would actually enjoy. The subsequent game promoting protocol know-how through real estate transactions was such a success she has since revamped several more.

   The current favorite is a take-on the television reality show/game program The Weakest Link. In the modified version of this game show, dispatchers must answer a chain of consecutive questions about the Medical Priority Dispatch System® (MPDS) to earn points they can later trade for prizes.

   At the end of each round, dispatchers must vote one player out of the game, which is what happened in the American format.

   Holland was among the first voted off, which, she said, was rather ironic.

   “I’m the one who made up the game,” she said. “You’d think I’d last the longest.”

   Holland said giving dispatchers something more to look forward to as a team is the central point of the game playing.

   Paul is just glad she handed the responsibility to Holland.

   “She’s very good at this,” she said. “Her creativity has helped with morale, team building, and the working relationships between dispatchers and field personnel.”

   Holland, who started at Central EMS six years ago, can’t imagine working in any other profession. The games simply add to her job enjoyment.

   “I am the group’s cheerleader,” she said. “I doubt I will ever leave because I know what we do does make a difference.”

   Paul recommends the games for centers, similar to theirs, with high performance that are looking for ways to push compliance scores up a notch to meet compliance standards required for accreditation by the National Academies of Emergency Dispatch® (NAED).

   “We were at 93, 94 percent scores for compliance and the games helped us get over the edge [reach 95 percent],” Paul said.

   “Since Erin started these, we’ve been there ever since.”
Tom Balaam is the sort of guy you would want to go to when things are looking up or down.

As a relative newcomer to dispatch, the South East Coast Ambulance Service (SECAmb) EMD has a philosophy that some might think would take years to develop. In his words, he forges ahead and hopes for the best with any call he answers. He doesn’t give up or let less than positive outcomes jade his empathy.

No matter what, he said, “This is a job I want to get up for every morning.”

Balaam likes his work so much that he volunteers as a mentor to others at the communications center. To hone his people skills, he participated in the inaugural Mentor Course offered by the International Academies of Emergency Dispatch (IAED). Although strictly a U.K. certification at this time, the course may expand to any center, nationally and internationally, using the fire, police, or medical protocols.

The certification course was developed as a way to enhance interpersonal communications and promote camaraderie. The all-consuming process of putting it together was the brainchild of three people: IAED Curriculum Director Larry Latimer, IAED Associate Director Ross Rutschman, and IAED National Accreditation Officer Beverley Logan.

“A mentor is a person you can go to with questions or concerns,” Latimer said. “No one should feel threatened because it’s a relationship built on mutual understanding and trust.”

Close personal alliances are not uncommon among dispatchers; long hours of proximity to one another encourages bonds to form, as does the need to talk about calls, both good and bad.

The mentoring course, however, takes the affinity one step further. During the three days in the classroom, student mentors are taught ways to help coworkers through crisis. They learn how to listen actively to help the coworker better identify the root cause of discomfort. Symptoms of depression and work exhaustion are discussed, as well as what the coworker can do to better cope. Role-playing around situations known to occur—such as the stress from a difficult call or dispute—ready the students for the mentor position they assume once back at the job.

John Douglas, EMD, control room supervisor for the Eastern District Ambulance HQ of Northern Ireland, said the course he took at the September U.K. EuroNavigator Conference gave him more insight into maintaining a healthy control room atmosphere, and it doesn’t always have to be about crisis intervention.

“People like to be told they’ve done a good job,” he said. “Not everyone can do this and sometimes you need to remind people of the difference only they can make.”
Does using the MPDS®, FPDS®, and PPDS™ to work as one of 45 dispatchers servicing an area population of 255,710, not including the weekday influx of 100,000 workers, sound like a sweet job to you? Well, you might want to take up residence at the Dauphin County (Pa.) communications center then where you’ll be servicing an area known as the “sweetest place on Earth.”

Not only is the county bordered by the Susquehanna River on its western edge but it’s also home to the Hershey attractions, the Three-Mile Island Nuclear Power Plant, and the capitol of Pennsylvania, Harrisburg, in its 525 square miles.

Welcome to Dauphin County, home of the first communications center to receive fire accreditation back in 2004. The staff initially started using the MPDS in 1996 and several years later became accredited in the medical protocol. Shortly after, they implemented the fire protocol and followed the familiar path they had traveled with the medical protocol.

“We decided to get accredited for fire as well,” said Keri-Ann Zeigler, Dauphin County EMA/9-1-1 assistant manager of quality assurance. “Our main push with fire was to be No. 1. Luckily, we were able to be the first center accredited for fire.”

Not only did that mean something wonderful for those working at the center but also for the public’s safety and well-being.

“Everybody was really proud of that fact,” she said. “We are glad to say that we are accredited. You know, we have that extra little feather in our cap. If people ask it’s like, ‘well we’re accredited.’”

In fact, the portion of Pennsylvania that Dauphin County is located in doesn’t have many communications centers accredited in any of the protocols; consequently, they find themselves being held to a much higher standard.

“In our region here we’re one of the few that are accredited in medical and we’re the only one in fire so it’s sort of nice to have that little added edge,” Zeigler said.
In August 2008, Dauphin County became reaccredited in both the medical and fire protocols. Achieving that honor, however, was no small feat.

