ACE is the Place.
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Leadership.
Getting along at work?
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Medical CDE.
Prescription drug deaths on the rise

The National Academies of Emergency Dispatch

January/February 2010

Teaching Children about 9-1-1
Give them the edge
INSIDE THE JOURNAL
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Youngest Link. Children who know what to do in an emergency are instrumental in saving lives.

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UPDATED VERSION

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; 6,010,451; 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.
Shaping Our Lives. Past decade had good things about it, too.

Scott Freitag

The first decade of the 21st century won Time magazine’s endorsement as the worst decade ever for the United States. The story in the Nov. 28, 2009, issue began its appraisal with a reference to how the United States had been affected by just about every major event of American life. I’m sure anyone even marginally cognizant of headline news during the past 10 years can name one event in a string that merits mention, let alone one that brings the gloomy distinction. Chief among them, at least for most I presume, was the collapse of the World Trade Center on Sept. 11, 2001. From there take your pick: economic implosion, the mortgage crisis, spikes in the poverty level, double digit unemployment, Hurricane Katrina devastating the gulf coast, or a staggering $50 billion Ponzi scheme that happened during the same time frame.

Politics aside, there must be events each of us can recall as a positive factor in shaping our world. Here are some of mine.

On a local level, grabbing international attention, Salt Lake City, Utah, hosted the 2002 Winter Olympic Games amid tight security due to terrorism concerns stemming from the terrorist attacks five months earlier. The Mormon Tabernacle Choir sang the Star Spangled Banner for opening ceremonies, and signs of America’s rebound from September 11 included a presentation of the flag that flew at Ground Zero, NYPD Officer Daniel Rodriguez singing God Bless America, and NYPD and FDNY honor guards marching in formation. The games continued without major incident through the closing ceremony on Feb. 24.

Slightly more than two years later, on July 4, 2004, ground was broken for the 1 World Trade Center, formerly known by the name “Freedom Tower,” the former site of the World Trade Center complex. Construction for the 1,776-foot high building began on April 27, 2006, and when completed, 1 World Trade Center will be the tallest building in the United States. A museum dedicated to the history will be located at the same site.

On July 26, 2005, the Space Shuttle Discovery went into orbit on a mission that returned to Earth safely on August 9. Discovery’s reentry to the Earth’s atmosphere brought its tense moments considering the Space Shuttle Columbia disaster that occurred two years earlier in February 2003. As you might recall, Columbia disintegrated over Texas, with the loss of all seven crew members. This was Discovery’s second return to flight orbit—a first in the 1986, two years after the Space Shuttle Challenger broke apart 73 seconds into flight.

The pilot who maneuvered his US Airways A320 into the Hudson River after both engines failed gets my vote for the feel-good story. All 155 on board were pulled to safety as the plane slowly sank into the 36-degree water. The iconic photo from the Jan. 15, 2009, “Miracle on the Hudson” shows some of the passengers standing on the wing, waiting for help to arrive. The pilot Chesley “Sully” Sullenberger of Danville, Calif., was an instant hero in a decade sorely needing one.

Oddly enough, the local news would be quite polished. An update, the review, the story, the event, or the effort. I don’t remember much other than the aforementioned events. The only notable mention of a protocol was the “Triage” article published in the Nov. 28, 2009, issue backed its story in the Nov. 28, 2009, issue backed its story of headline news during the past 10 years. But before we do, let’s take a few minutes to explore the good things that happened during the same time frame.

Protocol 33. To Asume or Not to Assume: T hat is the question!

Jeff Clawson, M.D.

Dr. Clawson:

At a meeting with local health authority officials, hospital staff posed a question regarding the standard set of key questions asked when arranging Interfacility Transfers (IFTs) per Protocol 33. To them answers to several questions were rather obvious (such as “Is this call the result of evaluation by a nurse or doctor?”) so why would it be necessary to ask each one when arranging an IFT?

I know that these questions are necessary; in the interest of patient safety, nothing can be assumed. However, I’d like to hear your take on the rationale/evidence for this question set, as it would strengthen my assertions that all questions are relevant.

Dr. Eyolfson:

I certainly agree with your statement that nothing can be assumed. Only when things are 100% obvious or information was provided in an earlier question is it OK to not ask a question. For more specific rationale, I am forwarding your query to Greg Scott, the P-33 Academy specialist, and the 911 Priority Dispatch System (PDS) Group. I hope this helps. Please feel free to contact me directly with any additional questions or comments.

Dr. Eyolfson:

I appreciate the concern, as it is most likely that a call from a medical facility is the result of an evaluation by a nurse or doctor. However, this is not always the case.

The use of Protocol 33 is contingent on a pre-established protocol agreement, as this protocol provides certain “latitudes” not afforded to the lay caller. The first question, therefore, attempts to confirm necessary; in the interest of patient safety, nothing can be assumed. However, I’d like to hear your take on the rationale/evidence for this question set, as it would strengthen my assertions that all questions are relevant.

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— Tom Ling, Johnson County Central Dispatch

Online applications for the 2010 course to be held in Kansas City, MO will begin January 3, 2010. Go to www.emergencydispatch.org or call Sharon Conney at (816) 431-2660 for more course curriculum and registration information.

Presented by Fitch & Associates on behalf of NADCO

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

‘Tis Always the Season

Audrey Fraizer

Getting ready for the holiday season has lost some of its punch for me, at least in the traditional sense or, in other words, the way we’ve been celebrating the holiday for years. Since the time my kids were born — and they’re both in their early 20s — this is the first year we didn’t put up a Christmas tree. I didn’t send greeting cards, and we gave away most of the decorations that hibernate in boxes under the basement stairwell. 50 weeks out of every year. We kept gifts to a minimum. Instead of gathering around a tree that didn’t exist this past season, my small family — six people, including my parents, and two dogs — loaded into the car and headed south from Salt Lake City to a cabin we rented outside of Arches National Park. The park in southern Utah is open year-round and preserves the most amazing sandstone arches found in the United States. Can’t beat beauty and quiet for making a holiday bright.

As part of our trip, we stopped for breakfast at a “mom and pop” cafe. It was the type of place where the locals eat. Eggs are fried in real butter, pancakes are made from scratch and topped with locally made pricky pear cactus jam, and the waitress offers the opportunity to touch someone, to communicate caring in a simple direct gesture, and to have that gesture accepted.

As usual, I ate the stack of pancakes, leaving little appet- tite for the cheese and spinach omelet and hash browns. I put them in a box, intending to finish the food later but it wasn’t the way things turned out. In the parking lot, we saw a man standing against a fenc ed g burd, and, by his appearance, we assumed destitute. I’m not ste- reotyping the individual but he did look like someone in need of help. I gave him some cash, which he eagerly accepted and, on impulse, the omelet and potatoes that I hadn’t touched. I hugged him while passing the box to his hands.

I’m not surprised since I have been hugged,” he cried.

From there, everyone took turns hugging.

That experience will be remembered as one great holi- day gift. There was more meaning in hugging a stranger than in a tree, a card, or porcelain Santa Claus knocknocks. It’s not everyday most of us are given the opportunity to touch someone, to communicate caring in a simple direct gesture, and to have that gesture accepted.

It’s always easy to turn our backs and walk away.

Dispatchers can’t do that. Not with your job. You have to pick up a call, not knowing if the person on the other end of the phone will be angry, abusive, or asking directions to the airport. The grateful caller, those who say “thank you,” are probably few and far between. The exhila- ration from the job may diminish, but that doesn’t mean you can neglect using protocol, giving Pre-Arrival Instructions to an anxious bystander, or practic- ing customer service skills.

I can’t say I envy your jobs, considering the stress and chance of tragic outcomes. But I do envy the karma. If good returns good, your futures cer- tainly look bright.

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More Than Meets the Eye.
Teaching children about 9-1-1 helps save lives

Each 9-1-1 call you answer begins with “What’s the address of the emergency?” But what happens when you note some hesitation? A quiet voice comes on the line, and you soon realize you’re speaking to a child in need of help. Working with a child caller has its own set of dynamics. Yet, as proven by child heroes, kids can do more to help than we would expect. They can save lives. That’s why instructing children at a young age about when to call 9-1-1, how to use it, and what to tell dispatchers are almost as essential as the three R’s.

