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Suicidal callers need someone to listen

Nothing Like The Real Thing
Wild and crazy police calls take tight control

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The National Academies of Emergency Dispatch

January/February 2011

THE JOURNAL
OF EMERGENCY DISPATCH

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• New protocols
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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; 6,010,451; 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 book is not broadly copyrighted within each of the NAEs' discipline-specific protocols. The Fire Priority Dispatch System™ v.5, Fire Priority Dispatch System™ v.4, Fire Priority Dispatch System™ v.3, and Fire Priority Dispatch System™ v.2 copyrights established in September 1979, August 2000, and August 2001, respectively. Subsequent editions and supporting material copyrighted as issued.
Quality Assurance: A sure find at Navigator 2011
Scott Freitag, NAEQ President

I was tossing around column ideas to ring the New Year about a week before deadline during a lunch break with good friends Brian Dale and Alan Fletcher. Normally, I know better than to expect any sound advice from either of these two (their sense of humor often gets the best of our conversations), so it was more a matter of thinking out loud while stopped at a traffic light.

Brian, a Q&A fanatic, suggested a topic related to Navigator 2011, scheduled for April in Las Vegas. Here was another good idea, although not Alan’s sole intention, how could I approach it without sounding too ambitious about getting the numbers up for a conference that keeps growing every year without my campaigning?

Alan suggested combining Brian’s QA suggestion and Navigator.

By the time the light changed, the wheels in my head were spinning fast. I could combine QA and Navigator and offer my observations from attending a conference that in its second decade of operations is attracting more than a thousand people from all levels of emergency communications.

First, I'll present a sampling of this year’s conference particulars.

Strictly by the numbers, Navigator 2011 adds four new educational tracks (making the total 14) and sets a record for sessions spread over the three days of conference (91). Keynote speakers will set the tone and the pace for the entire conference, such as the pool party, golf tournament, and closing lunch.

On the second day of Navigator (Thursday, April 21) quality assurance is a full day track of its own. Brian is speaking in four of the five sessions (which might explain his suggestion). Other well-known QA experts speaking on the subject include Melissa Ilesing and Tami Wiggins (from the world’s second tri-ACE), James Gummert, Kim Rig- den Reissall, Jaci Fox (from the world’s first tri-ACE), and Michael Spath.

While their presentations will bring in process—particularly the afternoon Q forums— I suspect a focus on direct employee communications in contrast to viewing performance management as a form to fill out or a software system to implement.

After all, these speakers didn't rise up through the people skills ranks relying on electronic systems to give high fives or electronic forms in place of face-to-face discussions about real issues. They subscribe to dialogue as an exchange and not a one-way flow of words. They are proactive, understanding the importance of training and feedback in cultivating superior working relationships and dispatch service.

The same can be said for all of our speakers. The 98 speakers this year, including several new names, bring lots of experience and knowledge to the podium. This is a form of QA our conference planners spend a year in the making.

While Brian, Alan, and I have different responsibilities at Navigator, we also work as a team when considering what we would like the conference to accomplish. Dispatcher satisfaction and a quality experience are central. We are concerned about how Navigator will affect our members the other 51 weeks of the year once removed from a conference dedicated to their profession.

Foremost is our desire to present a conference that is educational, inspirational, and memorable. We don’t want everything that happens at Navigator to remain in Las Vegas. We want our members to leave Navigator 2011 enthusiastic about the jobs they do and eager to share stories and ideas gathered during their stay. We want our members to have the quality experience they expect from the world’s only conference devoted to emergency dispatch communications and life- and resource-saving protocols. We want our members engaged in a community the fire, police, and medical protocols have shaped during the past 30 years.

Maybe that’s a tall order and maybe it appears my advocacy for Navigator is shifting to absolute promotion. Yet, Navigator never ceases to amaze me. The three-day occasion provides a remarkable QA experience for our growing community. Although held in April, several months after ringing new year and process and performance management now start to another promising year in emergency dispatch. See you there.

Dr. Clawson:

We’d like your advice regarding the following question posed on the ED-Q Forum. Thanks in advance.

Our center recently implemented the new Stroke Diagnostic Card. We use card-sets so our dispatchers have to code their calls manually.

On the rules section of the Stroke Diagnostic Card, #1 says that: “all diagnostic questions should be asked, regardless of whether any previous request was completed.”

Why would the EMDS need to ask all of the diagnostic questions once they have a score of 3 (since anything higher than 3 is the same as a 3 for coding purposes)? For example, I recently reviewed a call in which the patient received a 3 after complying with the first request because he could only smile with one side of his face.

I’m just looking for the rationale behind this so I can better explain it to my team members. (Or maybe I’m misinterpreting this entirely!).

James D. Gummert

Quality Assurance Manager

London Ambulance Service NHS Trust

James:

The process of stroke predictability with the Stroke Diagnostic Tool is actually a two-fold effort. Through the use of this FAST-like tool we can assess the situation (at that precise time) of the signs and symptoms of a potential stroke victim. Remember, in TIA's and minor strokes, symptoms can clear or decrease in the time before the paramedics assess the patient. This is valuable to know and report. This is the first aspect.

The second is to collect enough significant data from a myriad of cases, both from the comm. centers, paramedics at scene, and hospital outcomes to see which combination of the three things assessed give the greatest reliability of stroke prediction. Given that this is high enough, stroke centers and the responding paramedics can be alerted, so that certain patients can be quickly, without further scene delay, transported to the stroke center based purely on EMD information. We can guess that some combinations of findings the Tool collects may be less effective and contain enough false positives to be unreliable. Therefore, the Diagnostic Tool format (and specific wording) we have in place will certainly be modified, and its calculations of evidence level (Clear, Strong, Partial, or No Test evidence) refined, based on the individual reliability of each part of the test.

We anticipate even adding a "receptive stroke" process and so to a hemorrhagic vs. embolic stroke process as we learn from the EMDS' experience, data, and outcome links.

As we say in America, "quit when you get a hit" would not only be incomplete assessment, but would prevent us from ever learning anything.
I’m a bicycle commuter. I ride my bicycle to and from the office four days a week from my home 12 miles away. My Christmas gift from my husband this past season was a set of steel-studded tires to replace the pair he gave me two years ago for winter riding. The tires are good for about 1,500 miles.

A friend commented my “green” contribution, which is an altruistic something I hadn’t thought about. I simply like to ride my bicycle. The song “Bicycle Race” by the 1970’s British rock group Queen sums it up rather nicely. “I don’t believe in Peter Pan, Frankenstein, or Superman. All I wanna do is bicycle, bicycle, bicycle. I want to ride my bicycle.”

My commute is enjoyable while also providing a bit of daily adventure. Traffic, weather, and road conditions can change my ride at any moment. So, what does this have to do with emergency dispatch?

Well, everything and nothing. This past weekend while attending a blues concert given by a local band, brooke Hopkins (Cincinnati), she served in a Special Olympics performance. She spent about 1,500 miles.

When I think about Brooke and Peggy, it’s not in relation to what could happen to me while bicycling along my daily route. It’s about those moments that can happen to anyone at any time. Dispatchers repeatedly experience these moments. It’s their job—always just a phone call away from providing part to life’s defining moments.
Take The Lead. Although the going is not always easy

John R. Brophy

Resistance and complacency are the dynamic forces in the process of change. Resistance pushes back when change is introduced, while it’s often complacency that drives the change in the first place. Some people resist change because it upsets the current process, costs too much, or upsets the status quo. This group of resistors doesn’t want to learn advanced computer applications or accept new standards in customer service. Others distort the system (management) enacting the change. People prefer the comfort zones of the way it has always been done. Change intimates to them that the process in place is meaningless and, consequently, the people easily replaced. Managers “thinking” of the change may resist taking action from their own fears of failure or staff rejection and dissatisfaction. So, what’s a leader to do?

The leader must establish the vision, explain the importance of a specific change, and create a sense of urgency and relative security throughout the organization.

Change and emergency services

Emergency services personnel are trained to handle urgent situations. Leaders cannot anticipate what happens to any greater extent than their workers, yet it is their job to train their dispatchers and calltakers for the urgency of any situation. People in emergency services flourish in this type of environment—urgent, demanding, and unpredictable—so it almost goes without saying that change must follow the same suit: placing their people in a “comfort zone” of urgency for efficient on-the-job functioning. I’m not suggesting a “leadership by crisis” model, but leaders should “put the why before the what” (explain the need for the change), share their reasoning, and display their passion for the vision they see once the change is realized. They must also make sure others are ready to accept the challenge and rise to the new level of expectations.

New habits take shaping

In other words, change is often ineffective when not coupled with staff understanding of the change process. While expressions such as “you can’t teach an old dog new tricks” and “old habits die hard” cynically sum up the change process, it doesn’t have to be that way. Learning a new process is simply a matter of realignment; replacing the ways operations have always been run with a process that more effectively accomplishes short- and long-term goals.

Habits become the norm, they are “frozen” to form the shape of the organization, its processes, or procedures. These “norms” must be defrosted, reshaped, and allowed to set in their revised mold. The leader’s vision should provide a map for change and develop the urgency and motivation for others to follow. Once the “old dog” shows the willingness to learn new tricks, the leader must celebrate the collaborative approach and once the change is in place, assure the new shape remains solid.

Engaging the team

Successful leaders recognize people behind the accomplishment. People like knowing their contributions are meaningful and appreciated. The form recognition takes could be as simple as a note or a cup of coffee in between the more formal award ceremonies and annual reviews. The praise (and not flattering) lays the groundwork for greater challenges.

The next step, however, should not be framed in an environment in which good is never good enough. An invigorated staff, knowing they are important to organizational improvement, not only respects teamwork but, also, counteracts an air of complacency. Engaging people makes them “citizens” in the organization and not “tourists” asking a “guide” where or how to accomplish tasks. Citizens have a stake in what happens to the community they helped create. The shared investment chips away at the “us versus them” atmospheres often existing between leadership and the rank and file.

Once a leader establishes an engaged organizational “citizenry,” the leader should welcome “bottom-up” approaches to change. Engaged members of the organization—empowered by leaders—provide a source of energy. This might challenge the leader’s comfort zone, but in the final analysis, collaboration fuels the organization, develops future leaders, and keeps the environment from stagnation and complacency.

Specific and ongoing change initiatives

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Specific and ongoing change initiatives

We decide. The shape of our buildings flows from our attitude.

Jim and Sharon Lanier

Winston Churchill: “We shape our buildings; and afterwards they shape us.”

Our son Harrison (Harry) was nine years old and on the same path as his two older brothers (Elliot and Chase) to become a champion in junior rodeo. He was getting to the age when he could participate in rodeo with “the big boys.”... and then it happened. Harry had been experiencing malaise and a headache and since no local pediatricians were accepting new patients, we took him back and, again, received the same diagnosis without further evaluation.

But Harry did not just have “what all the other kids have.” In the days following our clinic visits, Harry had a cardiac arrest from an arachnodactyl growing in his brain. Customer service errors—that were beyond belief in their scope—starting with a 9-1-1 call, lasted all the way through the incident, from the dispatcher, responders, and hospital through verbalization.

Some caregivers wrote Harry off. His condition was too severe for recovery. Harry could not walk without assistance. The thought of his body was not functional. Pressure on his optical nerve destroyed his peripheral and center vision. His short-term memory was severely affected. He did not understand the nickname “Donut” because he was always complaining of feeling hungry, forgetting that he had just finished eating a meal. The afterimage was frustrating. The anger was difficult to ignore. An eye exam as part of the evaluation from the doctor at the walk-in clinic could have revealed the impending disaster. Harrison’s mother considered a lawsuit but, instead, took the sage advice her father offered: “I raised you different. Do you want to be like everyone else, or do you want to be like your family made a pact to recover and to use our loss, and he was given the OK. Although Papa Jim’s fingers are still in the shape of a claw from grabbing the imaginary steering wheel, we got through with only minimal scarring and only minor property damage. Harry earned his associate’s degree from a local junior college and was accepted into the agriculture program at the University of Florida (UF). He plans on becoming a veterinarian and had the opportunity to work on the UF Horse Teaching Unit. But how does Churchill’s quote fit into this? “Buildings” are significant events in our lives; building blocks make “us” who we are. Harry could have resigned himself to low expectations and wallowed in self-pity or helplessness. Harry decided against that path; he built opportunities instead of backing away from challenges. Harry’s family mentored and coached Harry, set goals, celebrated accomplishments, and moved alongside him through the building blocks. Harry and his family were “shaped” by their choices.