Running the numbers

At a center like Dauphin County, which dispatches for 20 police departments, 14 police agencies, 39 fire departments, and 17 EMS companies, quality assurance becomes an overwhelming task for staff members. The total number of incidents they processed for 2007 was 224,614—169,923 police, 13,392 fire, and 41,299 EMS.

As a result of the number of incidents Dauphin County processes, the QA staff must evaluate three percent of the total volume (as listed in number 7 of the 20 Points of Excellence) to maintain reaccreditation standards.

Zeigler said they are able to review three percent or more of their calls because of the number of people they have dedicated to quality assurance in their center.

“We’re lucky that we have enough people able to QA calls,” she said.

Q’ing it up

Zeigler said a major obstacle for them in the reaccreditation process was getting their six peer reviewers on the Quality Assurance Team on the same page.

“Getting all six reviewers to score the same for all calls is sometimes a challenge when it comes to certain calls where there are ‘shades of gray,’” she said.

Several ideas were implemented to get everyone at the center in gear and to shake the inconsistency.

“In a two-week pay period we try to have each reviewer be scheduled for an 8-hour review period,” Zeigler said. “A lot of times scheduling can support that—we might have a problem then we have to do it on overtime or one person doesn’t get scheduled this time but we still have the five others that get scheduled. We do have that built in to make sure we get all of our stuff done.”

Another invention involves the creation of a monthly newsletter for the QA Team, which includes review tips, scoring reminders, and a “how would you score this call” section where answers from each reviewer are compared to one another.

Maintaining accreditation takes continued work and dedication to providing a higher standard of care for Dauphin County customers.
“This has greatly helped each member understand how she or he can better follow the NAED Scoring Standards as well as our own Agency Policies and Procedures,” she said. “It also helps to bring the group together by having time when we can all ask questions of each other, with one of the most important questions being, ‘Why did you score it that way?’ We are scoring within five percent of each other consistently.”

No kicking back

After initially achieving accreditation back in 2000 (medical) and again in 2004 (fire), Dauphin County comm. center staff didn’t just sit back and bask in their accomplishments. Zeigler said maintaining accreditation takes continued work and dedication to providing a higher standard of care for their customers—callers and field providers—through ensuring all calls receive fair and equitable treatment and response modes.

They worked to add one or two new policies, increase the number of positions in the center, update lists of certified employees and software/cardset versions as well as call volume numbers, and run up-to-date data for review statistics.

Accreditation is more than just a piece of paper to those working in communications centers meeting the standards established by the National Academies of Emergency Dispatch®.

“Many police departments are accredited through police accrediting bodies and this is one way in which the communications center can show our residents that we too are accredited,” Ziegler said. “The public can rest assured that when they call 9-1-1 they will receive the most capable and knowledgeable telecommunicator possible that will help them no matter the situation.”

The benefits stemming from achieving accreditation reach further than the public and field responders that the communications center staff interacts with.

“It gives our employees a sense of accomplishment and instills confidence in the public that we are performing to a certain (high) level and standard, which is recognized nationally and internationally,” Zeigler said.

Following Dauphin’s example

Is your center looking into becoming an ACE? You’re not the only one. Zeigler said other centers in her area are looking into accreditation.

“A couple in our region have asked us about accreditation and procedures that we went through for the whole accreditation process,” she said.

In fact, she said one of them sent their QA person and the two of them sat down and went through the 20 Points of Excellence among other things.

That’s a great way to begin the process. “Don’t be afraid to ask questions and get help from other ACEs when you need it,” Zeigler said. “Our greatest strength is those who have gone through the process already and are familiar with the procedures.”

At His Fingertips

Telecommunicator OIC Mark Mattern fields calls using the cardsets.
**FREQUENTLY ASKED QUESTIONS**

**Venture and Gain. Members’ questions help clarify protocol to everyone’s satisfaction**

**Brett:**
I was looking through some of the changes in Medical Priority Dispatch System® (MPDS®) version 12, and I noticed 26-ALPHA is “New Onset of Immobility.” Can you define that further? When I think new onset of immobility, I think of a stroke.

Thanks!
Judy Capparelli, ENP
EMD Administrator
Raleigh-Wake 911, N.C.

**Jaci:**
The new 26-ALPHA list was derived from requests from users regarding typical, common, and low acuity complaints.

EMDs should understand that “New Onset of Immobility” relates to a common complaint from the elderly or infirm when such patients become too ill or weak to walk and are requesting evaluation or relocation. It does not relate to a sudden loss of body function, such as an inability to move one side of the body or sudden paralysis.

While the description “New Onset of Immobility” may seem to apply to both situations on the surface, in fact, the descriptions of these complaints are really quite different. If a relatively healthy person is suddenly unable to walk because of sudden paralysis or severe weakness unilaterally (one side of the body), this is almost always recognized and reported as a stroke. However, when a patient is known to be ill, elderly, or infirm, and in a declining condition, the call will be reported differently, as a patient who can no longer walk and needs further evaluation or relocation. As always, associated priority symptoms take precedence.

**Brett Patterson**
NAED Academics & Standards

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**NON-PRIORITY Complaints (ALPHA-level)**

2. Blood pressure abnormality (asymptomatic)
3. Dizziness/vertigo
4. Fever/chills
5. General weakness
6. Nausea
7. New onset of immobility
8. Other pain
9. Transportation only
10. Unwell/ill
11. Vomiting

**26 SICK PERSON (SPECIFIC DIAGNOSIS)**

| MPDS® v12, NAE-std. © 1979–2009 PDC |

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**Judi:**
The new 26-ALPHA list was derived from requests from users regarding typical, common, and low acuity complaints.