BY CYNTHIA HARMON
HEATHER DARATA
PHOTOGRAPHY BY SARA COOK
Tepas discovered “9-1-1 For Kids,” a presentation endorsed by the National Emergency Number Association (NENA). The program features a beloved character, Red E. Fox, who takes kids on a 20-minute video adventure teaching them how to use 9-1-1 appropriately—and when not to use it. Now in the program’s second year in Flathead, Tepas received a sponsorship for the center used to purchase a life-sized Red E. Fox suit that adds a spark of energy and imagination to the program. “Kids love the costumed character and are very attracted to Red E. Fox,” Tepas said. “We look forward to participating in many parades and fundraisers with the Red E. Fox character promoting 9-1-1 services in our county.”

After receiving a grant in November 2007 from a local non-profit group, Flathead 9-1-1 Foundation, totaling a target audience of approximately 1,400 first graders—students, they say, at the perfect age to learn what to do in an emergency.

The children are captivated by the 45-minute presentation, which includes Telephone University, The 9-1-1 Quiz Show, and a glimpse of a real communications center. At the end of the presentation, the kids are given a 9-1-1 For Kids pencil, an activity sheet for reinforcement, and an “I’m a 9-1-1 Hero” sticker for bragging rights. The first graders are easily engaged in the lesson, raising their hands to share what they know with their classmates and the instructors. It is Tepas’ hope that they will take home that enthusiasm for their new knowledge and share it with their siblings and friends.

Making it make sense
Senior Emergency Communications Officer Lisa Rhew of the Cary Police Department (N.C.) knows a thing or two about preschoolers and 9-1-1. Since 1998, she’s been an instructor for Cary’s 9-1-1 Public Education program to approximately 300 four- and five-year-old children annually.

And she and her team of two telecommunicators take the program to preschools, day cares, and some social groups to teach the importance of knowing how to call 9-1-1.

Rhew said when children reach ages four through six, it’s an ideal time to start teaching 9-1-1 as they are just beginning to recognize numbers and comprehend addresses and telephone numbers. The challenge is relating the information to young minds.

“I use humor as well as talking on their level so they understand its importance,” Rhew said. “This breaks a lot of barriers with them—that they see us and the fact that we are showing that we do care about them and their safety.”

Recognizing child heroes
Wendy Mann, a dispatcher at the Gurnee Police Department (Ill.), dreamed of a 9-1-1 where callers knew what to expect before picking up the phone. Through her goal was to reach audiences of all ages, she

“Would you like to try to do some rescue breathing for her?” Picker asked. “If I tell you exactly what to do, do you think you could do that for me?” Picker guided Jaylyn through rescue breathing and assisted. Jaylyn lifted her grandmother’s head back, pinched her nose closed, and gave her two breaths “like you’re blowing up a balloon.” Picker described chest compressions and Jaylyn did compressions before repeating the cycle.

“Like she’s almost not breathing,” Jaylyn told the dispatcher.

Picker knew Barrett was taking a turn for the worse. Something had to be done while waiting for responders to arrive on the scene.

As Jaylyn had first reported, Barrett was making funny noises as she was breathing. “Life’s almost not breathing,” Jaylyn told the dispatcher.

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decided the Gurnee 911 Public Education program should start at the beginning—
with children.
Upon receiving approval from admin-
istration in 2000, Mann hit the ground
running and began sending out letters
to schools and faculties. Within two years,
Mann’s group of three volunteer dispatch-
ers was able to reach 2,200 students from
local schools in just a couple of months, a
mark that set a standard to uphold.
Since that time, Mann and her cowork-
ers have instructed thousands of children
each year on the use of 9-1-1, targeting kin-
ners was able to reach 2,200 students from
Mann’s group of three volunteer dispatch-
ers got there,” he said. “She [Michelle] had
a baby, and tie the cord off. I completed all
the instructions before they got there. It
was a really neat situation.”
This call included a list of firsts for
Tucker, starting with the fact that he
made it all the way through the Child-
birth Delivery Protocol. He also met the
family—Michele, mom, and baby A bigal—during a Marion County Com-
missioners meeting held the next month.
A iso in the audience in recognition of
Michele were Marion County Com-
missioners, Center Director Kari Otitz
and Manager Bill McConnell.
“She was the true hero,” Tucker said. “We
vent such tragedy from occurring again so
they sought help from the community in
the form of aluminum cans.
It took three years to raise the necessary
funds for the full-scale Parma Regional Fire

Bilingual Birth.
Sixth grader translates
instructions during birth of sister

If you’re searching for someone who
can speak two languages, multitask
with the best of them, and remain levelheaded
in stressful situations, look no further than
11-year-old M Chelle Hernandez.
EM D Brian Tucker, Marion County
(Ohio) Public Safety Communications, was
working with a trainee Saturday, Sept. 12,
2009, when Michele’s call came in to the
dispatch center a few minutes after 8 a.m.
“She [the caller] indicated that her mom
was pregnant and that the baby was coming
cut,” Tucker said. “She was a little anxious,
but we calmed her down. She did what
she was supposed to do.”
Chelle, who is in the sixth grade, trans-
lated Tucker’s questions and instructions
into Spanish for her mother and her moth-
er’s responses into English for Tucker. Baby
Abigail was born 15 minutes into the call.
“How could I know she was going to
make a house fire. This event was a real-
ization for Fire Inspector Richard Ciarrone,
Parma Fire Dept., and Assistant Fire Chief
John Desmarais, Middletown’s Fire
Dept. Both wanted to provide a way to pre-

“Good Call! Thanks to Tucker, Dennis Recker, Jr., Joe Hultman, Mrs. Michelle Chelle, baby Abigail, and EM D Brian Tucker.”

Making the Call.
Five-year-old girl knew
to dial 9-1-1 after babysitter
fainted

The babysitter fainting while fixing
lunch prompted five-year-old Jamie Ande-
son to do exactly what she had learned in
school. She called 9-1-1.
“I don’t know if Mimi’s dead or if she’s
lying,” Jamie told Lisa Jerman, City of Par-
as (Ohio) safety forces dispatcher.
Jerman asked Jamie who was with her,
to which she responded, “Mimi.”
“What are you calling 9-1-1?” Jerman
asked.
“I think she fainted, or died, or she’s just
faking,” Jamie said.
“With persistence, Jerman discovered
Mimi was the person staying with Jamie
while her mom was at work and her older
siblings were at school. Jamie said she
had tried to wake up Mimi, but Mimi just
wouldn’t wake up.
“I saw her shaking, and then I saw her
snoring,” Jamie said.

Good Call! Thanks to Tucker, Dennis Recker, Jr., Joe Hultman, Mrs. Michelle Chelle, baby Abigail, and EM D Brian Tucker.

Unlocking Doors. Jamie, Andrew, and Lisa Jerman hold a moment.

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an end result like the one they witnessed firsthand," Ciarrone said.

Besides teaching aspects of fire safety, the program also focuses on teaching children the use of 9-1-1. "The instruction is not varied depending on the age of the participants (mainly second graders), but all instruction includes the distinction that 9-1-1 is a "tool," not a "toy." The children are allowed to practice their knowledge on phone simulators that prompt six questions to the "caller."

"Though there is satisfaction in watching the children learn, the measure of the program's influence is best seen in the four children in a house fire. The community took action.

Over the course of four years, the funding for the construction of the Survive Alive House in Fort Wayne was provided by combined efforts of the local fire department, police department, and PTA. The cost was substantial, nearly $200,000, but Dave M endows, captain of the Fort Wayne Fire Department, explains that large donations made it possible. The house would be used to educate the 5,000 third graders that now attend annually.

Yet the Survive Alive house is only one portion of the 3.7-acre Safety Village the Fort Wayne community can boast about. The village encompasses 30 miniature buildings including a downtown area of 16 structures, which makes it the largest of any similar structure in the United States. The greatest bragging rights, though, go to the program's foundation of hands-on learning. Its motto is displayed in its programs: "If you tell me why, I may listen. If you show me, I may understand. If you involve me, I will learn."

"Since we lost those two boys here in Parma in 1992, with the implementation of the Fire Safety House, we have not had a juvenile fire-related fatality in the four-city region," he said.

Exposure: The Fort Wayne Survive Alive House is a symbol of a community that came together in the face of tragedy. Much like the City of Parma's loss that inspired a community outreach, in 1979, the city of Fort Wayne (Ind.) was devastated by the loss of the 3.7-acre Safety Village the Fort Wayne community can boast about. The village encompasses 30 miniature buildings including a downtown area of 16 structures, which makes it the largest of any similar structure in the United States. The greatest bragging rights, though, go to the program's foundation of hands-on learning. Its motto is displayed in its programs: "If you tell me why, I may listen. If you show me, I may understand. If you involve me, I will learn."