Customer service is like Harry’s story; it must be fluid and dynamic to meet the ever-changing needs (building blocks). The “Ripple Effect” resulted in a life many thought Harry would never accomplish. He may have been frustrated at times but he never threw in the towel. His family was behind him, boosting him up and cheering him on. The same principles apply to customer service. Each call could be for a “Harry” and the compliant use of the NAED protocols combined with excellent customer service may provide a fighting chance in spite of the odds.

How is your “building” shaping you? Or are you shaping it?

Incidentally, “Donut” did win the Florida Junior Rodeo Championship by 0.026 seconds. Since earning his driver’s license, he has only backed into two trees and a bike (no rider). He recently completed student orientation for the animal science program at the UF Horse Teaching Unit. Harry plans to run for office, go forth all you customer service maniacs! Build those buildings!
Dispatchers and Stress.
One can do better without the other

R. Jason Malloy

Em

E

ergencies happen every day, literally in the hundreds of thousands across the United States, Canada, and other countries. Public Safety Telecommunicators (PSTs) from the east to the west deal with the best, and possibly the very worst, of human nature daily. Despite the men and women who are truly our first, first responders dutifully report to work day-in and day-out for their love of the job. Despite the love of the job, ask any PST about the worst part and many will answer with the same resounding theme... THE STRESS!

Many times, the type of calls are incidents that go above and beyond the level of normal dispatch related stress. These incidents are called critical incidents, and ultimately lead to Critical Incident Stress (CIS). In the past, the frequency of incidents that caused CIS was not very high and the stress they caused was not that severe. However, in recent years as many communication centers’ call volume increases (thanks in part to the increasing use of wireless technology) so have the number of critical incidents.

Above and beyond the normal level of dispatch stress is exactly what the PSTs in the Miami, Fla., area felt during the 1992 hurricane season. When Hurricane Andrew made landfall in southern Florida, according to Natalie Duran, fire communications specialist, and Louise Ganley, peer support team leader, “they were champions of implementing the system throughout southern Ireland to ensure that the standard of care was the same no matter what county an emergency was in,” Ganley said.

Dealing with the stress

With today’s economy causing many budgets to dwindle, the less costly options are more viable to help. Due to the nature of the position, and the fact that they must perform their job in a stationary location (as compared to field personnel who can respond to the location of an emergency and intervene), they are often left feeling helpless. The inability to pick up and rush out of the communications center adds stress.

Stress on communications personnel

PSTs hear every call for assistance that is made, as well as the panic in a caller’s voice, all while envisioning the worst-case scenario. The typical professional trait present in public safety workers causes these workers to pursue all avenues of help for a citizen in need. Communications personnel are no different; they hear a caller in distress and desire to do everything they can to help. Due to the nature of the position, and the fact that they must perform their job in a stationary location (as compared to field personnel who can respond to the location of an emergency and intervene), they are often left feeling helpless. The inability to pick up and rush out of the communications center adds stress.

Debriefing (CISD), as needed. The Inter

country Critical Incident Stress Foundation (ICISF) and the Association of Public Safety Communications Officials (APCO) offer training classes for personnel wanting to be part of a CISM team, Crisis Response Team, and Peer Support Team, as well as creation and management of a CISM team.

Creating a peer-based CISM program with clinical oversight takes time and money. The agency must have leadership and employee buy-in, policies in place to govern and regulate the program, and the availability of outside assistance. A complete program will cover various aspects of pre-incident training and availability of services, as well as support services (such as debriefings) after an incident occurs.

Simply stated, communication professionals are no more immune to stress than their counterparts in the field and culture changes can be the difference in making or breaking your staff.

Allowing for some sort of “mental rehab” break during the shift can be helpful. Let PSTs leave the floor for a few minutes to take a walk. Eating right can have an indirect affect. It takes only minutes to contact the vending machine supplier with a request to stock healthier choices.

Encouraging the use of exercise equipment in centers with workout rooms can be beneficial. Not only does exercise ward off stress, but it also has the added benefit, albeit brief, of a cardiovascular workout.

On a grander scale, management can implement a Critical Incident Stress Management (CISM) program, from one-on-ones up to Critical Incident Stress

On board with MPDS

In June 2010, all eight National Ambulance Service communications centers in southern Ireland went live using the Medical Priority Dispatch System™ (MPDS®)—two years after NAS chief executives and the Health Service Executive (HSE) were presented with the idea.

In June 2008, Dr. Conrad Fizy, Priority Solutions director of U.K. operations, Mario Foletti, Priority Dispatch Corp. implementation specialist, and Louise Ganley, Priority Dispatch Corp. clinical-support officer, traveled to Tallaght to encourage the HSE to implement MPDS in centers operating without protocol. By bringing the final stragglers on board, callers—there are about 100,000 calls processed each year across the entire area—can receive the same care in southern Ireland no matter their address.

Two of the eight centers—HSE Midlands and HSE Westerns—had already been using MPDS in the automated ProQA® format for years.

The best, however, may be yet to come. Foletti and Ganley recently toured the dispatch centers, updating each one to MPDS v12.1 with aspirations to see seven centers become International Academies of Emergency Dispatch (IAED) Accredited Centers of Excellence (ACE). HSE Midlands already achieved accreditation in February 2008.

To help in the endeavor, a quality assurance program was introduced at each center to measure compliance to protocol. According to Ganley, HSE Western is already well on its way to meeting the Twenty Points of Accreditation and the other six are off to a good start.

A study conducted by a team of researchers from the National Academies of Emergency Dispatch® (NAED®) tests the accuracy of a pulse check using dispatch instructions relayed to a layperson by a trained Emergency Medical Dispatcher (EMD). For the study, researchers recruited volunteering participants at the University of Utah campus and the Salt Lake City library and had them check the pulse in the carotid artery of a healthy (conscious) individual using dispatch instructions provided in a simulated 9-1-1 call.

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The Academy’s pulse-checking instructions are scripted in steps similar to other Pre-Arrival Instructions (PAI) in the MPDS. Results of the study will be published in a peer-reviewed scientific journal.
The Medical Priority Dispatch System™ (MPDS®) has found a home in the world’s most populous country of 1.3 billion people. MPDS Paramount in China

On Dec. 31, 2010, the Suzhou Emergency Center in China went live using ProQA® Paramount in China to serve a city population of 2.6 million. The center is the first in the country to implement the MPDS, which was endorsed by the Emergency Medical Dispatchers’ Association (First Aid Station) Branch of the Chinese Hospital Association in 2008 for use in its affiliated emergency medical centers.

According to the announcement, the MPDS received the endorsement because “MPDS resolves pre-hospital problems quickly by obtaining the patient’s on-scene information, using this information to determine the condition based upon scientific judgment to make the most appropriate response. At the same time, MPDS provides standardization to the dispatchers to ensure quality service.”

Following Suzhou Emergency Center’s go-live, dispatchers answered 317 incoming calls and used ProQA 24 times in the first two hours. Four more centers in China are in line for scheduled implementations of ProQA Paramount in the next few months, including Shanghai, one of China’s most populated cities with 19 million residents. The first Emergency Medical Dispatcher (EMD) course in China was held in Beijing in July 2010 with four doctors and two translators in attendance.

New center features all the trimmings

Public safety dispatchers in Prince George’s County (Md.) will start the New Year right in a 40,000-square-foot building designed just for emergency communications in the Maryland Science and Technology Center at Melford in Bowie. The building, dedicated in late November, replaces the current 28,000-square-foot building that prior to its occupancy, housed the neighborhood elementary school.

The new center boasts a number of upgrades, including an $80 million public safety radio system, a large training lab that duplicates the actual dispatch operation, and a room for additional dispatchers in anticipation of an ever-increasing number of calls for police, fire, and emergency medical services. Currently, the county’s 9-1-1 system employs 200 public safety employees, including dispatchers and their supervisors, calltakers, and administrative staff. From January through September 2010, the center received 1.3 million 9-1-1 calls, compared to 1.2 million last year for the same period.

Everything there but the fire

Firefighters from 10 Salt Lake Valley agencies hefted 45 pounds of gear plus assorted shovels, chain saws, axes, rubbish hooks, and hoses up four flights of stairs to fight a downtown high-rise fire that was already 1 1/2 hours old. But there was a very good reason for the oversight.

The day-in, day-out job of answering 9-1-1 calls ranks among the most stressful-producing occupations, according to lists compiled by people who actually experience stress on a daily basis. While some might rank firefighters, police officers, and paramedics higher on the list because of excessive demands, others think dispatchers should go toe-to-toe in rankings with their fellow public safety emergency professionals because of the number of lives they affect through every phone call. The following is what research says about the mental and physical health of American workers when it comes to stress.

• A Yale University study found 29 percent of workers report their job is “very or extremely stressful.” One fourth of employees view their jobs as the No. 1 stressor in their lives.
• A Northwestern National Life study found that 40 percent of workers report their job is “very or extremely stressful.” One fourth of employees view their jobs as the No. 1 stressor in their lives.
• A Families and Work Institute study found 26 percent of workers report they are “often or very often burdened out or stressed by their job.”
• A Yale University study found 29 percent of workers feel “quite a bit or extremely stressed at work.”

Firefighters from all around the Salt Lake Valley arrived at the vacant building to take part in the November 2010 drill in their role to update current high-rise firefighting policies and condense them into one countywide plan.

Salt Lake City Fire Capt. Michael Harp said firefighter feedback from the drill is the first phase of four aimed at creating the plan, and, in addition, determining the types of hose to put in the high-rise hose kit that will be distributed to the 10 agencies serving Salt Lake County. Firefighters also tested the use of laminated cards placed inside fire trucks, which list details crews are supposed to follow when arriving on the scene.

United Fire Authority Training Battalion Chief Greg Reynolds said the drill and future policy are all part of getting all agencies on the same page.

“But while you’re doing this, try not to damage the building,” he warned firefighters. The owners plan to use it again.”

The big question of the day, however, was the involvement of fire dispatchers, who will be situated in the same new public safety building that coincidentally will go up at a site adjacent to the abandoned (although soon to be occupied) drill site.

Harp explained the drill was hands-on for firefighters since dispatchers already know what to do, using specific protocol for high-rise fires. The Salt Lake City Fire Department communications center is a NAED Accredited Center of Excelence (ACE), which encourages the use of ProQA, and the first center to incorporate dispatch protocol introduced to the market 30 years ago.

Dispatch ranks high in job stress

The following story is by Keith Castelli, NAED College of Fellows member and chair of the NAED’s Alliance Committee.

Jim Dunford, M.D., medical director for the city of San Diego, welcomed an audience of nearly 2,000 people gathered to hear Dr. Mickey Eisenberg’s opening keynote on the 50th anniversary of cardiopulmonary resuscitation (CPR) at the Emergency Cardiovascular Care Update Conference in early December 2010. As the lights faded, the audience fell silent. The tape began with the voice of emergency medical dispatcher Cathie McGee asking, “Where is your emergency?”

The caller, Thelma Moore, had dialed 9-1-1 after hearing her husband, Paul (age 39 at the time), collapse in the bathroom. Thelma’s anxiety was palpable, but EMG McGee calmly assessed the situation, immediately dispatching units and reassuring Thelma that help was on the way. After giving a few more brief instructions, she began counting with Thelma in the familiar cadence of CPR. As the recording ended with first responders arriving at the scene, the lights came up, with Paul and Thelma Moore appearing on the stage. Dr. Tom Aufderheide, president of the Citizens CPR Foundation (sponsor of the conference), introduced the couple and thanked Thelma for having the courage to act upon saving her loved one’s life.