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**Brett Patterson**
NAED Academics & Standards

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**Jaci:**
The “Unconscious Effective Breathing” link was added to the trauma protocols to prevent unnecessary neck movement when breathing is OK. Actually, there is no need to make the airway link from X-3 unless the patient’s breathing becomes ineffective—just stay on the line and monitor. The new Head-Tilt Rule helps to explain this life over limb concept.

**Brett Patterson**
NAED Academics & Standards

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**POST-DISPATCH INSTRUCTIONS**

a. I’m sending the paramedics (ambulance) to help you now. Stay on the line and I’ll tell you exactly what to do next.

b. (Sexual assault) Do not change clothes, bathe, shower, or go to the bathroom.

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**THE JOURNAL | January/February 2009**

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**MPDS® v12, NAE-std. © 1979–2009 PDC**
Stress Doesn’t Discriminate. No one in emergency services immune from internalizing another’s pain

In fact, according to the findings published in the July issue of 9-1-1 Magazine, telecommunicators can be affected to the same degree by a traumatic incident as those physically responding to the scene. In other words, physical distance does not protect a telecommunicator from the stress arising from a critical incident or any type of call that can trigger an emotional response.

The findings are based on a study Troxell began three years ago when searching for a topic to satisfy the DrPH (doctorate of public health) degree from the University of Illinois—Chicago. She happened to mention her interest in secondary traumatic stress to the fire chief speaker at several conferences sponsored by both the Association of Public-Safety Communications Officials (APCO) and the National Emergency Number Association (NENA).

Troxell said she’s glad to get the information out. “It’s an important issue and this was a way of starting the conversation,” she said. “We take care of our police officers and firefighters but seldom give a thought to those behind the scenes. This is such a failure on the part of society. It’s not fair since the telecommunicator may be suffering, too.”

Troxell, a registered nurse and a certified nurse midwife, was relatively new to the issue of stress and the telecommunicator when in 2007 she started recruiting participants from APCO and NENA Listservs for the first part of the study.

An initial pilot program consisting of 16 telecommunicators clarified the set of questions used in the survey later sent to 79 emergency call centers spread throughout Illinois. The final analysis for the study was based on a response rate of slightly above 50 percent (497 from a total of 984 telecommunicators at the 79 sites).

Troxell was elated by the high percentage of return and the additional information the survey generated. “Several gave me up to three pages describing a traumatic event,” she said. “But it was more than the incident they wanted to talk about. They described their feelings at the time of the call and the feelings of the caller.”

She hopes the research findings will lead to the acknowledgement of stress in 9-1-1 call centers and the inclusion of telecommunicators in programs set up to alleviate the symptoms of stress, such as critical incident debriefings and time away from the console after a particularly trying call.

“In 9-1-1 they’re more or less expected to shut out the stress that comes with their job. Eventually, you have to deal with what’s happening to you.”

The following information summarizes the research results from a report by Trox-
ell published in the July edition of 9-1-1 Magazine. Also, Troxell cautions against generalizing the information to every emergency call center. Her research was based on the response of a non-random sample of volunteers so the results cannot be applied across the board.

Sources of stress
A list of 23 sources of stress was compiled from several sources: Richard Behr’s online survey of telecommunicators (see Under the Headset: Surviving Dispatcher Stress, Stagg Publ., 2000), a survey of literature, and pilot study participants. Two percent of those answering the survey indicated “none of the above” as current sources of stress for them while the remaining 487 participants selected an average of 7.9 items. The top 10 sources of stress were as follows (Troxell, 9-1-1 Magazine, July 2008):

- Lack of support from management—53.3 percent
- Lack of support from the public—48.7 percent
- Lack of understanding of what telecommunicators do—48.3 percent
- Lack of follow-up/regard after a stressful incident—46.9 percent
- Poor communication among staff—46.9 percent
- Personal conflicts at work—46 percent
- Co-workers—44.2 percent
- Scapegoating of the communications center—43.8 percent
- Poor equipment—42.6 percent
- Management and administration—42.4 percent

Indirect exposure to trauma
With indirect exposure, a call would be considered a potentially traumatic event if it involved actual or threatened death or severe injury of another person or his or her environment. Participants were asked to circle any of 20 types of calls meeting these criteria that they may have handled during their career. An average of 12.6 types were selected. The top five types of calls were as follows (Troxell, 9-1-1 Magazine, July 2008):

- Domestics—97.6 percent
- Structure fire—92.1 percent
- Pursuits—91.5 percent
- Traffic accidents with fatalities—90.3 percent
- Suicidal callers—85.1 percent

Exposure to trauma
To be considered a traumatic event, this call would have evoked a sense of fear, helplessness, or horror in the telecommunicator. Participants indicated an average of 5.8 types of calls as traumatic events. The top five types of calls were as follows (Troxell, 9-1-1 Magazine, July 2008):

- Children with severe injury—51.4 percent
- Death of a child—49.5 percent
- Injured officer, firefighter, or EMT—48.8 percent
- Suicidal callers—46.8 percent
- Calls involving family or friends—39.3 percent

Want to learn more about stress and how it affects those working in emergency communications centers?