"A part of the Safety Village, the Fort Wayne Police Department presents pedestrian safety by allowing the children to drive battery-powered vehicles around the Fort Wayne Police Department presents pedestrian safety by allowing the children to drive battery-powered vehicles around the Fort Wayne Police Department presents pedestrian safety by allowing the children to drive battery-powered vehicles around the Fort Wayne Police Department presents pedestrian safety by allowing the children to drive battery-powered vehicles around.

In fact, in many ways T homas said Grace acted calmer than many callers four or five times her age.

"Grace, the oldest of Jennifer Downen's three children, called 9-1-1 at the request of her mother who had become violently ill after eating dinner. Thomas said Grace handled his initial questions like a pro, giving the address and phone number she knew by heart though the family had recently moved from Virginia. When T homas asked Grace what happened, she told him her mom was really sick.

"She's spitting it up in the trash can," Grace said.

Grace repeated Thomas' questions to her mom and relayed the information back to T homas. He moved to the Case Exit Protocol and gave Grace instructions for keeping her mom comfortable until help arrived.

"She was able to answer all my questions, and I was able to go through the X Card with her, and then I just stayed on the phone," T homas said.

For the next several minutes, T homas talked to Grace, reassuring her and asking about her apparent ease in calling 9-1-1.

"I was surprised that at some point she didn't get upset," Jennifer said. "She was calm and even-keeled throughout the whole thing."

"Grace's calm demeanor encouraged Thomas to nominate her as the first recipient of the I Knew What to Do children's award program he initiated two years ago at the communications center. T homas said Thomas had been an outstanding performer who didn't want to say or do something wrong. Let them know it's OK to say, "I don't know." If they're frightened, they won't be helpful.

"She was excited," Jennifer said. "She's spitting it up in the trash can," Grace said.

"She was definitely proud of herself."

Following an award ceremony at the November 2008 town council meeting, Grace and her family toured the communications center. T homas said Grace told Thomas about the 9-1-1 class from her kindergarten days, with the spunk of using 9-1-1 only when it's appropriate?

Q: If you tell me why, I may listen. If you show me, I may understand. If you involve me, I will learn."

A: Knowledge is power; it reduces that level of mischief.

Q: How do you explain the importance of using 9-1-1 only when it's appropriate?

A: Many times. As a dispatcher, I found it to be less of that now with enhanced 9-1-1; education programs help children understand when calling 9-1-1; they won't get in trouble. They don't want to say something wrong. Let them know it's OK to say, "I don't know." If they're frightened, they won't be helpful.

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Teaching Your Child the Essentials of 9-1-1

MEMORIZATION
• Never use the term “nine-eleven” when teaching children the three-digit emergency number. There is no eleven on the number pad, and this might confuse children in an emergency.
• Teach your children their address and phone number. Young children can be taught this information through rhymes, songs, or constant repetition. Start with smaller blocks of information, like three digits of a phone number, then the following four. Be patient, and remind your child frequently.

PRACTICE
• Remember your children may not be at your home when an emergency happens; teach them to describe surroundings and answer questions if they don’t know the address. If in another person’s home, he or she may be able to walk outside and see the house number or look for a piece of mail with the address written on it.
• Demonstrate how to hold the phone and speak clearly in order to be heard. Remind children that the person on the other end of the line cannot hear them nodding or shaking their heads.
• Tell your children to stay on the line and keep talking to the dispatcher until told otherwise. Remind them to hang up only when the dispatcher says it is OK to do so.
• Practice making a call to a relative or friend and teach the techniques of listening for the dial tone and punching in the numbers.
• Demonstrate to your children how to make a call on a cell phone in case of an emergency outside the access of landlines. If it is necessary to press the “send” button before placing a call, help them to be aware of how to use it.

LOCATION
• Ensure there is at least one phone within your children’s reach in your home. Wall-mounted phones are often placed above a child’s grasp.
• Post critical information by the phone. Keep an updated record of your address, phone number, contact numbers, names, allergies, and blood types to provide information to both dispatchers and responders.
• Teach your children to go to safety before calling 9-1-1. In case of a robbery, house fire or any other circumstance where your children could be in danger, instruct them to run to a trusted neighbor’s house before placing the call.

DISCUSSION
• Explain to your children the purpose of 9-1-1 and the reason why children should not call unless there is an emergency.
• Instruct your children on what to do if they should call 9-1-1 by mistake. Explain not to hang up, but to tell the dispatcher that it was an accident and there is no emergency. Otherwise emergency help will be sent unnecessarily, possibly delaying help to someone in need.
• Discuss with your children any scenarios that have a higher likeliness of occurring in your home and help them prepare for them, e.g., a problem with an elderly relative or any of the family members with known health concerns that may require medical assistance.
• Encourage your child not to be afraid of calling 9-1-1 if there is a real emergency. Use examples of what would warrant a necessary call.

PREVENTION
• Never let your child play with a phone that still has a connected battery. Communications centers receive calls even when a phone service has been disconnected.

Singing Sensation.
Four-year-old brings music to dispatch information gathering

Alex Hayes has a lot to brag about. He is quick to respond, has a great voice, and is the catalyst behind the Fort Wayne (Ind.) Kid Hero award.

Not bad for a four-year-old. Alex’s abilities were made to shine the day his mom, Jamie Coder, fell on the stairs, knocking herself unconscious. He grabbed her cell phone, making his first call ever to a stranger—later described by his mother as a “big step for him.” With a little bit of coaxing, EMD Amanda Overly was able to gather the information she needed in a style she was not accustomed to.

Alex was singing his address, Overly said. “His mom taught him a beat of a song to help him remember.”

Coder, who regained consciousness during the call, was treated at the scene for injuries suffered from the fall. But that doesn’t shake the pride she has for Alex’s quick response in an emergency.

“It’s not about him knowing how to do it (call 9-1-1 using her cell phone) but the fact that he did it,” Coder said.

Alex’s actions inspired the Kid Hero award, an idea born during a brainstorming session on ways to shed a positive light on good dispatchers. Alex was the first recipient, receiving a backpack loaded with kid collectibles from the police and fire departments, paramedics, and the city. He met the mayor, public safety officials, and the first responders who arrived on the scene to help his mom.

“It was kind of his day,” said Dawn McGahen, Fort Wayne dispatch training supervisor. “It was all about him.”

Not only was Alex’s story shown locally, it also appeared on Inside Edition and an Investigation Discovery Call 911 episode that aired July 31, 2009.

O' Bvly believes Alex is her youngest caller since she became a dispatcher for Fort Wayne about 5 ½ years ago, a career she happened into when looking for a job after graduating from college. Coder wouldn’t be surprised if Alex, now five, takes up a profession in the field someday.

“EMS fascinates him,” she said. “He has always talked about EMS as something he wants to do.”
Laura Potts started her career at the Harford County 911 Center in Maryland feeling a bit intimidated by the life-saving responsibility. “We all had field medical experience,” she said. “That was required, but I still remember how nerve-racking it was the time I gave the Heimlich by memory for a child choking at Christmas.”

Despite any discomfort that came with the job, Potts wasn’t eager to make the switch from practicing by memory to a protocol system requiring perfect compliance to a set of hard-and-fast questions. “I was against it,” said Potts, an EMD, EFD, and EPD. “To me, the MPDS® [Medical Priority Dispatch System™] was robotic, too impersonal when the hardest part about our job is letting people know you care.”

Turn up the clock and Potts’ opinion takes a 180-degree turn, even after assisting callers through situations that don’t work out for the better. She feels more confident—no more “on the fly” instructions—and secure in the belief that she is doing all that’s possible for the caller faced with an emergency. “The protocol is black and white, and I make it personal by the tone of my voice,” she said. “It’s a good combination. The caller is receiving vital instructions delivered in a calming voice.”

The Big Three.

Harford County 911 scores first tri-ACE in the states

By Audrey Fraizer

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Protocol’s ability to deliver help before rescue crews arrive and the added benefit of keeping callers and responders safe are major reasons Harford communications took a giant step in the direction of becoming a triple ACE. The center earned the Medical ACE in March 2008 and then its Fire ACE in April 2009. The National Academies of Emergency Dispatch (NAED™) granted the center its Police ACE in October 2009.