The Medical Priority Dispatch System™ (MPDS®) was at the forefront of the events leading to saving Paul’s life. It was NAED that certified the training that EMG McGee received. When she placed telephone instructions to Thelma, she was following the protocols initially developed by Jeff Clavson, M.D., and refined over time.

The conference event, “50 for 50” — Golden Anniversary of CPR Survivor Celebration, featured 50 survivors of sudden cardiac arrest. From 2-year-old near-drowning victim Kevin Rynne Keltzer to Tom Jeffers, 42, vice president of public policy for OntStar, to 25-year-old Joel Scott (who had an AED available during a wilderness medicine river rafting trip in Mexico), each survivor had one thing in common: CPR saved their life.

To read the February issue of SURVIVORS CLUB, visit survivorsclub.com/.

February is heart month

Don’t be surprised if your neighbor comes knocking in February, asking for donations to fuel research and education about heart disease and stroke.

EMD’s actions adds member to Survivors Club

Visit www.eMDCarepartners.com

To meet the 50 survivors of 50 years, go www.survivorsclub.com/survivors

The Community Foundation of Greater South Wood County’s (Wisc.) Grant Committee made a $3,605 grant to Wood County Dispatch Center to support emergency medical dispatcher training at a national certification level. The center will certify 20 dispatchers to emergency medical dispatcher level. The training and new software will help dispatchers transition to a computer-based 9-1-1 triage assessment from the current flip card assessment being used. The dispatch center receives all 9-1-1 calls for Wood County, as well as the towns of Rome, Big Flats, and Moroore in Adams County.

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To meet the 50 survivors of 50 years, go www.survivorsclub.com/survivors

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Since 1963, Congress has required the president to proclaim February “American Heart Month,” which includes the door-to-door campaign introduced by the American Heart Association (AHA). In 2009, more than 300,000 AHA volunteers generated $137.7 million in the “Door Neighbor” campaign.

According to information from the Centers for Disease Control and Prevention (CDC), heart disease is the leading cause of death in the U.S. and a major cause of disability. Coronary heart disease is the most common heart disease in the U.S., and in 2009, an estimated 785,000 Americans had their first heart attack and about 470,000 had a recurrent coronary attack. About every 25 seconds, an American will have a coronary event, and about one person every minute will die of cardiovascular disease; that’s one in four years in survival rate.

Many studies have supported the importance of emergency dispatch in increasing a victim’s chance of surviving out-of-hospital cardiac arrest (OHCA). The editorial of several news papers, scientists can come into the ambulance carrying the flat, brown, oval-shaped parasite from the host infestation. The parasite’s presence is costly both in terms of decontamination and the time it takes for the contaminated ambulance and EMS crew to get back on the streets.

Some ambulance services have enacted tracking systems that alert personnel if the location they are heading to has a history of bed bugs, and many have developed a check list to make sure the ambulance and unit is parasite-free following each patient delivery. For example, when paramedics in Hawaii spot bed bugs on or around patients, they’ll put them in a suit that covers head to toe, in a blue bag, or in a large bed bag EMS carries to keep the insects isolated.

NENA tracks number of PSAPs

The following statistics are courtesy of the National Emergency Number Association (NENA): As of Oct. 1, 2010, the United States had 6,140 primary and secondary PSAPs in 3,135 counties that include parishes, independent cities, boroughs, and census areas. Based on NENA’s preliminary assessment of the most recent Federal Communications Commission (FCC) quarterly filings:

- 97.1% of 6,140 PSAPs have some Phase I
- 95.1% of 6,140 PSAPs have some Phase II
- 93.1% of 3,135 counties have some Phase I
- 90.2% of 3,135 counties have some Phase II
- 97.9% of population has some Phase I
- 97.1% of population has some Phase II

An estimated 240 million calls are made to 9-1-1 in the U.S. each year. According to the FCC, three-fifths are wireless. In many communities, it’s one-half or more of all 9-1-1 calls.

Emergency medical services is not exempt to the bed bug problem sprawling across the globe, but maybe that’s only common sense considering no bed—not even the one in an ambulance—is immune.

According to reports in several newspapers, patients can come into the ambulance carrying the flat, brown, oval-shaped parasite from the host infestation. The parasite’s presence is costly both in terms of decontamination and the time it takes for the contaminated ambulance and EMS crew to get back on the streets.

Some ambulance services have enacted tracking systems that alert personnel if the location they are heading to has a history of bed bugs, and many have developed a check list to make sure the ambulance and unit is parasite-free following each patient delivery. For example, when paramedics in Hawaii spot bed bugs on or around patients, they’ll put them in a suit that covers head to toe, in a blue bag, or in a large bed bag EMS carries to keep the insects isolated.

Accidents happen. They come in different areas of health concerns, based on the magazine (2009;119:2023-2025) written by Joseph P. Ornato, M.D., Department of Emergency Medicine, Virginia Commonwealth University, Richmond, Va., advocates the use of training, structured protocols, and quality assurance at the dispatch center as found in the “most structured, state-of-the-art, and popular proprietary system is known as Medical Priority Dispatch System (MPDS).”

He concludes: “Regardless of the language spoken, rapid identification of potential cardiac arrest cases by emergency medical dispatchers is a critical element for improving survival from OHCA.”

EMs not immune to bed bug spread

Source of home fire could be your pet

Is your dog eying the cake on the stove top in a manner that provokes suspicion? How about your cat? Is she pacing around a candle oblivious to the flame her tail might catch? If you answered “yes” to either of these questions, you might be among the hundreds of homeowners each year falling victim to house pets playing with fire.

Just ask the Wardlow family of Oklahoma. According to news from the American Kennel Club® (AKC®), Chris and Kay Wardlow’s dog Lucy waited until home alone to pinch a cake left on the stove top. Her paw hit the stove top, turning the gas burner underneath her prize, and, within minutes, the cake became a burned Alaska. A home smoke detector intervened, rushing firefight

ers to the scene just in time to save the home and, even more importantly, Lucy.

Lucy was lucky. Although she was among the pets causing nearly 1,000 house fires each year, she did not join the estimated 500,000 pets seriously injured or killed each year by fires accidentally started from a number of sources.

To keep similar accidental pet fires from happening to you, the AKC issued the following prevention strategies in recognition of the third annual National Pet Fire Safety Day (July 15).

Extinguishing open flames—Pets will investigate cooking appliances, candles, or even a fire in your fireplace. Ensure your pet is not left unattended around an open flame and make sure to thoroughly extinguish any open flame before leaving your home.

Remove stove knobs—Remove stove knobs or protect them with covers before leaving the house. According to the National Fire Protection Association (NFPA), a stove or cook top is the No. 1 piece of equipment involved in your pet starting a fire.

Invest in flameless candles—These candles contain a light bulb rather than an open flame and take the danger out of your pet knocking over a candle. Candles are notorious for starting fires when their tails turn over lit candles.

 Beware of water bowls on wooden decks—Do not leave a glass water bowl for your pet outside on a wooden deck. The sun’s rays when filtered through the glass and water can actually heat up and ignite the wooden deck beneath it. Choose stainless steel or ceramic bowls instead.

Carrollton newsletter celebrates third year

November 2010 was the third anniversary for the Carrollton Public Safety Telecommunications newsletter and to mark the occasion, Editor-in-Chief Nicole Lowe and her staff of four writers and design/cranked out an 11-page special edition highlighting what really goes on behind their locked doors. Halloween parties, pumpkin cheesecake day, and a recipe swap culminated in a Turtle Cake recipe on page 10.

The Telecommunicator, which Lowe started as a side project, has grown into a much-anticipated table of entertainment delivered electronically. The “harder” news mixed in with the good stuff—like parties and recipes that draw staff together—explains how the telecommunicators are the first point of contact for the first responders because we are the first responders because we are the first point of contact when 9-1-1 rings. We do our best to make sure that every citizen, officer, and firefighter gets home safe. Each one of us is well on our way to building our legacy and helping others build theirs.”

CDC identifies ‘Winnable Battles’

Wanna be a winner? If you partner with the Centers for Disease Control and Prevention’s (CDC) “Winnable Battles” campaign, you impact your health and the health of the nation.

According to Dr. Ilena Arias, CDC principal deputy director, the CDC is looking for ways to bring disease prevention and “user friendly” strategies to make inroads into six areas of health concerns, based on the magnitude of the health problem and the CDC’s ability to affect progress in improving outcomes. They are:

- Healthcare-Associated Infections (HAIs): 1 in 20 hospital patients are readmitted because of infections costing healthcare billions of dollars in additional treatment. The three most common types of infections are preventable.
- HIV: 1.1 million Americans are infected and among those, 20% are unaware that they are infected with the virus.
- Motor vehicle collisions: Some 45,000 people die each year from traffic accidents (CDC calculations), and 145,000 are admitted to the emergency room for injuries sustained on the road. Traffic accidents

are the leading preventable cause of deaths for those ages 1 to 34.

- Teen pregnancy: Teen birth rates dropped from 1991 to 2005 but increased in 2006 and 2007 before dropping again in 2008. The rates in the United States are higher than any other industrialized nation and 82% are unintended pregnancies.
- Tobacco: Tobacco use is the single most preventable cause of disease, injury, and death in the U.S., and costs billions of dollars each year in medical expenses and lost productivity.
- Obesity, nutrition, physical activity, and food safety: In the U.S. obesity rates doubled in adults and tripled in children between 1980-2000, and exercise has yet to become a priority for the majority of Americans.

CDC strategies for winning these tough battles include:

- Applying effective health policies
- Providing leadership in global health
- Strengthening surveillance, epidemiology, and laboratory services
- Strengthening the capacity of state, local, tribal, and territorial health agencies
- Addressing the leading causes of illness, injury, and disability.
City of Progress. Hialeah Public Safety Communications going for the gold

By Heather Darata

If you’re looking for a communications center that keeps pushing, you might find your match in the City of Hialeah (Fla.) Public Safety Communications Division. More than six years before receiving medical accreditation in April 2010, the center that serves Hialeah added fire accreditation. The dual-Accredited Center of Excellence (ACE) on its way to achieving police accreditation, with sights on becoming the world’s third tri-ACE, joining Harford County (Md.) and Medicine Hat (Alberta, Canada) Regional Division of Emergency operations and tri-ACE, taking a leap in the City of Hialeah (Fla.) Public Safety Communications Division.

Almost six months later, on Oct. 26, 2009, personnel moved into the new combined comm. center. The police department’s comm. center remains a back up center in case of an emergency requiring citywide mobilization.

The move was a good thing for everyone, despite some of the inconveniences involved, Flynn said.

“The reward is definitely worth the effort,” he said. “We consolidated our resources, have a beautiful dispatch center, and our community has become the main beneficiary. A win-win situation for all involved.”

Changes aplenty

A new building shared by a diverse group of dispatchers wasn’t the only change affecting the center of progress—newly formed City of Hialeah Public Safety Communications Division. On the heels of moving into the combined center, the style of dispatching shifted from a vertical “one person handles a call from start to finish” system to a horizontal “designated dispatch and calltaking” setup and all personnel were required to become familiar with using the MPDS and FPDS and handle police calls.

To accomplish this, the center’s complainer officers, all from the former police department’s comm. center, were trained by those from the former fire department’s comm. center and vice versa. By Jan. 4, 2010, 100% of the calltakers were trained in all disciplines and more complainer officers had been added to spread the load.

If you are interested in joining us, please apply online to let us know how you can help us achieve our goals.

Caltalkers and dispatchers were also able to share supervisors’ responsibilities, after training, with the idea that anyone could step up to the plate. The practice was down on outside help, as shown in practice at the former police department’s comm. center.

“All the changes were only capable of being done by the close working relationships of all the personnel involved,” said Director of Communications Chief Lazaro Guerra, City of Hialeah Public Safety Communications Division.

“It was the direct result of ACE training to each other, their hard work, and their tenacity.”

And beyond the protocol and system changes was the grand design of meeting the requirements of the National Association of EMS Dispatchers (NAED)’s Twenty Points of Accreditation. Quality assurance had always been important, but to meet their goals it soon became apparent that the person performing QA at the wrong time and his other responsibilities needed more time dedicated to the QA job.