If so, you’re in luck. Navigator 2009 features several presentations from people who have been there and done that over the course of their telecommunication careers. The three-day conference runs from Wednesday, April 29, to Friday, May 1, and will be held at the Las Vegas Hilton.

Consultant Kim Rigden, a 17-year veteran in emergency medical services, will give two stress-related presentations.

Critical Incident Stress and the Emergency Dispatcher, scheduled for 12:45 p.m. on Thursday, explores the pathways of stress—normal and destructive—as well as how to identify signs and symptoms of critical incident stress.

The Psychology of a 9-1-1 Call, scheduled for 9:30 a.m. on Friday, looks at stress from the caller’s perspective and the steps the emergency dispatcher can take to calm and reassure the person while gathering the necessary information.

Rigden has worked as a paramedic, emergency medical dispatcher, and quality improvement coordinator. Most recently, she managed the Dispatch Quality Improvement Program for the three regional dispatch centers of the British Columbia Ambulance Service. The centers have a combined call volume of more than 500,000 calls per year.

Jim and Sharon Lanier will return with their presentation that goes into the root causes and effects of conflict. Stress is not only a cause of conflict but also a result of volatile situations in the workplace. Mifubusting 101—Dealing with Conflict is scheduled for 2:15 p.m. on Thursday. The Laniers are owners and operators of Whisp, a company they created to assist agencies in health care and public safety in fostering an environment of customer service. Jim Lanier is division chief of communications for the Emergency Medical Services Alliance (EMSA), a recognized ACE that serves Marion County, Fla.
A holiday break from school spent willingly outside in the cold dead of winter convinced Raymonde Ricketts what she wanted to do with her life. Snow was so deep it was up to her waist and she and her fellow campers spent one entire night of the five-day trip outdoors in a lean-to made from snow and a tarp positioned against a stand of trees. They cooked on an oven fashioned from a piece of tin placed over a small pile of rocks containing a fire.

Sound like fun? For Ricketts, it was. The days and nights consumed by wilderness first-aid training in subfreezing temperatures was an event the recent high school graduate will always remember—and the last push she needed for a career dedicated to emergency services.

“That was one of my best experiences ever,” Ricketts said. “I am now prepared for just about anything.”

Ricketts is a member of the vocational Medical Rover Crew, a national themed scouting program offered since 1999 through a partnership between Toronto EMS and Scouts Canada. She signed up when a sophomore in high school, encouraged by a friend who had decided to do the same, and advanced quickly from the Medical Venturer Program (for ages 14 to 17) to the Medical Rover Program (for ages 18 to 25). Her friend is not far behind.

“This is a cool program,” Ricketts said. “Everyone should take it, even if it’s just to learn the standard first aid.”

Toronto EMS MedVent paramedic Jerry Crawford pushed for the creation of the programs in his response to a homicide committed by a group of youth in a park in downtown Toronto, instigated over a pack of cigarettes. He wanted a program that would steer young adults in the right direction while, possibly, giving them a jump on careers.

Crawford searched the Web and found what might be an ideal solution: a program combining scouting and emergency response that British Columbia EMS started in 1986. As a former scout, Crawford knew firsthand the many interests scouting cultivates. Later, as a scout leader, he understood the importance of mentoring young adults.

“The idea of bringing the scouting concept to Toronto EMS was a great fit,” he said.

By Audrey Fraizer
“This was a way to focus their energy in a positive light.”

It didn’t take long to convince others.

Dave Ralph, Toronto EMS Community Safeguard Services manager, liked the idea, especially since Scouts Canada is held in such high esteem.

“The résumé scouting shows a background of perseverance and integrity,” said Ralph, whose scouting experience goes back several decades as both a member and a leader. “This has always been a way of letting people know you’re a good person.”

The Toronto EMS-sponsored Venturer Company and Rover Crew medical programs consist of two companies: 1st Downsview and 1st Scarborough. The scouts progress through three levels of training, from basic first aid to wilderness survival and advanced emergency response skills. Service hours are a prerequisite for advancing to the next level and can include providing first aid at scout events and EMS/City public service events such as food drives, parades, and cultural festivities.

Toronto EMS MedVent training staff provides EMS-certified first-aid training to the scouts as well as orientation in EMS procedures. Civilian trainers along with numerous Toronto area community college and university students assist in the paramedic program.

Nearly 1,500 scouts have gone through the program during the past 10 years and there are now Medical Venturers and Medical Rovers in Durham Region, York Region, Ottawa, Windsor-Essex, London, the Region of Waterloo, and Thunder Bay. It is the fastest-growing vocational Venturer and Rover program in Canada.

Ricketts said the medical training has not only helped her in a career choice but also in responding to personal crisis. The teen and two friends were in a traffic accident that forced their car to roll five times before coming to a stop. Ricketts walked away from the accident without injuries and was able to help her friends.

“I went into the emergency mode,” Ricketts said. “When the paramedics arrived, I was able to advise the paramedics of their apparent injuries and medical histories. It was great putting my training to practical use and, later, hearing compliments about my patient care from the on-scene paramedics.”

**Recipe for Giving.** Dispatchers show they can dish it out

The dispatchers at the Metropolitan Area Communications Center (MetCom) in Centennial, Colo., proved men and women can go back to the kitchen while, at the same time, withstanding the heat of stressful careers.