Sure they wanted to be the first in the United States to do so, said Tami Wiggins, Harford County 911 training and quality assurance supervisor. But there was also the drive to give a strong statement to their public and their communications crew.

“Accreditation says we want the best for our citizens,” Wiggins said. “It also gives the people working here recognition. Look what we were able to achieve.”

The center was completed that same year.

In the early 1980s, planning began for a dedicated center to expand and upgrade its low-band radio equipment to a more modern UHF system. A new 9-1-1 system was activated in 1984, and the move to the new center was completed that same year.

Fourteen years later, in May 1998, Harford added a computer-aided dispatch (CAD) system for fire and EMS service and Harford became one of the first communications centers in Maryland to adopt ProQA, the software version of M P D S , EM D certification was mandatory.

In 2004, the center converted its 9-1-1 telephone system to a computer-based system. A new CAD system—incorporating fire, EMS, Hazmat, and police calls in one system—became the first to require E M D licensing through an E M D state-approved program.

“I love the medical protocol,” Potts said. “I love knowing I can calm down a person under stress while giving them the help they need.”

“Fire is straightforward, even easier than medical,” said Hofmeister, who remembers the biggest challenge was finding the right mix of fire calls necessary for fire accreditation.

“Fire is straightforward, even easier than medical,” said Hofmeister, who spent 11 years in fire dispatch before taking the QA job. “Either the house is on fire or it’s not on fire. The process went very smoothly.”

The same didn’t hold true for the police protocol and ACE award. In fact, some still find it hard to adjust.

“EPD is my least favorite,” said Jodie Bormann, an E M D , E F D , and EPD. “I like E M D and fire’s OK, too. They’re second nature. But police? That’s still outside my comfort zone.”

Bormann isn’t alone in her opinion. The process of asking questions before dispatching the call to officers has been a hard sell for the public and police.

Potts said the questions sometimes anger the caller. They feel put-off, she said, which is ironically the way the public and dispatchers initially reacted when M P D S was introduced. A common complaint among police has been the positioning of questions pertaining to the suspect after finding out where the situation is happening or did happen with police for buy-in prior to implementation, but it has still taken convincing police and dispatchers that gathering the information is for the good of response and the public on scene.

Potts anticipates a gradual transition to the positive.

“Some veterans have felt it [PPDS] isn’t fast enough in getting to the response,” Potts said. “Truly, the questions take only a few extra seconds. Obtaining the most accurate information from the caller actually makes it safer for everyone.”

Sign of quality

Crist said the 9-1-1 environment precludes a system without protocol and the related quality assurance, which was the case when he worked in dispatch approximately 30 years ago. Aside for the accountability factor in-house, there’s the outside world of media pounding at the door, looking for a sensational story. “My job as a manager is to set the course for action, to make sure every call is answered properly,” he said. “You don’t want your center featured on 60 Minutes.”

The obvious solutions were to go...
with protocols and the ACE process, but it still took a lot of work to get the momentum rolling.

The job multiplied three times took some doing.

Wiggins and Blessing broke each ACE application into steps. They divided up the responsibilities, chased administrative buy-in, and worked closely with their staff. Putting time aside each week is important, Blessing said, and the same goes for planning events around each step toward the bigger picture.

Blessing moved a toy car through a “Road to ACE” display culminating at the ACE finish line. The “Fired up for ACE” project provided monthly tips to improve fire compliance scores. The police ACE was just plain difficult, no matter the imagination invested to achieve the status. Hofmeister called the process unnerving.

“When you pick up the phone you have no idea what’s on the other end,” she said. “I’m excited to work at a place where letting a person know you care counts.”

Harford County 911 covers the county’s 440-square mile area of land at the headwaters of the Chesapeake Bay along the Susquehanna River in addition to calls for service from the Harford County Sheriff’s Office and the county’s Volunteer Fire and Emergency Medical Service System. The 62 dispatchers/call-takers are tri-certified.

While Harford County 911 was the first in the states, Medicine Hat Regional 911 Communications Centre in Alberta, Canada, was the first in the world to achieve triple ACE in 2008.

Keeping Busy

“Keep busy,” Wiggins told CICP candidates. “Your job is to connect people to the right resources.”

“Time isn’t on your side,” she added. “It takes a lot of hard work.”

Staff and CICP candidates were encouraged to take advantage of ACE education opportunities to move toward the ACE finish line.

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**Tuesday, April 27**

**GALA RECEPTION IN EXHIBIT HALL**

**Wednesday, April 28**

**OPENING SESSION**
- **Dispatcher of the Year Award**
- **Opening Keynote**
  - Jill Shepherd

**Thursday, April 29**

**ACE Presentation & CCM Graduation**

**Protocol in Action**

**Friday, April 30**

**Closing Lunch**

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**SCHEDULE AT A GLANCE**
- **NAVIGATOR 2010**
- **Orlando, Florida**
- **April 28–30**

*Topics and speakers are subject to change. Visit www.emergencydispatch.org for the latest updates.*
Looking at the data gathered about impaired driving statistics, you may want reconsider that last drink:

- On average someone is killed by a drunk driver every 40 minutes.
- Someone gets injured by a drunk driver every minute.
- Eight teenagers die in alcohol-related car crashes.
- 40 percent of alcohol-related fatal car crashes involve teens; 60 percent of all teen deaths in car accidents are alcohol related.
- About three in every 10 Americans will be involved in an alcohol-related crash at some time in their life.
- Motor vehicle crashes are the leading cause of death for people from 2 to 34 years old.

Driving under the influence of alcohol and drugs is a significant problem. In 2002 and 2003, approximately 4.2 million people ages 16–20 reported DUI involving alcohol or illicit drugs in the past year; of these, about four percent (169,000 people) indicated they had been arrested and booked for DUI. More than 1.46 million drivers were arrested in 2006 for driving under the influence of alcohol or narcotics. This is an arrest rate of 1 in every 139 licensed drivers in the United States.

Seventy-five percent of the fatal crashes between midnight and 3 a.m. involve alcohol. Statistics also show that most impaired driving accidents occur on a Friday, Saturday, or Sunday. In 2006, 15 percent of all drivers involved in fatal crashes during the week were alcohol-impaired, compared to 31 percent on weekends.

Call response

The Police Priority Dispatch System™ (PPDS™) enhances the ability to gather accurate information efficiently for many situations, including Protocol 115, Driving Under the Influence (Impaired Driving). After the Case Entry information is obtained (address, phone number, name, exactly what happened, time frame of occurrence), the first Key Question (KQ) on Protocol 115, “Were weapons involved or mentioned?” is of primary importance. “What?” you might ask. Officer safety is of high priority in any caller interrogation, and impaired driving is no exception. We have all heard the horror stories of officers shot while engaging drivers in a vehicle stop. When the accused drivers are apprehended, the potential risk of losing their driver’s licenses can cause them to respond violently, which action becomes paramount to the life and death of the officer responding. The potential involvement of weapons is crucial information.

The next Key Question, “Where’s the vehicle now?” is necessary in a dynamic situation. It is neither freelance nor out-of-order questioning to update the location of the vehicle; it is simply great calltaking. The third and fourth KQs involve vehicle and suspect descriptions. Responding officers need this information for tracking the vehicle and identifying the driver, especially since an impaired driver who has changed places once the vehicle is stopped.

If the vehicle is in motion, there are three additional KQs:
- “What direction is the vehicle going?”
- “Are you following the vehicle?”
- “Do you know where s/he’s going?”
A person drinks faster than the alcohol can be eliminated, the drug accumulates in the body, resulting in higher and higher levels of alcohol in the blood.

In order to receive credit for this quiz you must be certified in the specific discipline it is designed for. To be considered for CDE credit, the answer sheet must be submitted to Technical Services at NASPEP. \(\text{Do not submit an answer sheet if you have not completed the quiz.} \)
Over the Top. Death from opioid overdose on the increase

By Audrey Fraizer

Drug poisoning now surpasses both firearms and traffic accidents as the major cause of death among individuals ages 35 to 54 years. But that’s only the beginning.