“As soon as the case reviews were processed, we then set the basis the scores would go up,” Guerra said.

Guerra said they relieved the QA person of the majority of his other duties and dedicated him to QA, allowing him to turn around case reviews more quickly. Staff promptly resolved call issues once notified and the center was on its way.

“They made a big commitment,” Flynn said. That combined with increasing comfort levels using protocol tipped the scales close to accreditation requirements.

The race to ACE

Similar to protocol, accreditation demanded buy-in for success. Instead of prescribed remediation, Flynn identified as much as possible when going through the suggestions down and be as objective as possible when going through the suggestions down. “Let it Ride” is the best approach to the issues:

• Reevaluate the solution—evaluate the systematic approach to achieving compliance and accreditation.

As with most organizations that are really looking at things in a new way, it’s not always easy to see it from an outsider’s perspective. Flynn said. “They evaluate alternatives and they do not jump to conclusions.”

While various problem-solving models exist, Flynn likes the path this one sets forth:

• Identify the problem—putting a finger on the exact problem can be the most difficult part. Get to the heart of the matter by asking the right questions and observing how situations are handled in the comm. center.

• Analyze the problem—look for patterns such as if the problems occur during a certain time of day or under specific circumstances, equipment malfunctions, or hardware/software issues play a role.

• Design multiple solutions—write all suggestions down and be as objective as possible when going through the pros and cons of each suggestion. If an organization wants to change performance, behaviors, and skills, the question is: what are the possible reasons they are not doing what they should or could be doing?

• Choose the most appropriate solution—develop base support to ensure the solution presented can be implemented. It might be as simple as pointing out the areas of difficulty to calltakers/dispatchers or something more complex, such as changing procedures, implementing policies and procedures, or retraining remediation training.

• Prepare for contingencies—leave enough wiggle room to make small changes along the way and allow time to appreciate your accomplishments and those of your staff.

• Reevaluate the solution—evaluate the performance of the adapted solution to see if improvement is necessary. Only modify the solution when it is necessary to achieve your end goals.

For those aiming to achieve accreditation

CaltTalks. Pat Flynn, Rescue Division, Hialeah Fire Department, suggests developing a systematic approach to achieving compliance and accreditation.

“By becoming a NAED accredited center, we are able to verify and validate our performance for everyone to see,” Flynn said. “The process makes us accountable to all of our stakeholders.”

The momentum continued. On Aug. 18, 2010, Hialeah became the first center in Florida to achieve only police accreditation on the radar. In September 2010, the City of Hialeah Public Safety Communications Division was well on its way to becoming the third tri- accredited center in the world when it went live with the Police Priority Dispatch System (PPDS).

Flynn plans to submit the accreditation binder once achieving three consecutive months of compliance number requirements detailed in the NAED’s Twenty Points of Accreditation. His fingers are crossed that their triple-ACE announcement will make it to stage at Navigator 2011. From there, Flynn is certain that dispatch and calltaking setup initiatives in Hialeah will continue their march forward.

“Remember ACE is a process,” Flynn said. “This is not a quality visit with a determined end- ing, but one of continued evaluation and re-evaluation to meet the standards required to remain a NAED accredited center.”

The City of Hialeah Public Safety Communications Division

The City of Hialeah Police Communications center dispatched medical, police, and fire resources for the city’s 23 square mile area to 154,869 calls in 2009—22,162 of those were requests for police assistance; total call volume from Oct. 26, 2009, to Oct. 26, 2010, was 345,369 calls.

Spanish is the dominant language in the city, spoken by 54% of residents; the city is home to the second-highest percentage of Cuban and Cuban American residents of any city in the U.S.

Hialeah is several miles north of the Miami International Airport. The city is home to Telemundo Network Group LLC, a Spanish-language TV network. The city is home to numerous annual events such as the Hialeah Park and Race Course, which opened in the 1920s and where Seabiscuit made his racing debut in 1935.

Regarded as the mother of all horse tracks, Hialeah is several miles north of the Miami International Airport.

Hialeah is an incorporated city located in Miami-Dade County, Florida, in the northern half of the Miami metropolitan area.

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**FREQUENTLYASKEDQUESTIONS**

**Birth Complication.**

*Clarify pathway for patient with placenta previa*

---

**By Brett A. Patterson**

**Brett:**

What path do you follow when a patient states she is bleeding during the final trimester of her pregnancy and she has placenta previa? The call came in with an actual presenting placenta and the patient let the calltaker know that she was diagnosed with placenta previa. The call was coded 24-D-S since this is a higher response than 24-D-3. The calltaker is questioning where she should have gone for Pre-Arrival Instructions (PAIs) since the placenta was presented and the caller wanted to know what she should do prior to help in the delivery. She was not having any contractions at the time but had serious bleeding. Thank you in advance.

Connie Bashaw
Joint Dispatch Center Supervisor
Manitowoc County, Wisc.

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**Connie:**

I was able to clarify the answer with an obstetric expert who is well familiar with the Medical Priority Dispatch System® (MPDS®) while attending a meeting of the International Academies of Emergency Dispatch® (IAED®) Council of Standards. I remembered having this discussion with the obstetrician at a prior meeting and wanted to reconfirm what was said before providing you with an answer.

We did not include a presenting placenta in Card F: Childbirth-Delivery Panel 20–21.

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**Evaluate BREECH because these presentations vary so much and treatment is based on many factors. Unfortunately, little can be done in the pre-arrival phase with regard to positioning. While it may be helpful to elevate the mother’s hips if only a small portion is presenting, this will not likely help for long and may become a problem with longer response times.**

The best an EMD can do is follow the existing DLS Links and wait on Panel 12 until contractions begin or other parts of the baby start to deliver. Unfortunately, the patient needs what can only be provided in an ambulance or at the hospital, and rapid transport is the key to fetal and maternal survival.

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**By Audrey Fraizer**

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**Wild and Crazy Calls.**

*Protocol keeps dispatcher cool despite caller frenzy*

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**Some “40-somethings” dispatchers might think that registering for the Navigator class “Wild and Crazy Calls” would reserve good seats for a standup skit imitating the famous Saturday Night Live (SNL) sketch featuring swinging bachelors Georg and Yortuk Festrank.**

If you’re not in your 40s, there’s a good chance you don’t remember Dan Aykroyd (Georg) and Steve Martin (Yortuk) from the early days of SNL. But the “wild and crazy” brothers from Czechoslovakia immigrated into the United States because their new home was purported to be such a “hip” place. Their antics made the duo an icon in America’s pop culture.

Well, Jaci Fox, quality assurance coordinator, Medicine Hat 9-1-1 Regional Communications Centre, in Alberta, Canada, and Eric Parry, former Priority Dispatch Corp. police consultant, might not make you laugh out loud—or even make it to the Hollywood Walk of Fame—but their one-hour presentation at Navigator 2010 was such a success that they’re back together on stage in 2011 for a second installment.

For starters, the two calls Fox and Parry faced in 2010 weren’t funny. They had nothing to do with “swinging foxes” the main characters plan to pursue. The calls were about people in crisis: callers who might come across as “wild and crazy” people because of the language they used and the situation provoking their anger, fear, or frustrations. If you attend the upcoming “Wild and Crazy Police Calls,” take Fox seriously when she mentions the offensive words callers might spur out over the phone.

“These are not the vanilla, H Quincy calls you might expect,” said Parry, author of Managing the 911 Center and member of the NAEID Police Council of Standards. “We went looking for calls where no matter what the caller was experiencing, no matter what the caller was saying, the calltaker stepped up to the plate and got the job done.”

But the presentation was an excerpt of a seven-minute harangue from a caller in the Medicine Hat Medic Center coverage area, who was frenzied by the threatened removal of her backyard fence. She obviously did not want the fence removed and did not have the time to discuss the issue, at least calmly, over the phone. She was in a hurry to leave her house on an errand and wanted the police NOW.

The calltaker proceeded through PPDS Protocol. Arriving police officers rescued the fleeing woman and she and her baby, christened “Miracle,” survived the attack.

The second call, taken from the Prince George’s County (Md.) Public Safety Communications Center’s coverage area, was anything but amusing. The caller was threatening a woman who appeared to be losing her intestines as she ran from a nearby apartment complex. The visceral organ the bystander thought she saw, however, was actually a baby. The attacker had lured the woman to her home with promises of baby clothes and blankets. The attacker restrained the woman and on the third day of captivity, the suspect attempted to cut out the baby using a box cutter and razor blades.

The calltaker proceeded through PDDS Protocol. Arriving police officers rescued the fleeing woman and she and her baby, christened “Miracle,” survived the attack. The suspect was arrested and charged with attempted murder.

After listening to the calls, Fox asked the audience what worked in the examples shared.
The audience volunteered persistence, tone of voice, and empathy. The calltakers tried to diffuse the situations and acknowledge the callers’ concerns. The calltakers stuck with the scripted questions, diverging only to offer empathy and assurance of police officers responding to the situation. The calltakers did not engage the callers. Triggers, such as foul language, did not deter from their objective.

“Calltaking is about who we save,” Fox said. “It’s not about me being told to ‘F off.’ We are letting our caller know we’re helping them and getting the information necessary to protect the officers and public.”

Parry said protocol places the calltaker in the position of caller management, an essential element in eliciting information and, also, refraining from a reaction to any hot button issue or word the caller might throw out during the call.

“In the absence of protocol, there is no safety net,” he said. “Non-protocol users tend to engage themselves at the level of the caller. There’s a tendency to freak out or engage in similarly bad behavior.”

Quality assurance visits to various communications centers have shown Fox and Parry their share of unintended misbehavior provoked by irate callers. Out of frustration, anger, or just plain burnout, calltakers and dispatchers have been known to act less than empathetic or charitable.

“Understand what brings a cooperative response,” Fox said. “Telling the caller to answer your question on the condition of sending help doesn’t help the situation.”

Parry said the calltaker must get the caller to a place where the caller can be helped. That’s why the call was made and that’s where the protocol stands out.

“We focus on the next question,” he said. “We have something tangible in front of us. You have a system and a process making you the best you can be. That may sound hokey, but it’s true. Protocol works.”

To diffuse the situation and gather the information necessary for scene safety, Fox and Parry offered the following suggestions for what you can say to a frenzied caller:

• Tell me again (repeating what was spontaneously provided) and the remainder of the Key Question. This tells the caller that you were listening and that you want to clarify what you heard.

• I understand that this must be upsetting, but I have to ask you a few more questions for the officer’s safety as well as for information.

The two speakers also emphasized the importance of regular training on the police, fire, and medical protocols, making sure to include those protocols the agency uses on a less frequent basis.

“We train to high acuity calls [e.g., abduction or bomb threats] even though we don’t often have these types of calls coming into our center,” Fox said. “The last thing you want is practice when the incident is happening.”

Fox and Parry will take the front of the class in their next installment, Wilder and Crazier Police Calls, scheduled from 8 a.m. to 9 a.m. on Friday, April 22, the final day of Navigator 2011.
TUESDAY, APRIL 19TH

Gala RECEPTION IN EXHIBIT HALL

WEDNESDAY, APRIL 20TH

OPENING SESSION
Dispatcher of the Year Award

Registration Open and Continental Breakfast

TUESDAY, APRIL 19TH

Sponsored by: emergencydispatch.org

WEDNESDAY, APRIL 20TH

EXHIBIT HALL

10:30AM–10:45AM

Exclusive Exhibit Hall Hours and Box Lunch

10:30AM–12:30PM

Exclusive Exhibit Hall Hours and Box Lunch

POOL Party

Sponsored by:
C&P Medical Services, Medical Call Center, General Dynamics

THURSDAY, APRIL 21ST

Registration Open and Continental Breakfast

Tea and Coffee Break

EXHIBIT HALL

10:30AM-11:30AM

Tea and Coffee Break

11:30AM-12:30PM

Tea and Coffee Break

FRIDAY, APRIL 22ND

Registration Open and Continental Breakfast

Tea and Coffee Break

EXHIBIT HALL

10:30AM-12:30PM

Tea and Coffee Break

12:30PM-2:30PM

Tea and Coffee Break

FRIDAY, APRIL 22ND

Lunchen

AU REVOIR

Closing Keynote

Sponsored by:
3D Robotics, Daystar International, Phaser 3D, Inc.