And for them it was all in the name of a good cause.

In a move that will benefit the Children’s Hospital burn unit and the Muscular Dystrophy Association (MDA), the dispatchers pooled their culinary talents for a cookbook that has since raised $3,500 in donations.

Dispatcher Becki Mullen, who organized the fundraiser, gathered the recipes featuring everything from soups to nuts through an e-mail campaign, targeting emergency dispatch centers in all parts of the state. A rather modest ambition to collect several dozen recipes turned into a 300-recipe extravaganza featuring foods for every meal and in between. A “this and that” section highlights treats such as jams and jellies that don’t necessarily fit into any other category.

Cookbook sales also exceeded Mullen’s expectations, but she attributes that to a publication date coinciding with the holiday gift-buying season.

“We originally ordered 200 books,” she said. “But from pre-orders, we soon learned that wasn’t going to be enough.”

So far, the cookbooks have found their way into 300 kitchens and, because of its success, Mullen is considering a new version for this year. The hardest part may be finding recipes to match the premier collection.

“They were all original,” she said.
You Can Do It. A little persuasion goes a long way

By Audrey Fraizer

Regina M. Kiser relied on her skills of persuasion and use of Pre-Arrival Instructions (PAIs) to save the life of a man who had suffered a heart attack while waiting in his car at a fast food restaurant.

The Yuba City (Calif.) Police Department dispatcher turned to the PAIs of the Medical Priority Dispatch System® (MPDS) once the caller told her that the stranger wasn’t breathing. But the person making the call wasn’t sure if he wanted to be the one giving the compressions and ventilations, considering his expressed lack of experience.

“He started asking those around him if anyone knew CPR,” she said. “I brought him back and told him, ‘No, I’m going to tell you how to do it.’”

Kiser received the call in March 2008 from an employee of a fast food franchise. There was a man at the restaurant—at the time Kiser didn’t know he was in his car—and he was not breathing. Kiser convinced the caller he could help and brought him through the steps of CPR while simultaneously dispatching paramedics.

Kiser said he made it a breeze for her.

“He was the perfect caller,” she said. “He did everything he was told. He didn’t get flustered and he stayed with it until the paramedics arrived.”

Two minutes into CPR, paramedics arrived and transported the man to the local hospital. He survived and Kiser received a life-saving medal from the police department.

She never learned the caller’s name although she did find out the name of the patient from a letter sent to the police department acknowledging her actions. He was the father of a former dispatcher.

“Normally we don’t hear how things turn out,” she said.

The chain of events is what makes this call even more remarkable, said Shawna Pavey, department media relations director. Yuba City is relatively small (9.4 square miles) and it generally takes less time for the responders to arrive on the scene than the amount of time it takes to get through PAIs in a critical situation.

This time it was different, Pavey said. “Everything worked out, from someone seeing him in the car to making a call and receiving the CPR instructions,” she said. “The doctors told the family it [his survival] was directly related to her giving CPR instructions until first responders got there.”

“He was the perfect caller. He did everything he was told. He didn’t get flustered and he stayed with it until the paramedics arrived.”

– Regina M. Kiser

Kiser has also received accolades in the past. She was the first, and so far the only, dispatcher at the Yuba City Police Department communications center who has brought a baby delivery through to the step for tying the umbilical cord using the childbirth PAIs. That call came in close to 6 a.m. on July 16, 2003. “Once you get started there often isn’t the time to make it through [all of the steps],” she said. “When I got that far along in the instructions is when it really occurred to me what I had done.”

Words of Encouragement

Regina Kiser did not want no for an answer when asking the caller to administer CPR to a man who had suffered a heart attack.

“J

He was the perfect caller. He did everything he was told. He didn’t get flustered and he stayed with it until the paramedics arrived.”

– Regina M. Kiser

By Audrey Fraizer
Richard Lewis’ trip to the sandwich shop proved to be more than just a casual stop for dining.

The telecommunicator at the Dare County communications center in Manteo, N.C., was greeted with a hug of thanks from another customer eager to show his gratitude for a life-saving response. The gracious encounter at the shop contrasted sharply to the frantic 9-1-1 call Lewis answered in July 2007 from the man who was now embracing him. The man’s father had suddenly gone into cardiac arrest after arriving home from a family trip to the beach.

“He was hysterical, very hysterical,” remembered Lewis.

With information from computer-aided dispatch, Lewis quickly realized he knew the family calling and was aware of the patient’s history of heart problems. After he found out the victim wasn’t breathing, Lewis went to the adult airway arrest and “did what the cards told me.”

Lewis told them to move the patient off the couch and onto the floor, making sure there were no pillows behind his head. He followed the compressions 1st pathway, starting with 30 chest compressions, followed by two breaths, and repeated the pattern for an estimated six to eight minutes, the time it took paramedics to arrive at their door.

“The paramedics got there at a pretty quick time and did their thing,” Lewis said. “They called me on the phone after, and they said I had gotten him back breathing. And they said I saved his life, and that’s a good feeling.”

Lewis also learned that the patient later underwent heart surgery.

Successful in his CPR efforts, Lewis was awarded the Life Saver Award at Dare County’s annual Appreciation Dinner.

 “[Receiving the award] brought tears to my eyes,” he said.