A report by Diane M. Makuc, M.P.H., and colleagues from the Centers for Disease Control and Prevention (CDC) National Center for Health Statistics (NCHS), indicates that the number of poisoning deaths nearly doubled from almost 20,000 to more than 37,000 (all demographic groups from 1999 to 2006, with more than a third of the deaths related to prescription drugs.1

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In 2003, the number of poisoning deaths increased by 317% in rural areas from 1991 to 1998 and 1999 to 2003, with the majority due to poisoning from non-illicit (legally prescribed) drugs as presented in the CDC report of 2005.2

The CDC report also shows that more than one type of drug contributed to about 50% of deaths involving opioid poisoning. A combination of benzodiazepines and opioids was specified most frequently in 17% of all the deaths, followed by cocaine or heroin (13%) and benzodiazepines with cocaine or heroin (3%).

Drug poisoning is often not an unexpected event due to death from poisoning or overdose. A study in Utah, from 1997 to 2004, population-adjusted methadone prescriptions increased 72% in the state, with evidence to suggest the rise in the methadone prescription rate is for treatment of pain, not addiction.3

A severe intoxication occurs when too much of the drug enters the body too quickly, usually after intravenous injection. Variations in the potency, quality, and dose of narcotic drugs lead to most overdoses. A severe intoxication is characterized by a decrease in breathing rate, which can lead to death one to three hours after taking the drug. The potential is highest among those who have been using for a prolonged period, generally 5 to 10 years, rather than in the new user.

The high oxycodone and methadone mortality rates may be because of long-acting methadone and OxyContin. Drug users may overdose by overlapping doses when the desired euphoric or analgesic effect occurs slowly. A user has learned to inject and inject pulverized OxyContin pills, defeating the controlled-release mechanism and releasing dangerous amounts of the drug within a short period of time.1

Public health

Although death from drug poisoning and overdose is a substantial public health problem, little is known regarding the role of emergency medical services (EMS) in managing critical drug poisoning. One clear aspect, however, is the correlation between EMS-type response to suspected drug overdoses and the increase in the number of opioid-related overdoses, overall. A study conducted in rural Maine between 1997 and 2002 showed total EMS patient encounters increased 25%, while patients with a Chief Complaint of poisoning or overdose increased 47%. The incidence of EMS over-
dose patients with miotic pupils, respiratory rate less than 10 breaths per minute, and naloxone administration increased 167%, 293%, and 154%, respectively.

Responders trained in treating drug poisoning and overdose may legally obtain and administer naloxone (i.e., a pure opiod antagonist), an FDA-approved medication that can reverse severe drug intoxication. However, despite its availability for many years, there is constant debate among EMS professionals regarding the appropriate dose and route of administration of naloxone. A study on the benefit of EMS for critical, potentially lower total mortality by about 4.5%. In some survivors, return of spontaneous breathing, or has ingested specific substances (e.g., gray/blue/cyanotic/purple/mottled). A CHARLIE response is for the patient who is not alert, shows obvious signs of abnormal breathing or has ingested specific substances requiring ALS care, regardless of symptoms. The BRAVO response is recommended for an OVERDOSE case without priority symptoms, and an OMEGA response is reserved for a POISONING case without priority symptoms.

Since narcotics, including the opioid analgesics, can cause a rapid loss of consciousness and respiratory arrest, supporting the patient’s breathing is essential. Callers reporting unconscious patients should receive prompt, over-the-phone airway instructions and, if necessary, instructions for CPR. In the case of a violent or dangerous gerous patient, contact should be avoided until the time the caller thinks it’s safe to approach the patient (unconscious).

Data provided by the London Ambulance Service (LAS), the busiest ambulance service in the world, show that a majority of calls assigned to Protocol 23 have resulted in a CHARLIE response for patients either not alert or experiencing abnormal breathing. Cocaine and heroin are the drugs with the highest incidence of overdose, although these events—when the type of drug is noted—resulted in only one death and comparatively few lights-and-sirens transports to the hospital during the time of the study. The most often noted symptoms were either the patient not being alert or experiencing abnormal breathing.

The results suggest that the increase in methadone prescription rates from 1997 to 2004 was accompanied by a concurrent increase in methadone-related morbidity and mortality.
Save Your Day. Don’t let braspole rules the coop

By Jim and Sharon Lanier

The Harvard Business Review published the article “Are Trouble Than They Are Worth?” by R.I. Sutton in its breakthrough ideas section in February 2004. In eight instances, the essay referred to an area of the human anatomy that disposes of material waste, except that it did not use the medical term for it! In the South, this would be the area of the body we would refer to as “where the sun don’t shine!” This referral rhymes with “Braspole.” I included with this article is a “self test” you can take just to make sure you are not a braspole. Or, you can provide the test to others if you want!

Sutton believed, as did the Harvard Business Review, that if one censored or watered down the little to something like “No Jerk Rule” or “The No Bully Rule” the reality or emotional appeal would not come across strong enough. We concur with this notion because on a daily basis we assist associates who have been belittled, humiliated, and made to feel less powerful when dealing with certain individuals. As we listen carefully to the claims made by the victims of braspoles, the stories are the same. These frustrating individuals use similar tactics such as personal insults (verbal and non verbal), rude interruptions, public shaming, flaming emails, and the silent treatment.

There are three things that make someone a certified braspole. First qualification: After you have encountered a braspole, you feel oppressed, humiliated, de-energized, or belittled as a person. In other words you feel bad about yourself. Second qualification: These bullies attack people who they perceive as less powerful. A flirt the encounter you might ask yourself: “Would so and so speak to the director that way?” and without fail almost 100 percent of the time the answer is “absolutely not.” Third qualification: Incivility, which includes behaviors such as glaring, eye rolling and other derogatory expressions, teasing, putting people down, back stabbing, insulting, belittling, deflecting, disrespecting, de-energizing, rudely interrupting, and being mean-spirited, nasty, and tyrannical.

Do the math: 1 + 2 + 3 = B.P. (braspole)

We need to also point out that a close cousin of braspole behavior is micro-managing. Workers feel like they and their abilities cannot be trusted when someone is micromanaging. Trust is the foundation of any relationship. Without trust there is no real relationship.

Now, sometimes socially inept folks around organizations can mimic braspoles. Intelligence does not always equate to socially appropriate communication skills. Some of the most brilliant people we have had the pleasure to meet and work with could not have a discussion without escalating problems or issues. Common sense is not always common!

Any of us have been raised in, shall we say, “funky” families (case in point how was your Thanksgiving dinner?!). Nothing like putting the word fun in dysfunctional! We all seem to have that aunt, uncle, or in-law that just seems to have been raised by a pack of wolves or hyenas. No tact and how to get along with. Some people that are challenging have learning disabilities and maybe even have a medical condition such as ADHD, Tourette’s, or a Asperger’s syndrome (or in the case of Thanksgiving dinner and relatives, just polluted with tequila).

There is a distinct difference between being a braspole by choice (they seem to relish it and not want to change at all) or an apparent braspole due to an underlying cause or reason that can be treated or coached to improve.

We know that there are going to be holdouts that think: “These people are not clue bad.” But the research is telling. A study in 2000 completed by Keashly and Jagac found that 27 percent of workers experienced maltreatment in the workplace (N=700). Then a 2002 study by the U.S. Department of Veterans Affairs reported 36 percent of workers receive persistent hostility from coworkers and supervisors that translated to experiencing one aggressive behavior weekly (N=5,000). The aggressive behavior included yelling, temper tantrums, put-downs, glaring, exclusion, nasty gossip, and, on rare occasions, pushing, shoving, and sexual and non-sexual assaults. The Journal of Orthopaedic Nursing conducted a study in 2003 and found that in one month 91 percent of the respondents had dealt with verbal abuse or an encounter had left them feeling attacked, devalued, or worse yet, humiliated (N=461). The abusers were listed as physicians, families, coworkers, and supervisors. One last bit of research about disrupted folks: Authors Porah and Pearson have been researching lack of respect and rudeness in people for more than 10 years and have found that frequent unsociable behavior is tolerated at work is far more lethal than anyone can imagine (this was a nice way of saying braspoles are tolerated too much). The research clearly demonstrates what the response to incivility is. Here is an example of the damage braspoles can inflict on an organization:

- 48 percent decreased their work effort
- 47 percent decreased their time at work
- 38 percent decreased their work quality
- 66 percent said their performance declined
- 95 percent lost work time worrying about the incident
- 63 percent lost time avoiding the offender
- 78 percent said personal commitment to the organization declined

Now is also a good opportunity to discuss how this behavior can affect our customers. Remember that customers are paying for the service.
Sinking Vehicle II. What happens if...