10:30AM-11:30AM

Tea and Coffee Break

11:30AM-12:30PM

Tea and Coffee Break

12:30PM-2:30PM

Tea and Coffee Break

FRIDAY, APRIL 22ND

Lunchen

AU REVOIR

Closing Keynote
CONFERENCE REGISTRATION OPTIONS
APRIL 20-22, 2011 (WEDNESDAY–FRIDAY)
Passports INCLUDE admission to all regular conference sessions, the Opening Reception, the Exhibit Hall, and two box lunches.

<table>
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<tr>
<th>Conference Passport</th>
<th>DISCOUNTS (CHECK ONLY ONE, AS ONLY ONE APPLIES)</th>
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<tr>
<td>Order Window (10)</td>
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<tr>
<td>NAED Membership (10)</td>
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<tr>
<td>Special 10th Navigator (Discount applicable if NAED ID is presented at check-in)</td>
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PASSPORTS:
- $195 April 20
- $195 April 21
- $195 April 22

SPECIAL EVENTS
- Closing and Awards Luncheon: April 22, 1:00 PM–2:30 PM
- 10th Annual Navigator Golf Tournament: Tuesday, April 19, 7:30 AM–8:30 AM

NAED CERTIFICATION COURSES

<table>
<thead>
<tr>
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<th>DATES</th>
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<tr>
<td>NENA: Introduction to Converging 9-1-1 Technologies</td>
<td>April 18, 8:30 AM–5:30 PM</td>
<td>1 DAY</td>
<td>$295</td>
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<tr>
<td>EMD: MEDICAL Dispatch Certification Course</td>
<td>April 18–19, 8:30 AM–5:30 PM</td>
<td>2 DAYS</td>
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<td>PSTC: Complacency, Cannibalism, and Critical Thinking: How to Avoid a Toxic Workplace</td>
<td>April 19, 8:30 AM–12:30 PM</td>
<td>½ DAY</td>
<td>$190</td>
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<tr>
<td>NCMEC: Time to Act: The 9-1-1 Center and Missing Kids Comm. Course</td>
<td>April 19, 1:30 PM–5:30 PM</td>
<td>½ DAY</td>
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PRE-CONFERENCE PROGRAM SUMMARY
APRIL 17-18, 2011 (SATURDAY–SUNDAY)

PRE-CONFERENCE WORKSHOPS

<table>
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<tr>
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CEO OVERVIEW COURSE
9-1-1 Communication Center Managers and Directors are invited to attend the two-day overview course held at the National Headquarters of NCMEC in Alexandria, Virginia.

For more information, visit www.missingkids.com or email 911@ncmec.org
By Audrey Fraizer

The Best Yet are three words aptly describing what’s in store for Navigator 2011 (April 20-22). With fabulous keynote speakers, 14 educational tracks (four brand new), 58 presenters (many conference debuts), 91 sessions, and a never-ending list of entertainment choices both onsite and along the Vegas strip, this year’s Navigator promises to delight and invigorate the 9-1-1 dispatch community.

Opening acts

Navigator 2011 brings Richard Picciotto to stage for the Opening Keynote on Wednesday, April 20. Picciotto is the New York Fire Department chief trapped for four hours under smoldering debris after his gallant rush inside the World Trade Center’s North Tower on Sept. 11, 2001, to rescue those inside. He is the author of The Last Man Down, a moving tribute to the 343 firefighters and 2,400 civilians who died that day nearly a decade ago.

“This is an incredible opportunity to hear first-hand about the selfless jobs emergency response provided on a day the nation will never forget,” said Scott Freitag, president, National Academies of Emergency Dispatch® (NAED®). “He is personable, inspirational, and certainly a speaker who will connect with our members.”

Thursday’s Keynote Speaker Kevin Willett is a favorite among dispatchers with his candid and direct approach to dispatch education. As senior instructional coordinator for Public-Safety Training Consultants and founder of 9-1-1 CARES, Willett travels the country, providing words of encouragement and support to a diverse group of dispatchers from single discipline agencies to those staffing consolidated communications centers.

Rounding out the conference is EMS Expert (and sometimes body builder) Ed M. Rach, M.D. The current chief medical director of American Medical Response (AMR) will certainly entertain and enlighten his audience at the Closing Luncheon, and he’s sure to conclude conference on the same high note it started with.

Layer in the middle

Between pre-conference seminars and keynote speakers are sessions that will make the selection process even harder this year.

Four new tracks break the mold of the more traditional classroom topics with their focus on motivational tips and the up and coming trends in emergency dispatch.

Conference Coordinator Claire Colborn called the schedule unprecedented in the 12 years of Navigator’s uninterrupted history. “There are 98 speakers and 91 sessions,” she said. “We’ve brought back many of our favorites and added several new people and topics too good to resist and perfect for our audience.”

Nothing about this year’s sessions suggests recycled material from the shelves of earlier Navigators. Topics based on time-proven essentials—management, stress, quality assurance, protocol, continuing education, and technology—continue to take on new and interesting angles. Where else could you find talks entitled Planes Crash, Bikers Die, and Life’s a Beach Until the Rogue Wave Hits or Wilder and Crazier Police Calls?

Speakers back by popular demand include Michael Spath, Kim Rigden-Briscall, Jim and Sharon Lanier, Jaci Fox, Tami Wiggins, David Nelson, Eric Parry, Gary Galasso, Brian Dale, and the morale boosting team of Ron Two-Bulls and John Ferraro. Filling out the roster are NAED and PDC rank and file, including Dr. Jeff Clavenson, Brett Patterson, Carolyns Paige, and Chip Haavack. Speakers new to Navigator—names you may recognize from their media attention—include Brian Kazmierczak and Lt. Col. Dave Grossman.

Kazmierczak is the division chief of training and safety for Clay Fire Territory in South Bend, Ind., and director of operations for the website www.FirefighterCloseCalls.com, an independent electronic newsletter that delves into issues involving injury and death to firefighters. Considering his background, the session he and St. Joseph County (South Bend, Ind.) Fire Dispatch Operations Manager Nancy Lockhart are presenting should come as no surprise: The Dispatcher’s Role in Hazard Zone Communications.

The session will take the audience into the incident commander’s head, according to Kazmierczak, and, thus, provide dispatchers a keen perspective on the role emergency communications plays in a hazard zone (operational area as defined by the firefighters).

Lt. Col. Grossman, a former West Point psychology professor and an Airborne Ranger infantry, combined his experiences to become the codewriter of the scientific field termed “killology.” Lt. Col. Grossman has made revolutionary contributions to our understanding of killing in war, the psychological costs of war, the root causes of the current “virus” of violent crime that is raging around the world, and the process of healing the victims of violence, in war and peace.

His talk, Psychology of the Active Assailant: What Makes People Want to Kill, is based upon his extensive research culminating in books, including On Killing, which analyzes the nature of battle and the dramatic rise in the murder rates during the last two decades in the United States.

Take a break

If the sessions and keynote are sounding rather heavy, don’t despair. Take a break: Navigator offers plenty of diversions for the overloaded dispatcher. There’s the 10th Annual Navigator Golf Tournament and, also, the Pool Party, Gala Reception, tours of the Las Vegas Fire Rescue Communications Center, and box lunches to grab while making your rounds of the exhibit hall.

Between sessions, ACE achievers and the Dispatcher of Year will be announced on center stage, and a special video presentation will highlight fire, police, and medical dispatchers who changed the lives—and saved the lives—of the callers they helped through the use of protocol and exemplary people skills. Networking is always a big draw, particularly at the exhibit hall, which will feature dozens of both product consultants and non-profit organizations this year.

And, of course, the entertainment capital of the country will be at your beck and call at our hosting site, the Paris Las Vegas, and the other resorts and many specialty stores lining the city known to never sleep.

If gambling and shopping aren’t your idea of fun, there’s always the chance to eyeball a shark from a safe distance at the Mandalay Bay Shark Reef, or maybe it’s your year to get a taste of weightlessness as 4 Gs of force lift you off into space on the Big Shot at the Stratosphere resort.

This is a conference you won’t want to miss, said Freitag, who has attended every Navigator conference held during the past decade.

“Navigator just keeps getting better,” he said. “We’ve grown from a handful of sessions limited in subjects to a conference known nationally and internationally for its emphasis on education and in promoting the well-being of dispatchers and the citizens they serve.”
The protocols established by the National Academies of Emergency Dispatch® (NAED™) are entering their fourth decade of helping people in the most unexpected ways when the seemingly improbable happens.

The Police, Fire, and Medical Priority Dispatch System™ protocols offer immediate pre-arrival assistance to people in situations that, for the most part, occur suddenly and without warning. And behind every call, of course, is the trained and certified dispatcher providing the highest standard of care in a professional and personable style.

The compassion heard over the phone, however, doesn't stop there. For many, hanging up the headset at the end of a shift simply means a transition to helping those they have met on the job or outside the walls of work and inside their communities.

The stories featured in this section highlight the compassion of dispatchers and others working in the public safety field. Some of those we interviewed held fundraisers to further humanitarian causes or to lend a hand to fellow workers hitting rough patches in life. Although most projects manifested over one day of celebration, each project required days and months of planning. Others simply gave when the opportunity was presented.

Similar to the jobs they perform, these people weren’t looking for individual credit. They function as part of a team, preferring to be back stage organizing the pieces that make good things happen.

They Keep on Giving.
Dispatchers put heart and help into communities

By Audrey Fraizer
Heather Darata

The protocols established by the National Academies of Emergency Dispatch® (NAED™) are entering their fourth decade of helping people in the most unexpected ways when the seemingly improbable happens.

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Four Ounces of Kindness.
Gift of cat food leads to friendship and hope

Diana Fairchild and Belva Jean Lefler, or Leanne, developed a friendship crossing the barrier of the oftentimes dispatcher and caller anonymity. And it all started with a gift of a bag of dry cat food.

Fairchild, a dispatcher for Denco Area 9-1-1 County (Texas) in Lewisville, had logged into work and was scanning the day’s call record when she pulled up a welfare concern describing the living conditions of an elderly woman. Officer Chessa Cassels’ detailed report listed numerous cats, no running water, and a tendency to stockpile. Officer Cassels noted that the woman was crying and wanted a hug before she [the officer] left. She also asked for some food for her cats, Fairchild said.

Fairchild bought the dry cat food and delivered it to the woman’s home, thinking she could leave the bag on the front porch if no one answered the door. Someone did, however, and she beamed at the sight of the food although it apparently wasn’t the brand she preferred.

“Of course, she probably told few people,” Fairchild said.

“Without her, none of the rest would have happened,” Fairchild said.

Their brief conversation at shift change is a memory Cathy Sargent cherishes about her friend and coworker Jennifer Coutermash. Sargent was a new employee when the holiday season in 2010 hit.

“She’d go up and introduce herself,” Sargent said. “We confirmed our plans for a Halloween party the next day and hugged before she walked out the door for home,” said Sargent, a dispatcher for New Haven (Conn.) Public Safety Communications. “That was the last time we talked.”

Later that same evening, Coutermash lost control of her vehicle, hitting a jersey barrier on Interstate 91 in New Haven before rolling over. The 29-year-old Coutermash was ejected from the vehicle and, according to state police, she died at the scene.

Sargent heard about the death of her friend and co-dispatcher while at work at the communication center. News of a fatal accident came over the police scanner but it wasn’t until later she learned the name of the person involved in the single-car accident.

The loss is both personal and professional. Sargent said Coutermash’s outgoing nature complemented the job she did, and she was a favorite among staff simply because she made sure everyone knew her.

“She’d go up and introduce herself,” Sargent said. “She was the life of the party and always walked in with a smile on her face.”

Jennifer leaves behind a husband and three children. Donations in Jennifer’s name may be made to the Jennifer Children’s Education Fund, c/o Peoples United Bank, 230 Captain Thomas Boulevard, West Haven, CT 06516.