With more than 19 years of dispatch experience, Lewis noted what a difference Pre-Arrival Instructions (PAIs) have made since Dare County started using the Medical Priority Dispatch System® (MPDS) four years ago.

“It really helps out a lot, you know,” he said. “It really does. We can actually save someone’s life where before we didn’t have any emergency dispatch instructions. I think it makes it a lot less stressful because we can do something to help the patient.”

Dare County Communications Center Director Maj. Almey Gray agreed.

“It’s truly stressful hearing things and knowing what’s going on and not being able to do anything,” Gray said. “Now [the dispatchers] can actively give PAIs and have an effect, and save lives, where before they could do nothing. It’s a whole lot more satisfying for people.”

Lewis, however, doesn’t like to take all the credit for what happened that day. A second telecommunicator dispatched the ambulance as Lewis gathered the key information and determined the proper protocol to follow.

“It’s all about teamwork to make the job go well,” he said. “That’s what it’s all about—everyone working together as a team.”

By Rebekah Bradway

Life Saved. CPR save earns award for Dare County’s Richard Lewis

Life Saver Richard Lewis was honored for a call that saved a life through his CPR instruction.
No Time to Lose. Baby presents with cord wrapped around his neck

By Audrey Fraizer

Events moved along so quickly, Walter Hayton barely had time to worry.

It all happened during the early morning hours of Aug. 6. Hayton was fast asleep when fiancée Janine Dendy gave him a hefty nudge. The false labor she thought she was experiencing was progressing quickly into the real thing. She needed help but their remote location made a trip to the hospital for delivery highly unlikely. A suddenly alert Hayton grabbed the phone.

"By the time he reached me on the phone, the baby’s head was already visible," said EMD Nickie LaSaga, who is with the British Columbia Ambulance Service (BCAS) of Kamloops (Canada).

LaSaga soon learned this would be no ordinary delivery. The baby was in distress; the cord was wrapped tightly around his neck. Although many babies are born with some cord involvement—it may be wrapped around the neck, under the arm, or around the shoulder—a tight nuchal cord (around the neck) can deprive the brain of oxygen.

LaSaga said she was anxious about the couple’s situation, although confident she could help them through the emergency.

"This was my first delivery ever," she said.

LaSaga turned to the Pre-Arrival Instructions for childbirth and delivery (PAI F). The 1990 revision of the Medical Priority Dispatch System® (MPDS) gave dispatchers specific instructions to follow when faced with a breech presentation or when the baby arrives with one or more loops of umbilical cord wrapped around the neck (nuchal cord).

With instructions in hand, LaSaga told Hayton to unwrap the cord from around his neck.

"Then, I heard the sound of his breathing," she said. "What a relief!"

Because of their location, the ambulance LaSaga had dispatched at the start of the call took 25 minutes to arrive. LaSaga stayed on the phone with them until paramedics were by their side. The baby was on his mother’s chest and Hay-
ton had used his shoelace to tie off the cord. LaSaga disconnected.

The story doesn’t end there. In September, LaSaga received the coveted BCAS Stork Award in recognition of her life-saving role for both mother and child. A highlight of the presentation was meeting the other guests of honor: baby Jesse and his parents.

“This was a miracle baby for them,” LaSaga said. “They were very happy. He’s fabulous, wonderful to see.”

Health Services Minister George Abbott called her efforts meritorious.

“As a father of three, I would like to offer my heart-felt congratulations on a job well done to Nickie, who is an example of the outstanding work of BC Ambulance Service dispatchers,” he said.

LaSaga modestly concedes her role in the delivery.

“This happens all the time,” she said. “But in this case, it’s nice to know that I truly made a difference.”

Hayton, for his part, was thankful he wasn’t forced to go solo.

“I’m glad there was someone on the phone to help me,” he said.

The story made the local news with only a passing mention of the “9-1-1 operator” involved in the delivery.

Everyone likes good news, and that certainly holds for stories of dispatchers instrumental in over-the-phone birthing assistance. To celebrate these occasions we are starting a new section called Stork Stories to highlight child delivery guided through the use of the MPDS Pre-Arrival Instructions. If you know of a dispatcher who has aided in a delivery, or of a program at a comm. center that recognizes these feats, please contact Audrey Fraizer at audrey.fraizer@emergencydispatch.org.

Lisa Gerndt didn’t get into emergency dispatch 18 years ago for the attention that sometimes comes with the job. So, when a clerk at a gas station received the praise for helping to deliver a baby following Gerndt’s over-the-phone Pre-Arrival Instructions (PAIs), it didn’t bother her a bit.

“She was a hero for the next couple of weeks,” said Gerndt, who dispatches for St. Joseph County Fire Dispatch in South Bend, Ind. “But that’s okay. I’m just glad everything turned out well.”

For Gerndt, the call in August 2008 was the second delivery call she’d taken in less than nine months, although more dramatic. The couple making the first call, in December 2007, didn’t take all that much help.

“The baby was born before I got through the Key Questions,” she said.

During the second, more recent, call, Gerndt gave the instructions to the store clerk, and she relayed them to the dad after he had pulled over at the gas station in the city of Roseland, near South Bend. This time, Gerndt made it all the way to the part about tying the umbilical cord using a shoelace.

“The store clerk ended up cutting her own shoelace in half,” Gerndt said.