By Michael Spath

After reading the Sinking Vehicle Continuing Dispatch Education (CDE) article in The Journal (July/August 2009), our staff brought up two scenarios. If the vehicle is slowly filling with water and the caller states he or she cannot swim, what would be the properacceptable response? What if one adult and two (or more) young children are in the vehicle and the adult asks what to do, considering his or her situation, compounded by concerns for the children’s safety?

There was a healthy amount of discussion on the dispatch floor regarding the best way to proceed, and I was wondering if anyone has come across either of these scenarios and could share if the agency has guidelines for these situations.

Thanks for your help,
Megan Craig
Druches County 9-1-1
Bend, Ore.

Megan: There are certainly horrible scenarios to contemplate, yet they are scenarios each of us might face at one time or another and are worthy of discussion supplementing the basic training. While protocol addresses the overwhelming majority of situations we may face, it does not address every possible scenario that may come our way. Like all Pre-Arrival Instruc-

vices we provide. And the last thing you want to deal with when paying someone for a service is to be treated badly by a braspole. So, it is simple, but not always easy. Be nice to everyone and don’t be a braspole! And yes, sometimes the very people who are asking for our services do not act appropriately. In fact, you might even find yourself wanting to call them a braspole (with your inside voice of course, which is especially better because that also does not happen to be a taped line!). But remember, they may be acting like braspoles because they are overwhelmed by the situation and this is a distinct difference from the everyday braspole creature in his or her usual habitat.

If we have succeeded, you now know more about braspoles, how damaging they are to an organization, and how to clearly identify braspoles. To wind up this article we would like to list ideas to help an organization stay free of braspoles: Teach associates how to handle conflict. Karl Weick of the University of Michigan says it the best...disagreement is healthy for creativity. Karl Weick of the University of Michigan says it the best...disagree.

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A total overhaul calls for choosing candidates who meet expectations, better job offer, and training help maintain a full house.

The next step is an employee evaluation program to measure a candidate's decision-making skills and ability to multi-task. Those making it over the second hurdle progresses to a panel made it of the trainer, the quality and quality assurance (QA) supervisor, a representative from the local volunteer fire company, and a sheriff's office representative. The panel asks each interviewee the same questions and uses the same benchmarks to score their responses to achieve equitable results.

On-the-job training

Trainees in the academy phase work for 8 am. to 5 pm., a time slot that rarely introduces them to the evening shift and never to those working the midnight shift. If they are paired with a trainer from either of these two shifts, once through at the academy, H. aford sets up a lunchen or dinner to eat the desire of working with someone they've never met before. The meeting includes conversation icebreakers, a look at the work they'll be completing, and gaining a better perspective about the job's realities such as shift work and caller patience.

Floor time is structured to enhance learning. Trainees must meet the objectives outlined in their workbook for each protocol and go through a live call or simulation while demonstrating proficiency using the protocol without the trainer's assistance. "While they're doing that, we're doing quality assurance (QA) on them," Wiggins said.

When everything in the workbook has been signed off, typically a four- to eight-week process, the trainee is ready to work semi-independently as long as his or her QA scores are satisfactory and those involved agree the trainee is ready for the next step: working side-by-side on the floor with an experienced dispatcher.

"They're not left alone, but they are working independently," Wiggins said.

When the training department and others including the shift manager believe the trainee is ready and QA scores validate that decision, the trainee is released. It's now time to start the job in earnest.

Wiggins said the program works and proves it, she provided the kind of stats that would make others want to stack their decks.

Grants enhance 9-1-1 services

Thirty states and U.S. territories cashed in on a $40 million grant program to help 9-1-1 call centers route calls from wireless phones and 1P-based phones more quickly and efficiently as prescribed by the Enabling Next-Generation 911 (Nextel) Act of 2004. To qualify for funding each applicant was required to submit a state (or territory) 9-1-1 plan and project budget, designate an E-911 coordinator, and certify that the state or territory hadn't diverted E-911 charges for other purposes within 180 days before the application date. The grants requires a 50 percent match from non-federal sources.

South Dakota will use its $103,359.97 to upgrade 9-1-1 equipment in 10 PSAs and establish E-911 Phase II service in one other. Ted Rufl eet, Jr., South Dakota 911 Coordination Board chair, said they are excited for the changes. "We've just very happy that we got it," he said. "It certainly is a big step in the right direction."

Daphne Roe, chief of the California 911 Emergency Communications Office, said in Government Technology that California's $4.3 million would go toward a pilot to use GPS coordinates in northern California to locate 9-1-1 callers dialing from wireless phones. The pilot will also address load sharing among PSAs and give them the ability to take 9-1-1 calls from another location if forced to evacuate.

Missouri received $7.1 million of the pie, spewing the grant money out among 17 counties and three agencies within the state. According to the News-Ledger, Christian County plans to purchase and upgrade its computer-aided dispatch system (CAD), making it possible then to locate 9-1-1 callers using cell phones to phone for help. Advanced software mapping systems will also make driving directions available to transmit to emergency responders, identify a 9-1-1 caller's phone number and identity in case of a dropped call, and provide the ability to instantly replay recorded 9-1-1 calls to obtain additional information.

The National Highway Traffic Safety Administration (NH TSA) and the U.S. Department of Commerce, Identify communications and Information Administration announced the grants earlier last year.

Other states receiving grants include Alabama ($950,000), Colorado ($478,500), Florida ($2,662,728), Massachusetts ($1,051,135), Nebraska ($484,000), Oklahoma ($1,396,871), Texas ($3,990,760), and Virginia ($1,000,000). Not every state and territory applied for the federal funding.

911Lifeline just keeps growing

911Lifeline wants to bring the public into the 9-1-1 system through its latest addition to an organization that has grown from a homepage forum into a not-for-profit entity in the few short years it's been around.

Called Ask A Dispatcher, the new feature gives the public a chance to look inside the 9-1-1 working side-by-side on the floor in line when it comes to emergency response. 911Lifeline's professional members are on hand to answer questions and participate in discussions.

"Most people have little understanding about how 9-1-1 works," said M ichael Wallach, 911Lifeline founder and executive director. "M isconceptions are common and that often results in unjustified criticism and contribute to the misuse of the system."

The forum is available from the 911Lifeline website under “D Discussions.” Registration is required to post questions and comments.
Vicky Martin, second from left, was named 2009 Dispatcher of the Year for Frederick County, Md. At a ceremony her career she switched to become a patrol deputy but switched back several years later because her heart remained in dispatch.

“The attendance number for this year, the course’s seventh, is nearly double that of enrollment when CCM held its first session in 2004. Success comes through a constantly evolving approach to curriculum, said David Williams, CCM course coordinator. For example, this year faculty cut onsite lecture by a third, leaving more time for discussion, networking, and problem solving. Sessions added include the “how-to” of implementing a CAD system and improving the hiring process. The final project for all students focused on national criteria for quality management and performance.

CCM course continues forward momentum

The Communication Center Manager (CCM) course hasn’t felt the pang of the recession, at least in terms of the number of students the class continues to draw. During this past year, 30 students completed the 10-week course, which of two weeks were spent at a site close to Fitch & Associates headquarters in Kansas City, Mo. The number of students who submitted a service request form available online Aug. 16, 2010. For more information, contact Sharon Conroy, of Fitch & Associates, at 816-631-2600. Information is also available from the National Academies of Emergency Dispatch (NAED)® website at www.emergencydispatch.org.

Award comes as a surprise

When EMD Vicky Martin attended Maryland’s 911 Day of Celebration in September 2009 she didn’t anticipate any twists in the usual run of the day’s events. The career dispatcher attended the continuing education classes, taught her place at lunch, and settled in for the accolades that generally cap the annual occasion.

To say the Frederick County (Md.) EMD jolted upright at the sound of her name may be a stretch but Martin honestly did not expect to be singled out as the county’s Dispatcher of the Year for what she calls “just doing my job.”

“I was honored but I was really surprised,” Martin said. “What did I do to get this?”

Chip Jewell, director of Frederick County Emergency Communications, who nominated Martin, begged to differ. Martin is dedicated to her job and has a 99.82% compliance score to prove it.

“That in itself is an accomplishment but being able to do that and act as a shift supervisor simultaneously is impressive,” Jewell said. “She’s just one of those stalwarts.”