Disconnected
Disputers morn loss of colleague

Disputers at the Las Vegas Fire & Rescue (LVFR) Fire Alarm Office wanted to bring Christmas back to children and families shopping for necessities and gifts for others.

“Families have yet to fall short of their goal,” Fairchild said.

“We can’t make them forget the fire but maybe we can overshadow it and minimize the negative aspect of it,” Lefler said.

Operation Fire H.E.A.T. takes the selected families shopping for necessities like clothes and school supplies and then hits the good part: fulfilling their wish list. The PFR dispatchers purchase the presents from money a group of dispatchers chooses to donate ($5/paycheck every year) in addition to contributions from area public safety foundations. The operation Fire H.E.A.T. off to a good start in 2008. They brought Christmas to two families that year. In 2009, participation at the 9-1-1 center almost tripled to 25 dispatchers. They helped six families in addition to contributing $700 in toiletries and gift cards to families at an apartment complex that experienced a fire.

In 2010, Operation Fire H.E.A.T. was granted non-profit status. The monthly donations and contributions from other agencies provided Christmas blessings for nine families, including Christmas trees and dinner for those who were unable to celebrate before Christmas.

Future plans look at the possibility of assisting elderly victims suffering huge losses to fires.

“I’m excited with what we’ve been able to do and the direction it’s going,” Wechselberger said. “We can take them shopping for necessities and medications. The No. 1 priority will be the kids’ Christmas. But as long as we have the money, we’re hoping to help others, also.”

For more information, visit http://www.operationfireheat.org.
Outpouring.
Benefit raises money to help defray medical expenses

Life-changing events affecting 9-1-1 dispatchers and volunteers—EMT, Ricky Smith and Brent Jones in 2010 drew Paula Shrawder and their 400 closest friends and EMDs who work to save their lives and their friends’ lives.

As the September 2010 benefit the once a year event encored by the Prince Frederick Volunteer Fire Department in Calvert County.

The $30 tickets included a menu of barbecue pork, cole slaw, French fries, soft drinks, beer, plenty of dancing, and the chance to be the lucky bidder in a silent auction featuring donated gift baskets and a seven-day cruise for two to the Bahamas.

Smith never doubted people would show up in support of Smith and Jones, but the evening’s attendance doubling an anticipated 200 double surprised her expectations. The $284,000 raised was divided between the two families.

“ar was a lot more than we could even hope for,” Shrawder said. “Everybody had a great time. It pulled a lot of people together. It let them (Smith and Jones) see how many people were behind them.”

The men’s biggest admirers—their daughters—presented their dads with plaques honoring their courage. Smith’s wife Bettie read a letter in appreciation of the support the family has received.

“I have always said everything happens for a reason and some good comes out of it,” she wrote in her letter. “Most of the time we don’t get to see the good till much later. I think we are all seeing the good in this right here and now.”

Bettie, a CNA and Volunteer Rescue Squad & Fire Department assistant, is doing great. It pulled a lot of people together.

“One of the dicker in a silent auction featuring donated gift baskets and a seven-day cruise for two to the Bahamas.

The center has all the trappings of a real home, Leonardo said.

“ar is the comfort of brothers and sisters and family has received.

To keep the parade of agency vehicles from a parking lot close to the center.

The various public service agencies involved and the Dubuque community at large donate gifts, food for the fundraisers, and help doing everything from phone trees and cookie baking to wrapping packages and decorating. Even Dubuque County 9-1-1 Center Manager Mark Murphy night once again jump into the fray. Last year, he cooked the pork loin donated for the Thanksgiving dinner with the Dubuque County EMS. It’s a great program,” Murphy, who spent 10 years dispatching and 12 years with the Dubuque Fire Department before taking the top EMS executive post, said. “I have come to accept her current post six years ago in a large donate gifts, food for the fundraisers, and help doing everything from phone trees and cookie baking to wrapping packages and decorating, even Dubuque County 9-1-1 Center Manager Mark Murphy might now once again jump into the fray. Last year, he cooked the pork loin donated for the Thanksgiving dinner with the Dubuque County EMS. It’s a great program,” Murphy, who spent 10 years dispatching and 12 years with the Dubuque Fire Department before taking the top EMS executive post, added.

“ar is an emotional event involving the entire community.”

A successful fundraiser not only raises money to help defray medical expenses, but that’s next year and in the meantime, Leonard said. “This is an emotional event involving the entire community.”

“ar is the comfort of brothers and sisters and family has received.

EMD Vicki Leonard never hears the word “no” when it comes to putting on the glee.

Well, maybe that’s an exaggeration. After all, she does have children and for the past 35 years, she’s been a dispatcher for the Dubuque (Iowa) County 911 Center.

So, let’s clarify. No one ever says no when it comes to the annual Christmas Celebration at the Hills & Dales Residential Center.

“This takes everybody,” said Leonard, who has organized the event for the past 11 years. “If you could do me one favor, don’t make it look like I do this alone. I don’t.”

The Hills & Dales Residential Center in Dubuque is home to 46 people between the ages of 4 years to 40 years with disabilities or significant medical needs. The center the residents know as their home, however, is not your stereotypical image of an impersonal and rigid institution, said Leonard, a former swimming teacher for children with special needs.

Roommates share meals family-style within their home’s dining area, the two to three people sharing bedrooms in each home have decorations fitting their tastes, and community events shape new interest while helping to broaden social networks. Personalized therapy contributes to maximizing an individual’s abilities.

“And I can’t say enough good about the staff,” she added. “They’re wonderful.”

The one exception—at least for many—is the comfort of brothers and sisters and family has received.

EMD Vicki Leonard never hears the word “no” when it comes to putting on the glee.

Brent Jones is surrounded by his Prince Frederick Rescue Squad buddies at the September 2010 benefit.
Chapter finds ways to give back

"You can never do enough in times like these."

North Carolina NENA and APCO chapters donated 12 boxes of toys to Toys for Tots and can’t wait to do it again.

Requests to have a military mom or dad home for the holidays pull at the heart of Santa (aka Jeremiah Minshall).

Dawn Dexter, a dispatcher for Aspen Pitkin County Communications Center (Colo.), looked no further than to a line from a favorite quote to satisfy her passion for yoga and her desire to help others.

United in Joy.
Challenge brings yoga community together

Dexter spent the next five months planning an event that on the big day—Nov. 20, 2010—drew 45 participants in addition to 12 yoga instructors invited by Dexter to alternate the lead in a series of 108 Sun Salutations; each Sun Salutation is a series of poses linked by breath.

"It’s (108 Sun Salutations) a challenge," she said. "It’s not an easy thing to do."

Participants ended the 3 1/2 hour session with a meditation period followed by two hours of dining and dancing and bidding for goods in a silent auction. Dexter’s goals were fulfilled: she raised $66,000 for South Africa and brought her yoga community closer together.

"They want to be part of something bigger than themselves," she said. "It’s a really deep learning curve for me," Dexter said. "I really had to step out of my box."

Minshall remembers the heartfelt requests that come from children of military families who want nothing more than having an overseas mom or dad home to spend the holidays with them.

"I know a lot of the kids that come to see Santa, so when I call their name to come over to me and see the look on their face—the ‘he knows my name’ look—I know I have accomplished that," he said.

Minshall and chapter members didn’t stop there.

In 2010, they collected toys and cash at their annual NC NENA conference for the Santa’s Toy Drive.

Minshall remembers the heartful strings, Minshall said.

"Those requests tug at Santa’s heartstrings," Minshall said.

The Santa isn’t, however, isn’t the only role Minshall masters.

Serving as both vice president of the Dallas County Sheriff’s Benevolent Association board, which since 1995 has organized the Shop with a Cop program.

In 2010, the $5,500 collected provided $100 a piece for 55 children who partnered with sheriff’s deputies and other city and county officers for a Christmas shopping spree.

Minshall helped wrap presents children took home to put under the tree.

Minshall brings the message of giving home to his own family. For example, this past holiday season, he and his two children, Tanner and Allie, helped assemble 75 food baskets in a project organized by the Sheriff’s Benevolent Association. Police, fire, and EMS agency personnel delivered the baskets to families and individuals.

Minshall uses his hometown experience to a Santa advantage. Growing up in Adel, a city of 3,500 people, puts most everyone on a first-name basis.

For Jeremiah Minshall, Christmas brings the chance to wear a suit that might attract a few stares any other time of the year.

For Jeremiah Minshall, a hometown advantage.

"It’s (108 Sun Salutations) a challenge," Dexter said. "I really had to step out of my box."

"I really find that it gives me peace of mind."

"These are so many people out of work and needing food," Hewlett said. "It feels very rewarding knowing that you can help someone during these hard economic times."

But Hewlett and chapter members didn’t stop there.

In 2010, they collected toys and cash at their annual NC NENA conference for the Santa’s Toy Drive.

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For Jeremiah Minshall, Christmas brings the chance to wear a suit that might attract a few stares any other time of the year.

For Jeremiah Minshall, a hometown advantage.
By Kris Adams, ENP

You would probably think that suicide has little to do with almonds or rotten eggs. And you would be right, at least until the beginning of 2008, when chemical or detergent suicides gained notoriety in Japan with more than 500 deaths during the first six months before slowly moving to other countries, including the United Kingdom and the United States. The most infamous cases in Japan include:

• Kona, April 2008: Ninety residents of an apartment complex were taken ill when a 14-year-old female used hydrogen sulfide to take her life.
• Shinga, April 2008: A man in his 30s was found in a business hotel after employers noticed a strange smell coming from the room. Police said the cause of death was suicide.
• Kanazawa City, June, 2008: A young adult committed suicide by inhaling a mixture of cleaning and agricultural chemicals, forcing the evacuation of 34 people from an apartment building.

Fueling the suicides were recipes posted on the Internet describing how to mix the substances and the amounts necessary, one site included a PDF download of a ready-made sign that, when placed by the person committing suicide included a PDF download of a ready-made substances and the amounts necessary; one of those substances was... but there’s that smell again! I don’t want to think about it. The gas smells like rotten eggs or burnt almonds (not the sweet edible variety), and it can be toxic to bystanders.

Hydrogen sulfide

Hydrogen sulfide is a highly toxic, colorless gas that smells like rotten eggs or burnt almonds, although odor should not be used as a warning since the gas may dull the sense of smell.3 The gas is highly flammable and explosive with a flash point of 500 degrees Fahrenheit. In comparison, a cigarette will light and explosive with a flash point of 500 degrees Fahrenheit. In comparison, a cigarette will light

Hydrogen sulfide can affect the body if it is inhaled or comes in contact with the eyes, skin, nose, or throat. Headache, dizziness, and upper stomach can result from inhalation of low concentrations. Higher concentrations (500–1,000 ppm) will cause rapid unconsciousness and death through respiratory paralysis and asphyxiation.4

A ceiling value of 10 ppm for a 10-minute maximum duration in the workplace to the maximum Recommended Exposure Limit (REL) established by the National Institute for Occupational Safety and Health (NIOSH).5

Sources for the sulfur in these lethal concoctions include dandruff shampoos, pesticides, latex paints, and garden fungicides.

Hydrogen cyanide

Hydrogen cyanide is extremely toxic in gas or liquid form. The gas smells like bitter or burnt almonds (not the sweet edible variety), and some people are unaware of the odor.6

“Hydrogen cyanide is highly toxic by all routes of exposure and may cause abrupt onset of profound CNS [central nervous system], cardiovascular, and respiratory effects, leading to death within minutes. Exposure to lower concentrations of hydrogen cyanide may produce eye irritation, headache, confusion, nausea, and vomiting followed in some cases by coma and death.”7

Hydrogen cyanide is used in fumigating, electroplating, mining, and in producing synthetic fibers, everyday cleaning products, dyes, and pesticides.

“Victims whose clothing or skin is contaminated with hydrogen cyanide liquid or solution can secondarily contaminate response personnel by direct contact or through off gassing vapors.”8

Warning signs

The EMD/EFD/EPP handling a call reporting a possible chemical suicide should be aware of warning signs. For example, the caller may find a person unconscious and unresponsive inside a car with tape over the air vents and windows. A sign that warns of the hazard may be posted. There may be a visible bucket, pail, pot, or cooler inside the car or apartment and an odor of rotten eggs or burnt almonds.