Dad was able to tie the string in place by the time paramedics arrived.

The story made the local news with only a passing mention of the “9-1-1 operator” involved in the delivery.

But her feelings aren’t hurt.

Gerndt chose the job—her first and only—right out of high school. She was visiting a friend at the fire dispatch communications center and was impressed by the quick thinking the fast-paced job required. She’s still there a marriage, four children, and two years toward a nursing degree later.

Dispatching has its rewards, she said. There are many times she has had the opportunity to help and see the mean-
The Wait Ends. Baby delivery was a first in 23 years on the job

By Heather Darata

September was a good month for Ted Pendergast. It was the month he helped bring a child into the world via phone for the first time in his 23 years working in dispatch in Belmont, Mass.

Pendergast, a communications supervisor at the Belmont 9-1-1 center, took a call just after 9:26 a.m. on Sept. 16 from a man whose fiancée was almost ready to deliver and they weren’t going to be able to leave home.

“He was kind of gathering his things to go to the hospital,” he said. “At some point along the way her water broke. He was still thinking he was going to drive her to the hospital. Once she was in the bathroom I guess she just really became fairly immobile and said, ‘Look I can’t move and can’t walk and this baby’s coming now’.”

Once dad called 9-1-1 and reached Pendergast, he apprised him of the situation.

“He was kind of giving me a play-by-play and as we got through the initial discussion of what was going on he was telling me his fiancée was about to give birth, that her water had broken, and he said the baby is coming out pretty much all in one breath,” Pendergast said.

Pendergast instructed him to help guide the baby out and to catch it. The baby was born at 9:27 a.m. Although this was the woman’s first child, the amount of time from when she realized she was in labor to the delivery turned out to be 40 minutes.

Following the delivery, Pendergast asked dad how the baby looked and if he was crying.

“He said he was crying,” Pendergast said. “I said okay and repeated to him that the baby was crying and he said ‘yes’, but I didn’t hear anything. So at that point I’m thinking okay well if the baby’s crying, the baby’s breathing.”

While Pendergast continued to move through the protocol, he heard the baby cry through the phone.

“When I heard that, I was extremely happy that at least at this point we don’t have any imminent complications I need to worry about,” he said. “I realized we were at least in good shape.”

Pendergast said the couple did an excellent job of staying calm during the unanticipated home delivery of the son they named Sinjin.

“She was extremely calm through it, I mean just amazing,” Pendergast said. “The father was fantastic.”

Responders arrived quickly, coming from just blocks away. Once they arrived on the scene and took over, Pendergast disconnected the call.

He had nothing but praise for dad’s role in the birth.

“I could give them all the instructions in the world but it would have been useless if he wasn’t calm and ready and willing to assist the mother in the birth,” Pendergast said. “That was probably the best part that allowed everything to go really well.”

He said the most memorable part of the call was its length, which was about 3 minutes and 40 seconds.

“It happened very, very quickly,” Pendergast said. “The baby was born moments into the call.”

His contact with the couple didn’t end when the call disconnected.

“It was a great experience and the best part of it was getting to meet them,” Pendergast said. “About a week afterward they came in to visit with the baby so I got a chance to meet them and meet the baby, and hold the baby too, which was the reward.”
Common Thread. Baby delivery is first-time experience for dispatcher and dad

By Heather Darata

Keith Phillips will always remember the early morning hour that he took a call from a man driving his neighbor to the hospital with an impatient baby bursting to make an appearance.

Phillips, an emergency communications specialist II at Carroll County E.C.C. in Westminster, Md., said the man was driving the woman to the hospital and was close to getting there when he called 9-1-1 because the baby had other plans.

“They were about maybe a mile or two from the hospital,” he said.

The man was driving down Route 140 in Westminster when he made the call and reached Phillips. After finding out the woman had gone into labor, Phillips told the caller to pull over. They ended up in the parking lot of a 7-Eleven further up the street from the communications center Phillips was talking to him from.

“I had him pull over so we could send an ambulance to him, so we could send help to him,” he said.

Phillips and the caller shared a common thread—neither had assisted in the delivery of a baby before.

“I think he was excited,” he said. “It was the first time he ever delivered a baby. Same with me, it was the first time I ever gave instructions over the phone to help deliver a baby.”

Dispatcher Keith Phillips and the caller shared a common thread—neither had assisted in the delivery of a baby before.

Even so, Phillips knew what to do. He began giving childbirth instructions to the man during the call, which lasted for several minutes. Phillips had the caller use his shoelace to tie the umbilical cord and was able to hear the baby, named Journey, cry a bit before responders arrived on the scene and took over.

As a dispatcher, helping bring a new life into the world is a bit different from most of the calls that come in.

“It was very rewarding,” Phillips said. “Glad everybody was OK. That’s the main thing.”

This call ranks as Phillips’ most memorable one during his eight years as a dispatcher. For starters, he wasn’t scheduled to work that shift.

“I was supposed to be on vacation and we had somebody call out sick,” he said. “I wasn’t doing anything anyway because my plans changed so I decided to come in that night.”

It’s a good thing Phillips did. Labor Day now takes on a new level of significance for him.