Martin worked in dispatch for several years before making a switch to working as a patrol deputy. Three and a half years later she was back in the communications center; dispatch back back her back in.

“My heart was here so I came back,” Martin said. “It’s a way you can help people and try to calm them down before someone physically arrives,” she said.

Program alliance improves odds of survival

Training and equipping paramedics to lower a patient’s body temperature while en route to a specialized post-resuscitation facility has shown to dramatically improve survival rates for cardiac arrest patients. According to an article in Genetic Engineering & Biotechnology News, the program, known as the Advanced Resuscitation Cooling Therapeutics and Intensive Care, or ARCTIC, has resulted in an almost two-fold improvement in the return of spontaneous circulation, from 25 percent in 2001 using conventional treatments to 46 percent in 2008. The survival rate to hospital discharge has nearly doubled, also, to 17.9 percent at the end of 2008 compared to 9.7 percent in 2003. The national average is less than 7 percent.

ARCTIC is offered through a partnership between the Virginia Commonwealth University Medical Center and the Richmond Ambulance Authority (RAA). The ARCTIC treatment strategy initiates a cooling process during resuscitation through a combination of drugs to support circulation and rest the heart, and performing CPR on a mechanical device that optimizes oxygen delivery. Specialized physicians and nurses continue the cooling process after arrival at the emergency department, keeping the patient’s body temperature at 93º F for at least 24 hours before gradually rewarming the patient in a computer-controlled sequence.

The RAA is a National Academies of Emergency Dispatch (NAED)® Accredited Center of Excellence and a Commonwealth of Virginia Accredited Dispatch Center.

Traffic fatalities on the decline

Maybe you can’t tell from where you sit, but the number of traffic fatalities has steadily declined since reaching a near-term peak in 2005.

A National Highway Traffic Safety Administration (NHTSA) statistical projection of traffic fatalities for the first half of 2009 shows that an estimated 16,826 people died in motor vehicle traffic crashes. This represents a decline of about 7 percent as compared to the 17,871 fatalities that occurred in the first half of 2008, according to the report released in October 2009. Fatalities declined by about 10 percent in the first quarter and about 4 percent in the second quarter of 2009, as compared to the respective quarters in 2008. The second quarter of 2009 represented 13.7 consecutive quarter of declines in fatalities as compared to the same quarter from the previous year.

The economic downturn may offer one explanation for the decline. People are not traveling like they used to, as cited in a recent report by the Federal Highway Administration (FHWA). Its data shows that vehicle miles traveled (VMT) in the first half of 2009 dropped by about 6.1 billion miles, or about a 0.4 percent decline. Despite the declines in fatalities and miles traveled, technology is creating havoc, especially among beginning drivers.

According to a second NHTSA report, near 6,000 people died in 2008 in traffic accidents involving a distracted or an inattentive driver and more than half a million were injured.

What’s causing the distraction? More and more people are using a variety of hand-held devices while driving—not just cell phones, but also iPods, video games, Blackberrys, and GPS systems. Cell phones and texting are now the primary means of communication, and according to NHTSA’s findings, the worst offenders are drivers under 20 years of age.

A closer look at the correlation between cell phone distraction and crashes and near crashes is underway through a study funded by the Federal Motor Carrier Safety Administration (FMCSA) through June 2010.

Students learn what emergency response takes

A six-month program offered by Grant MacEwan University in Edmonton, Alberta, Canada, provides prospective emergency communicators with a dish of reality. Students in the Emergency Communications and Response Program take a total of 12 courses; seven are emergency specific courses in which students spend about 50 percent of their time in two classrooms—one designed with 15 telephone lines to role play callers and the other a simulated lab with 30 workstations.

The students takes turns acting as dispatchers, calltakers, or have a dual role of calltaker/dispatcher, explained Sharon Hobden, associate dean, Faculty of Health and Community Studies. “We try to mimic the real environment as much as possible.”

A closer look at the correlation between cell phone distraction and crashes and near crashes is underway through a study funded by the Federal Motor Carrier Safety Administration (FMCSA) through June 2010.

For more information, e-mail info@911lifeline.org. To request a service, submit a service request form available from the website.

McCowan Emergency Communications and Response
Fire Services Communications Centre (FSCC) dispatches ambulances on a next-in-queue basis following the order the calls are taken.

If MPS D is adopted, incoming ambulance calls would be divided into three response modes. For example, Response 1 calls would be maintained, Response 2 calls would be categorized as Response 3 calls with a response time target of 20 minutes. Under the proposal, the Fire Services Department (FSD) would maintain its current performance pledge to achieve the response time target in 92.5% of the cases for all calls. In addition, FSD would lead a public initiative to explain how MPS D operates and encourage the public to make appropriate use of the county’s emergency ambulance services.

Medicine Hat losing more than dispatching in 2011

The year 2011 may ring in a big loss for the Medicine H E D at Regional 911 Communications Centre in Alberta, Canada, the world’s first tri-Accredited Center of Excellence (ACE). U nless plans change, Medicine Hat will continue to dispatch police and fire calls but not medical calls starting mid-2011 because of a consolidation plan recently announced by Alberta Health Services (AHS).

Not only will the community in the southeastern part of the province lose E M D in 2011, it will lose all customer service and high compliance when using the M P D S but also the staff’s knowledge of the area served. Emergency medical services (EMS) dispatching is set to transf er to the City of Calgary Public Safety Communications, roughly 180 miles northwest of Medicine H at. Calgary does use the medical dispatch protocol.

With the loss of E M D , Medicine H at may lose its position as a customer service center because of a loss in the type of calls required for review a certification. Ronda Grant, Medicine H at Regional 911 Communications Centre manager, said the loss impacts the public they serve.

“Elected officials and citizens alike are aware that Medicine Hat has been the custo der for the Medical Services (EMS) dispatching will move from our city when we have worked hard to achieve such a high level of proficient competence,” she said.

Medicine H at is not the only center in Alberta losing its EMS component. In 2008, the government announced plans to take over responsibility for ground ambulance service throughout the province. Since that time, A H S has worked with 74 municipalities and organizations in Alberta to continue providing services under contract or transfer service toAEHS.

The A H S decision to manage ambulance ground service results in the consolidation of more than 30 EMS dispatch centers across the province (among them Medicine H at) into three centers located in Peace River, Edmonton, and Calgary to serve north, central, and south Alberta, respectively.

Grant doesn’t anticipate A H S backing down from the decision, but for now it’s business as usual at the center for a team tw ickled to near perfect EMS dispatching and the public they continue to serve.

“We achieved something that would not have been possible before this very purposeful process of building a team of EMS champions,” she said. “The public expects the best from us, and that’s what they have received.”
By Linda Christensen

Aug 24, 2009, began the same as any other weekday. My alarm buzzed at 4:30 a.m., and then I was awakened for another 12-hour graveyard shift in the Salt Lake City (Utah) Fire Department dispatch office. I've been working the graveyard shift for 20 years, but that afternoon I still felt tired and called into the office to say I'd take my lunch break at the beginning of the shift, as I had a full staff that night. It's one of the few perks of being a supervisor.

After 90 more minutes of sleep I finally dragged myself out of bed and into the shower. My later arrival time allowed me to pick up some dinner on my way to work. After being diagnosed as a borderline diabetic two years ago, dinner is the highlight of my day. I've tried to cut back on carbs and sugar resulting in a 40-pound weight loss, but I still have more to lose. That night I really blew the diet and ordered a corn dog and taquitos.

Eating while I worked, I started on some monthly chores and prepared my team's shift schedule. I also finished the next month's vacation schedule for the office. That's a chore that always gives me a headache. A myth about Excel is taxing for my old non-tech brain. It was just after finishing my two projects that I noticed my heart rate go up and a discomfort began in my chest. I walked across the hall for some antacid tablets and quickly chewed two. That didn't seem to help so I called. With great effort I reached for the phone and called Station 2. I was in a quiet room resting in my chair, radiating to my left arm. She is light-headed, diaphoretic, and feeling faint. What do you think? Stupid question?

If you have discomfort, don’t worry about causing a fuss. Call someone. Take care of yourself first and you’ll have the time to care for your loved ones.

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I chewed two more. Still the tightness persisted. I leaned forward to look at my computer screen and the office filled. My head started swimming, the ocean sounded in my ears, and I was feeling faint. I lay back in my chair, but nothing seemed to help, and I was getting diaphoretic. That’s when a little voice in my head said, “Call someone; you’re in trouble.”