Role of emergency response

Proper response of a bystander reporting a male slumped over the wheel of a car at a beach access parking lot. Signs taped on the car’s windows warned of a possible chemical suicide. However, the caller failed to mention that the vehicle’s homemade, computer printed signs included instructions to call police and HAZMAT, and a sixth handwritten sign had a warning that read, “One breath can kill!! H2S Suicide” with drawings of skulls and crossbones. The call was coded a suicide call that resulted in a dual law enforcement and fire/EMS response. Law enforcement and fire/EMS crews arriving on the scene immediately recognized the situation and called for a HAZMAT team and evacuated the area.

Proper questioning yields information crucial to scene safety.

Hydrogen sulfide is a highly toxic, colorless gas that smells like rotten eggs, although odor should not be used as a warning since the gas may dull the sense of smell. The gas is highly flammable and explosive with a flash point of 500 degrees Fahrenheit. In comparison, a cigarette will light and explosive with a flash point of 500 degrees Fahrenheit. In comparison, a cigarette will light

Proper questioning yields information that is crucial to scene safety: are warning signs posted or is there a suspicious odor similar to the smell of rotten eggs or burnt almonds? If so, dispatchers must warn callers against approaching or attempting to enter vehicles, rooms, or apartments where the likelihood of a chemical suicide exists. It is crucial that dispatchers immediately relay some scene safety information to all responders and provide the caller with scene safety instructions.

Rescuers should be trained and appropri- ately equipped to handle these calls.

If the property is not available, or if rescuers have not been trained in its use, assistance should be obtained from a local or regional HAZMAT team or other properly equipped response organization.

Sources

You must be certified to take this quiz.

CDE-Quiz

Answers to the CDE quiz are found in the article "Almonds and Rotten Eggs," which starts on page 36. Take this quiz for 1.0 CDE unit.

1. Chemical suicide is a trend said to have started in which country?
   a. United Kingdom
   b. United States
   c. Australia
   d. Japan

2. Most of the U.S. victims of chemical suicide have been:
   a. females in their late 20s and early 30s.
   b. males in their teens or early 20s.
   c. males in their late 40s and early 50s.
   d. males and females aged 85 and older.

3. Hydrogen sulfide smells like:
   a. dirty socks.
   b. rotten eggs.
   c. burnt almonds.
   d. skunk spray.

4. Higher concentrations (500–1,000 ppm) of hydrogen sulfide will cause rapid unconsciousness and death through:
   a. respiratory paralysis and asphyxiation.
   b. internal hemorhaging.
   c. cardiac arrest.
   d. seizure.

5. The National Institute for Occupational Safety and Health (NIOSH) has set a maximum recommended exposure limit (REL) for hydrogen sulfide, which limits exposure to a ______ in the workplace.
   a. 10-minute ceiling limit of 10 ppm
   b. 20-minute ceiling limit of 20 ppm
   c. 30-minute ceiling limit of 30 ppm
   d. 40-minute ceiling limit of 40 ppm

6. Victims whose clothing or skin is contaminated with hydrogen cyanide liquid or solution can secondarily contaminate response personnel by direct contact or through off-gassing vapors.
   a. true
   b. false

7. Signs of a potential chemical suicide include:
   a. a person unconscious and unresponsive inside a car with tape over the air vents and windows.
   b. a sign that warns of the hazard, which may be posted.
   c. a visible bucket, pail, pot, or cooler inside the car or apartment.
   d. all of the above

8. How many chemical suicides did Sarasota County Public Safety Communications in Sarasota, Fla., process in a little over a year?
   a. three
   b. six
   c. nine
   d. twelve

9. In MPDS v.12.2, Case Entry Protocol will direct dispatchers to Protocol ______ for responses to an overdose or a poisoning associated with hazardous materials (toxic substances) that pose a threat to bystanders or responders.
   a. Protocol B: Breathing Problems
   b. Protocol B: Carbon Monoxide/Inhalation/HAZMAT/CBRN
   c. Protocol 23: Overdose/Poisoning (Ingestion)
   d. Protocol 26: Sick Person (Specific Diagnosis)

10. The Determinant Suffix "T," which will be added to the correct protocol for suspected chemical suicides, will delineate:
    a. smell of gas or fumes.
    b. Suicide Attempt (carbon monoxide).
    c. Suicide Attempt (other toxic substances).
    d. unknown substance.

Clips and mail your completed answer sheet along with the $5 non-refundable processing fee to:
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 for future reference.

To be considered for CDE credit, this answer sheet must be received no later than 02/28/12.

Answers to the CDE quiz are found in the article "Almonds and Rotten Eggs," which starts on page 36.
Suicidal Alert. Caller requires medical and police response and empathy

By Audrey Fraizer

Suicide is a “big picture” issue, not one that is isolated to a person threatening suicide versus a person who has actually acted upon the thought, according to Bill Kinch, senior consultant, Priority Dispatch Corp. “A person threatening suicide has the potential to harm themselves or others,” Kinch said. “When there is no action taken, this becomes a police event and medical secondary.”

The Police Priority Dispatch System™ (PPDS™) and Medical Priority Dispatch System™ (MPDS®) clearly delineate responsibilities involved in a combined law enforcement and medical incident.

The PPDS Protocol 127: Suicidal Person/Attempted Suicide Key Questions concentrate on scene safety: whether weapons were involved or mentioned, what type, and the danger a suicidal person may present to the caller or others in potential immediate danger. Key Questions for first-party or suspect callers (person threatening suicide) also focus on the intended weapon, the person’s description, the person’s feelings of violence (in PPDS™ v4.0), and others who might be with the person in relation to scene safety.

MPDS Protocol 25: Psychiatric/Absnorm Behavior/Suicide Attempt focuses on the type of medical help the individual may require in a suicide attempt. The Key Questions include a weapons check, but unlike the PPDS, different methods of an intended weapon are grouped together under a designated category under a specific Determinant Code to a respective protocol to appropriately handle the situation. For example, a suicide attempt involving hazardous materials calls for the use of Protocols 8: Carbon Monoxide/Salivation/HAZMAT/CBRN, while an intentional overdose of tricyclic antidepressants is best handled using Protocol 23: Overdose/Poisoning (Ingestion).

It is important to note the difference between a “suicide attempt” and a “suicide threat.” A suicide attempt is considered an act toward ending life that has been committed. THREATENING SUICIDE is a defined term on Protocol 25, which states: “Persons who are threatening to commit suicide but have not yet done anything to handle the situation,” said Brett Patterson, Academics & Standards Associate, National Academies of Emergency Dispatch (NAED™). “If the scene is not volatile and the most commonly used method of suicide (among males)

Despite a focus on “holiday blues,” the Centers for Disease Control and Prevention (CDC) and the National Center for Health Statistics (NCHS) report that suicide rates in the United States are lowest during the winter months and highest in the spring and summer. Although no one knows why, some authorities speculate that during springtime, when moods tend to improve after the dark winter days, those with depression may actually translate into more emotional support from friends and family.

People are more likely than old people to commit suicide. Of people 65 and older kill themselves at a higher rate than those ages 15–24. According to the CDC violence prevention website, suicide rates for males are highest among those 75 and older, and suicide rates for females are highest among those ages 45–54. Men most commonly use firearms, while women prefer using drugs that could cause death by overdose.

Alarmingly, in 2007, 14.5% of U.S. high school students reported that they had seriously considered attempting suicide during the 12 months preceding, and 6.9% of
students reported that they had actually attempted suicide one or more times during the same period.5

5 Note: Overdose and poisoning are defined terms in the MPDS that may not relate specifically to the terms in this article. MPDS defines OVERDOSE as an intentional intake of a potentially harmful substance and POISONING as an accidental intake. Talking about suicide could spur someone into the act.

FALSE. Asking a distraught person if he or she is thinking about suicide does not encourage the person to do so. A caller telling the EPD he or she wants to commit suicide is a cry for help. When the caller finally gets through to someone and tells that person of his or her intentions, there is both relief and the feeling of guilt from failure. As a calltaker and the voice on the line, avoid moralizing and keep in mind that just being there and listening helps enormously. Be prepared to take more time on this type of call, compared to other emergencies. Taking the time to deal with these callers also gives the EPD time to realize that the intervention may have a positive impact on the caller’s outcome. Suicide is always an act by a person who is considered to have a weak and ineffective personality.

FALSE. To the suicidal person, death is the only solution to the current suffering. The person may even believe his or her death will make life better for others. Let suicidal callers know that you understand the apparent lack of choices. But also give them hope without moralizing or referring to religion or personal philosophy. Let them know there may be light at the end of the tunnel; something making life worthwhile. People threatening suicide only do so for attention or manipulation. FALSE. As with all calls, go with the facts without judging the caller’s integrity or reasons. A preconceived notion is a serious danger zone in dispatch life support and dispatchers should never let a preconceived notion interfere with actions to help callers. While some suicide attempts might be for purposes of attention or manipulation, others are genuine, and all are requests for help and understanding. Either situation needs appropriate intervention; your job as an EMD/EPD is to provide appropriate response and compassion.

People thinking about suicide should sound and act depressed. FALSE. People tend to hide their feelings and continue their usual activities. Many may feel a relief in making the decision and actually appear more at ease. Men are much less inclined than women to open up and discuss suicide thoughts and to seek help. Almost four times as many males as females die by suicide, although during their lifetime, women attempt suicide two to three times as often as men.6

Suicidal people have formally decided to die. FALSE. Suicidal people have conclusively attempted suicide or died, which is all. This suggests a best-suited strategy:1 suggesting other ways to stop the pain. Reassure the caller much needed validation regarding personal feelings. It’s OK to tell the second or third party caller to leave the suicidal person alone until the EMD/EPD disconnects immediately after the arrival of emergency medical services.

FALSE. Encourage the caller to stay with that person, while also recommending that someone in the household eliminate access to firearms or other potential tools for suicide, including unsupervised access to medications. The EMD/EPD should stay on the line until response arrives to show the individual concern for his or her situation. The EMD/EPD may also have access to a suicide hotline for the first-party caller or connect the EMD/EPD to connect to the call. The United States offers a national suicide prevention hotline at 1-800-273-TALK (9255). Canada’s Centre for Suicide Prevention does not offer crisis intervention or counseling but the agency will refer callers to several on-line counseling services, including ways to reach crisis centers in Canada’s 11 provinces and the territories of Nunavut and the Yukon.

The tips offered are usually of benefit to the EPD and EMD, Lenox said. Field intervention should be sent immediately when a protocol dictates, but during the interaction between the EPD and suicidal caller, compensatory words and empathy can open the door to a future. If the person does choose to take her or his own life, however, Lenox cautions against the tendency to feel guilty or powerless in a crisis. “You did the best you could do in the situation,” she said. “Ultimately, it’s not you who makes the choice for the other person.”

Sources
5. See note 2.

#CDE Quiz – Police & Medical

Answers to the CDE quiz are found in the article “Suicidal Alert,” which starts on page 40. Take this quiz for CDE credit.

1. The MPDS Protocol 127: Suicidal Person/Attempted Suicide Key Questions concentrate on:
   a. medical response
   b. scene safety
   c. raising the caller
   d. the intended method of suicide.

2. The MPDS Protocol 25: Psychiatric/Abnormal Behavior/Suicide Attempt求助 to whom of the following to which of the follow-
   ing protocols for a suicide attempt involving hazardous materials?
   a. Protocol 7: Burns/Smoke/Explosion/Electric Shock
   b. Protocol 8: Carbon Monoxide/Inhalation/HAZMAT/CBRN
   c. Protocol 15: Headache
   d. Protocol 25: Overdose/Poisoning (Ingestion)

3. Determinant suffix codes in the PPDS provide some safety information about:
   a. the category of the caller: first, second, or third-party.
   b. if the suicidal individual has threatened or attempted to take his or her life.
   c. the specific type of weapon that may be involved at the scene.
   d. the demeanor of the individual (calm, emotionless, intoxicated).