“My grandfather was born Sept. 1, and he’s now gone,” he said. “He died right after I became a dispatcher, so I’ll always remember that because his birthday would have been on Sept. 1. I always will remember this call.”
Stephanie Brookes Bryan’s first save wasn’t exactly the type of experience she had expected. The caller was frantic, said Bryan, then the communications supervisor and training coordinator for the sheriff’s office in Collier County, Fla. The two-year-old patient, Brandy, was choking on the antibiotics prescribed to fight infection from bites received in a Pit Bull attack. Bryan sprang to action, relaying step-by-step instructions for the Heimlich maneuver. The caller squeezed Brandy, just like she was told. The pills popped out.

“I heard her bark,” Bryan said. “I was thrilled. Hearing Brandy bark was almost like hearing a baby’s cry. I knew she was going to be OK.”

The caller brought in pictures of Brandy, a beautiful Chow dog, the same afternoon. A letter Bryan had framed was written from Brandy’s perspective or, at least, as close as her human companion could get to expressing their gratitude in dog terms.

Bryan was elated and with great pride, she sent the National Academies of Emergency Dispatch® (NAED) a copy of the story clipped from the local newspaper along with the following note:

“After returning to my agency from the terrific conference in Orlando (Florida) and spreading the good word on EMD and how it works, the communications personnel are most anxious to undergo certification and expand the service we now offer our community.”

“To this day I beam when thinking about Brandy,” Bryan said. “Everything turned out so well.”

The day Bryan took the call was nearly 19 years ago, and the timing couldn’t have been better. She had literally received her EMD certification in that morning’s mail. She had learned the Heimlich maneuver from its originator (Henry Jay Heimlich, M.D.) at the Navigator conference held less than two months earlier.

“Twenty-four hours earlier and I would have requested he call the vet,” she said. “But on this day, I had the certificate in my hand and I felt confident.”

Things have changed since then. The big dog park in the sky is where Brandy now plays. Stephanie’s last name has changed to Spell, having married a homicide detective from the same agency in the years since the call. She is no longer the supervisor and training coordinator; in fact, she is the director of communications.

“I no longer spend much time on the floor,” she said. “I miss that. It’s a duty that stays near and dear to my heart.”

The story about Bryan’s first save appeared in the February 1990 inaugural edition of The Journal of Emergency Dispatch published by the NAED. The once 4- to 8-page newsletter has grown into an average 52-page magazine, with each issue highlighting the efforts of emergency dispatchers—both nationally and internationally—using the fire, police, and medical protocols. Canine saves are rare. Only one other canine save story written during the past 18 years compares to Bryan’s experience.

Rob Amick, a certified EMD, received a frantic call from a man saying that his dog had become unresponsive. Amick, drawing on his knowledge of animal first aid and CPR, slightly altered the medical protocol to save the animal’s life.

Amick ran through the instructions like it was an EMD call for a child, except for the part where he told the caller to cup his hands around the dog’s snout to give rescue breathing.
Amick ran through the instructions like it was an EMD call for a child, except for the part where he told the caller to cup his hands around the dog's snout to give rescue breathing. He told the caller to push down half an inch on the chest for compressions, at a ratio of five compressions to two breaths.

The dog soon started breathing and the caller said, “I think he’s okay.”

But the call wasn’t as easy as the story might imply.

“With all the screaming and yelling in the background, I didn’t know what was going on,” Amick said. “It took a lot of calming down and when I realized it was a dog they were giving CPR, I was surprised. I thought it was a child they were trying to revive.”

Amick simply finished the call by asking if there was anything he could do. He never heard from them again or, if they did ever call back, it was for reasons other than saving the family dog.

In any event—human or canine—the ability to assist over the phone in a crisis is the pull keeping Amick on the job.

“We do it all by hearing,” he said. “We have to give people the confidence to do what we’re telling them. I like that.”

Another story features a twist—a dog saving a dispatcher twice.

Jim Leonard, a dispatcher for Seneca County’s Emergency Services, in Waterloo, N.Y., couldn’t ask for more from his dog than the wake-up call that probably saved both their lives. Although the story never made it into The Journal [until now], Leonard credited a 6:50 a.m. lick on the face from his Rottweiler dog, Zoey, to more than just a desire to take an early morning walk outside.

According to a story published in The Finger Lakes Times on Aug. 27, 2001, Zoey, then a 7-month-old, 100-pound puppy, refused to budge when a drowsy Leonard led her to the kitchen door. Once the dog did step out, no amount of coaxing could get Zoey back in the house, so Leonard called it a draw.

“I left her standing in the backyard,” he said.

That’s when the smell hit him hard: methane gas Leonard later learned was leaking from a septic tank through a faulty trap in the bathtub.

“She was trying to alert me,” Leonard said. “She wanted to wake me up to get out of the house. She wanted to make sure she was out, too.”

In the second incident, Zoey went through the same steps—refusing to go out and once out, refusing to come back in—when the gas stove was turned on accidentally. Zoey had again saved the day and, maybe, in some sort of cosmic canine return for his companion’s good work, Leonard has received numerous awards for meritorious performance, such as directing callers through CPR procedures and complicated pregnancies. He has sent help to dogs stuck in ponds and livestock trapped in mud.

Communications Director Toni Smith said they are there for the welfare of all, including the four-legged populace. It makes hardly a difference.

“When the firefighters arrive, the people there will tell them if their pets are trapped, and they’ve been really good about getting them out,” she said. “We’re very lucky. We get the people and animals out.”
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