When someone in dispatch feels sick he or she tells the supervisor. Who do I call? With great effort I reached for the phone and called Fire Station 2. I was in a quiet room resting in my chair, radiating to my left arm. She is light-headed, diaphoretic, and feeling faint. What do you think? Stupid question?

If you have discomfort, don’t worry about causing a fuss. Call someone. Take care of yourself first and you’ll have the time to care for your loved ones.

I pretty much described textbook heart attack symptoms. Capt. Ainge asked the location of the female patient. “She needs to be seen,” he said. “It could be a silent heart attack.”

I mumbled, “It’s me. I’m the patient.” He responded, “Well be right there.”

A bout that time Connie Kelson, a veteran dispatcher of 29 years, asked about the call. “It’s a Delta call,” she said. “I understand the case as 3-10 C because there was no way I was admitting that I was a DELTA call.”

“I think you’re right,” I said. “What’s the problem?”

“Your problem will go away,” she answered. “Of course, I came up with some ideas.”

Several times I’d felt slight pain in my chest and a discomfort began in my chest. I noticed my heart rate go up when I was walking on the treadmill or sitting on the computer screen and the office tilted. My head was woozy, but I had no pain. Two hours later, I noticed my heart rate was in the 50s and my heart was beating so fast I felt like it wasn’t right. “I thought I monitor is set in metric mode.” A nother hour passed and my heart rate was in the 40s. A alarms sounded. No one appeared worried, so I excused the numbers to an equipment malfunction.

More blood was drawn a second time to check my enzymes and compare the results against the first draw. An increase in levels would mean something was going on with my heart. “She’s a 56-year-old female with tightness in her chest,” Capt. Ainge said. “We’ll be back as soon as the doctors figure out what’s going on.” The tightness seemed more pronounced that night, but I was sure the taquitos were to blame. I walked across the hall for some antacid tablets and quickly chewed two. That didn’t seem to help so I called. With great effort I reached for the phone and called Station 2. I was in a quiet room resting in my chair, radiating to my left arm. She is light-headed, diaphoretic, and feeling faint. What do you think? Stupid question?

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Right on the Money. Dispatcher nails first-time use of tracheostomy card

By Heather Darata

A one word told EMD Earlene H yman-Payne that this call was going to be like no other shed taken.

The dispatcher for the City of Schenectady, N. Y., fire and police communications, recalls the caller’s haste in trying to get the help she needed for her daughter, but only when the woman said “stoma” did Hyman-Payne understand what might be happening on the other end of the phone.

The person in danger had a tracheostomy, a surgically created opening (called a stoma) in the neck leading directly to the trachea and kept open with a hollow tube. Mucus can plug the tube, causing signs of respiratory distress, which is what was happening to the woman’s daughter.

“I’m not breathing,” the caller repeated several times in distress, which is what was happening to the woman’s daughter.

The husband checked the tube for blockage and, per Hyman-Payne’s instructions, wiped the tube clean before blowing air into the tube to remove the remaining fluid. Responders arrived and took over and Hyman-Payne disconnected. She moved on to the next call.

An hour later Hyman-Payne was starred and did a really good job, said Boggs, Catawba County (N.C.) E-911 Telecommunications Center administrator. “She played a big role.”

From the Telecommunicator of the Year. “In a nutshell, she received a call back in March and did a really good job,” said Boggs, Catawba County (N.C.) E-911 Telecommunications Center administrator. “She played a big role.”

The call began at 7:30 a.m. on March 12, 2009, with an extraordinary, even for the most seasoned professional. A girl crying hysterically into the phone had watched helplessly while a stranger dragged her friend into an obviously bad situation.

The call still bothers me,” said Greer. “I really have to question why Saevang would do that. It’s good to know people like her who will answer in our times of greatest need. T’s that’s why they’re no longer called operators. T’s they’re telecommunicators, and Greer is a fine example why.”

The dispatchers knew what might be happening in the home where the caller was located, and they answered the call directly.

Deputies dispatched within two minutes of the call found Lisa Saephan, 40, and her three children—Melanie Seaphan, 20, Paou Chao, 18, and Cody Sae-Chao, 4—dead inside their home. The four-year-old still had his hand in a bowl of cold cereal. Lisa Seaphan’s husband, Brian Tzeo, was away from home working at his job and she had only hours earlier returned home from her shift at a chicken-processing plant.

Greer did her job to a T. It’s good to know we have people like her who will answer in our times of greatest need. T’s that’s why they’re no longer called operators. T’s they’re telecommunicators, and Greer is a fine example why.”

Hysterical caller alerted Greer to a tragedy where a woman had been killed by her boyfriend.

“The call still bothers me,” said Greer. “I really have to question why Saevang would do that. It’s good to know people like her who will answer in our times of greatest need.”

Eye Witness. Catawba County dispatcher draws information from distraught caller

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By Alena Greer

Emergency Number Association (NENA) Year award presented in September at the annual convention in Boston.

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I just past noon on Friday, Sept. 17, 1976, a 47-year-old salesman collapsed after entering a grocery store in Goliad, Texas. Richard Kliem had no heartbeat and he wasn't breathing, but grocer A.M. Groll and his son, Denny, knew what to do. They turned Kliem over onto his back and started mouth-to-mouth cardio-pulmonary resuscitation (CPR) while an employee called for ambulance service available from the city of Victoria, 22 miles away. The father and his son were still giving rescue breaths and pumping Kliem's chest when 15 minutes later the "911" arrived with three paramedics carrying oxygen, an atraumatic bag, and a Tele-Care pack to continue the patient's heartbeats. Three days later, Kliem was alert and talking from his bed at DeTar Hospital in Victoria.

Neither father nor son had ever provided CPR before or had any training beyond watching CPR performed on the prime time TV show "Emergency!" A 911 call taker had never once successfully resuscitated a victim of cardiac arrest in the four years he spent as an intern during his medical training period.

"This was in Goliad it happened," Dr. Deaton said. "That was one small town for what most of us considered big news."

But Kliem's survival wasn't the only plan to go live with the Fire Priority Dispatch System (FPDS) in 2020.

The first award, in 2008, went to crew leader EMD Lori Kliem (no relation to Richard Kliem), EMD Eva O'Guin, and EMD Pat Cantu for their actions following a traffic accident, which killed one person and seriously injured several others when the bus they were riding to Houston overturned on a rural byway shortly after 3 a.m. on Jan. 2. Although most people on board had cell phones and used them, no one called speaking English or knew the location of the crash.

"Our two bilingual speakers [O'Guin and Cantu] moved from one call to the next," Kliem said. "The callers were frantic, screaming, but what do you expect? They woke up to a wreck."

The three-member team was able to pinpoint the location, with the help of a driver passing by the scene, and they mobilized response from the county and surrounding jurisdictions; within 80 minutes all the patients had been removed from the scene.

In 2009, EMD Katie M. O'hara was honored for providing life-saving instructions to a woman whose husband had suffered a heart attack while they were traveling by car on a state highway. The couple was elderly, Dr. Deaton said, and it wasn't realistic for the wife to get her husband outside the car to position him for CPR. Instead, Moore suggested she lean back to the seat and deliver chest compressions from that angle.

"Bless her heart," M ore said. "When paramedics arrived, they found her on top of her husband giving compressions with all her might."

The husband survived and lived another 17 days. His wife of 64 years said she was eternally grateful for the extra days together before saying their good-byes. M ore calls the incident "bittersweet," which she said doesn't discredit what they did to save his life during those six minutes it took for paramedics to reach them.

"It's been really nice to say I had a part in saving someone's life," Moore said.

Helping people is the reason M ore joined the profession. As a child in the 1990s, she remembers watching the show "Rescue 911" and telling her dad saving lives wasn't what she wanted to do when she grew up. These many years later, she laughters at the dispatch equipment the show featured—push button phones and a Microsoft Disk Operating System based computers.

Yet, despite the inadequacies compared to modern-day technology, TV EMS helped people and provided its audience with a realistic look at the kind of work EMS performed each day. It wasn't the equipment making the saves but, as Dr. Deaton said, the person behind an idea backed by technology.

"Just one agitator to get in there to say, "This is what we're going to do,' and then doing it," Dr. Deaton said during his interview for "Texas Monthly" magazine.

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