4. In the MPDS, the dispatcher would initiate which level of response for a person who is suicidal (not threatening and alert)?
   a. 25-D-1
   b. 25-D-2
   c. 25-A-1
   d. 25-A-2

5. The MPDS excludes any and all references to scene safety in Protocol 25:
   a. true
   b. false

6. Which of the following is a risk factor associated with suicide?
   a. family history of suicide
   b. substance abuse disorder
   c. physical illness
   d. all of the above

7. Suicide rates tend to be higher during the:
   a. holidays.
   b. winter months, overall.
   c. summer and summer.
   d. fall.

8. Suicide rates for males are highest among those aged:
   a. 15–24.
   b. 30–44.
   c. 50–65.
   d. 75 and older.

9. People threatening suicide only do so for attention or manipulation.
   a. true
   b. false

10. Which of the following statements made by the EMD/EPD might be appropriate for the suicidal caller?
   a. “Pull yourself together, and stop feeling sorry for yourself!”
   b. “Since you’re not injured, hang up so a person who really needs help can get through to 9-1-1.”
   c. “Since you’re not injured, hang up so a person who really needs help can get through to 9-1-1.”
   d. “I don’t think you sound very serious about this threat.”

You must be certified to take this quiz

CDE-Quiz       Police |

To be considered for CDE credit, this answer sheet must be received no later than 02/28/12. A passing score is worth 1.0 CDE unit toward fulfillment of the requirements for his or her certification.

To mail your completed answer sheet along with the $5 NON-REFUNDABLE processing fee to:

The National Academies of Emergency Dispatch
150 East Sixth Street, Suite 200
Salt Lake City, UT 84111 USA
post@nmed.org (800) 360-6001 Int.
Attn: CDE Processing

Please retain your CDE acknowledgement for future reference.

Name: ____________________________
Organization: ____________________
Address: __________________________
City: __________________ State: ________
Country: __________________________
Daytime Phone ( ) __________________
E-mail: ____________________________

PRIMARY FUNCTION

Public Safety Dispatcher (check all that apply)
   A Medical
   B Fire
   C Police
   D Paramedic/EMT/Firefighter
   E Comm. Center Supervisor/Manager
   F Training/PI Coordinator
   G Instructor
   H Comm. Center Director/Chief
   I Medical Director
   J Commercial Vendor/Consultant
   Other

Enhance your CDE quiz answers by completing the CDE-Quiz Mail-In Answer Sheet

ASSESSMENT PASS

SEARCH THE answers to the CDE quiz are found in the article “Suicidal Alert,” which starts on page 40. Take the CDE quiz for CDE credit.

Notes:
   1. Overdose and poisoning are defined terms in the MPDS that may not relate specifically to the terms in this article. MPDS defines OVERDOSE as an intentional intake of a potentially harmful substance and POISONING as an accidental intake. Talking about suicide could spur someone into the act.
   2. See note 2.
Sommer Splendore thought she was in for a relaxing two-day vacation in Florida, away from the hustle and bustle of the Rome Floyd County (Ga.) 9-1-1 communications center where she works.

But, as the senior dispatcher discovered, when someone needs assistance, she can’t help but leap into action. Take Splendore’s first day of relaxing at Panama City Beach in Florida. She’d gone into the water with a friend and was on her way back to the beach when a man began yelling and running into the water. Curious what was happening, she stopped to watch and noticed two young girls getting carried out away from the shore. They were caught in a dangerous current.

The man’s wife joined him to rescue their daughters. The woman and one of the girls made it back OK, but the man wasn’t so lucky. He got caught in the current on his way to reach the other girl.

Not one to hesitate when someone needs help, Splendore decided to take the rescue into her own hands. When she reached the girl, about six or seven years old, she noted the resemblance this little girl shared with Splendore’s five-year-old daughter, something she’d noted to a smaller degree earlier while scanning those also spending the day at the beach. Splendore put the girl on her stomach and floated on her back. But getting them to shore wasn’t going to be easy.

“The waves were killing us,” she said. “We were both going under. I couldn’t breathe. It was horrible.”

Not one to give up, an exhausted Splendore kept trying to fight the current to get them to safety. The little girl started crying and said, “It’s taking us back out. It’s taking us back out.”

At one point Splendore had to let go of the little girl’s try to save herself as she went under. Luckily, two men joined the rescue and were able to take the little girl to safety and help Splendore reach the shore.

“I don’t know how that little girl made it,” she said.

The father made it back to shore too. Exhausted, Splendore watched the family gather together on the beach and rest before going back to their hotel.

Even though everything worked out, Splendore isn’t likely to forget those “meet your maker” moments anytime soon. In fact, while working in the field to save someone’s life that day was “completely different” from what she’s spent the past decade doing, she’s content to continue providing help from her dispatch console one phone call at a time.

Sommer Splendore, standing with her two daughters, helped save a girl who bore a resemblance to her youngest daughter.

“Along For The Ride. OnStar connection defuses rattlesnake emergency”

EMD-Q Kim Rigden-Briscall sounds almost in glee when telling the story about a man who discovered it wasn’t a bee stinging his leg while he was antelope hunting during late October in Oregon’s high desert.

“He lifts his pant leg, looks at his ankle, sees two puncture wounds, and a rattler slithering away,” Rigden-Briscall said. “It wasn’t a big deal until he looked down.”

Gene Schutzler survived the bite but that was after spending several days in an intensive care unit at St. Luke’s Regional Medical Center in Boise, Idaho, playing host to the 24 vials of antivenoms injected to neutralize the poison.

“The whole thing was very cool,” Rigden-Briscall said.

Don’t get Rigden-Briscall wrong. Her enthusiasm springs from events following Schutzler’s unfortunate discovery and certainly not from what happened to him.

Schutzler’s hunting companions radioed his wife Ginny, who had waited at their truck when they left to scout for antelope. She was stunned. Her husband had a life-threatening bite and getting immediate medical attention to an area hours away from a major road seemed about as likely as an alien invasion. They had no cell phone reception.

Ginny pushed the red button in their truck, hoping against odds for a connection to their in-vehicle communications contact, OnStar. In less than a minute, it would take to test a message, Ginny was talking to OnStar Advisor Lynne Piper at the communications company’s facility in Ottawa, Ontario, Canada.

Piper dispatched a Medevac helicopter to their GPS coordinates, but the aircraft missed their location in two passes. Piper asked if Schutzler had anything reflective. He dug out a signaling mirror from his hunting kit.

In the meantime, Piper had patched in OnStar First Assist Advisor EMD Lee-Anne Troughton. She gave Medical Priority Dispatch System™ (MPDS™) Pre-Arrival Instructions (PAIs) for elapid (and viperid) snakebites, using Protocol 2: Allergies (Reactions)/Envenomations (Stings, Bites) to minimize the venom’s spread through his blood circulatory system. They bandaged his leg from his ankle to his foot, then back up the body, and made sure he stayed still while waiting for the helicopter to land.

A fully recovered Schutzler is back on his feet and although leery of pit vipers, he has no plans to quit hunting, just as long as OnStar is along for the ride.

“Ginny said they’ll always have OnStar in their vehicle. He [her husband] could have died if it hadn’t been for that.”

– Kim Rigden-Briscall

“Ginny said they’ll always have OnStar in their vehicle,” said Rigden-Briscall, who had recently returned from a trip to teach the EMD course to advisors at the OnStar site in Ottawa. “He could have died if it hadn’t been for that.”
Hazards in Early Filmmaking.
Nitrate blamed for death of Clawson head of family

Audrey Fraizer

In the early afternoon hours of Wednesday, Oct. 23, 1929, a spark generated by a pool whirling rapidly on a movie projector ignited a roll of nitrocellulose film, burst- ing it into flames inside a small production room on the ground floor of a building that would become the centennial temple in downtown Salt Lake City.

Explosions shook the vicinity like earth- quake tremors, according to producer Chester “Chet” Y. Clawson, who suffered severe burns about his head, face, and hands in his escape through a broken window from the basement to the ground floor of newspaper offices and across the street from the Mormon temple.

His older brother—co-producer Shirley “Shirl” Y. Clawson—wasn’t so lucky. Desper- ate, Shirl had grabbed a club and smashed the glass of a door leading to the outside. The exertion was possibly too much. Overcome by smoke, he bade Chet farewell. Firefighters hoisted his body through a street-level sky- light directly above the film studio.

Property damage was estimated at $15,000. They had no insurance.

Shirl’s widow, Mrs. Gertrude (nee Rom- ney) Clawson, was distraught. “Even the pictures of our children that we have taken through the years have been destroyed,” she said. “It is so sudden and so terrible that we can’t think what to do next.”

Five days later, on Oct. 29, 1929, share prices on the New York Stock Exchange would collapse, leading to the Great Depression.

Shirl, 47, and Chet, 45, had started Clawson Film Producing 15 years earlier and with the sanction of The Church of Jesus Christ of Latter-day Saints (LDS) President Joseph F. Smith, they had filmed LDS Church events and leaders from 1916 to 1929 in black and white and without sound. They also produced newsreels for Triangle and Universal Pictures.

The Clawsons depended on the indus- try standard of flexible film incorporat- ing a nitrocellulose base. Nitrate is highly combustible but at that time there were no regulations the filmmakers were forced to follow (the Occupational Safety and Health Act was enacted in 1970). Although aware of the dangers, Shirl and Chet often kept their film rolls at room temperature and rewinding the film at a workbench sharing the same space as the film storage cabinets, drying racks, and developing room.

The men took safety precautions and had talked about what to do in case of a fire, Mrs. Clawson told reporters.

“They were always careful when they were handling film, and took no chances when they could be avoided,” she said.

Clawson Film Producing was not the only company on the second floor that was caught in the disaster. Just five months earlier, fumes from film similar in chemical content killed 127 people in a Cleveland X-ray clinic. Two months after the Salt Lake inferno, on Dec. 31, 1929, 70 children died in a Paisley, Scotland, movie house when a nitrocellulose film burned inside its metal can placed on the spool room floor after drying racks, and developing room.

All three fires, the ignited celluloid gave off carbon monoxide, prussic acid, and nitrogen dioxide. Utah State Chemist Herman Harris described the gases as odorless and invisible, and insidious killers. “Only a small amount of these gases is sufficient to cause death,” he was quoted as saying in an article published the day after the disaster.

On the day of the fire, Chet and Shirl were going about their usual job, but instead of drying racks, and developing room, they were fighting the fire in the second floor office. They were alerted by smoke, they would have succeeded, but the noxious fumes.

A coroner’s jury concluded Shirl met his death accidentally by inhaling fumes resulting from the blast. Shirl left behind his wife Gertrude and their five children, all under the age of 18. A daughter, Frances Claw- son, and sons Douglas, Scott, Richard, and Grant. Members of the extended Clawson family pitched in to raise the children.

Richard Clawson, who was nine when his father died, spent the rest of his life in Salt Lake City. He and his wife Dorothy had two children, Jeff Clawson, M.D., was the firstborn. Although Dr. Clawson knew the story of his grandfather’s death, it was through the eyes of his uncle Douglas that the story passed through the family’s memory.

Douglas later wrote an account of the fire to preserve memories of that day for future generations. Dr. Clawson found a copy of the story printed in the local newspaper in one of his father’s old army trunks many years after the event. He had the article restored and it hangs framed inside his office.

Fifty years following the death of his grandfather, Dr. Clawson released the first version of the Medical Priority Dispatch System™ (MPDS®). In a situation similar to Shirl’s, the EMD may have provided over- the-phone bystander-initiated pre-arrival instructions; the EFD responding to the call and using the Fire Priority Dispatch System™ (FPDS™), released in 2000, may have chosen Protocol 57: Explosion in addition to giving DLS instructions for Fire and Hazards Rescue. No telling Shirl Clawson’s chances today given the advances in medicine, emergency medical services, and technology, but, at least, deaths attributed to nitrocellulose in film production all but disappeared when replaced by acetate, or safety film, in the mid-1950s.

Sources:

THE JOURNAL | emergencydispatch.org
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