Clubs for Dispatchers
No secret password required
Protocol 30 addresses kinetic injury complaints.

Guilford Metro achieves dual accreditation in four-month period.

Quick, correct action during a fire is key to survival.

Protocol 129 frequently misunderstood.

People turn to water to cool off but deadly accidents can occur.

DISPATCH IN ACTION

Times were tough for Georgetown-Quitman County until a generous benefactor stepped up and filled the void.

The following U.S. patents may apply to portions of the MPDS depicted in this book: 5,857,966; 5,989,187; 6,004,266; 6,010,451; 6,053,864; 6,076,065; 6,078,894; 6,106,459; 6,607,481; 7,428,301. FPDS and PPDS patents pending. Protocol-related terminology in this text is additionally copyrighted within each of the NAED's discipline-specific protocols. Original MPDS, FPDS, and PPDS copyrights established in September 1979, August 2000, and August 2001, respectively. Subsequent editions and reprinting (without copyright) in issued.

Ask the right questions. Get the right answers. Send the right information.

800-811-2248
www.dispatchfaster.com
Preach What You Practice.

Grassroots means rallying point for optimal dispatch

Scott Freitag, NAED President

When I told an acquaintance unfamiliar with the Academy about our grassroots campaign, he asked, “What’s that?” I explained that the goal was to involve the public in the effort to improve emergency medical services. “That’s what companies like to tell their customers,” he said, “They’re nothing more than having your clients do the work for the name of good will, which couldn’t be further from the truth.”

OK, so I have to give him that, at least as far as some companies are concerned. Clients are asked to show a groundswell of support for a company’s product to boost its sales and, in return, the company profits at the expense of its clients’ time.

But that’s not the Academy’s reason behind the grassroots campaign. Associate Director Carlynn Page introduced the idea at Naviga- tion 2010. Maybe those attending the con- ference held at the end of April in Orlando, Fla., noticed the booth in the exhibit hall. It would have been hard to miss, considering the putting green and Adirondack chairs set up to draw attention. And who could ignore the poster of Dr.“uncle sam” Clawson on the other side of the pizzeria food?

The Campaign

On one end of the spectrum are states like Indiana, Delaware, and Maine, which require EMD certification, education, training, and quality assurance. On the other end are states without any regulations relating directly to the training or certification of dispatchers. Carlynn compiled the information into a data bank and from there she has been contacting people, asking for their support to establish a more efficient 9-1-1 system. We want people to call the hotline and hear that there is a need for the type of help best suited for the moment standardized and professional dis- patch through training and certification. We would also ask our grassroots campaign to encourage continuous education and quality assurance as part of the overall goal.

Carlynn actually started the campaign several months ago, enlisting others at the NAED offices to help gather her state-by-state data regarding dispatch requirements. Their results found that only slightly more than half of the states regulate certification, training, and continuing education. Conse- quently, there is no consistency nationally.

The public outrage resulting from the report’s conclusions and a disparity over available EMS access heralded the advent of EMS expansion. In 1989, the focus on the treatment and transportation of traffic accident victims shifted to a broader defi- nition and eventually EMS guidelines and funding at the federal level.

There were still problems (check out the 1976 report Long Term Regional Organiza- tion of EMS by James O. Page—the “Father of EMS” in this country—available from the University of California/Los Angeles online library. There are always going to be one or another. But at least in part because of public outcry, the EMS systems, as it relates to the care of life-threatening or serious injuries, is now one of the most important areas in the health care field.

This brings me back around to the NAED-initiated grassroots campaign. We know that it takes the cry of the public to affect change while national organizations such as the NAED and the National Emer- gency Number Association (NENA) can promote higher standards for the operation of our country’s 9-1-1 system. It takes the public outcry to fuel the higher standards on the local, state, and national levels. Without the public outcry for change, the campaign is hollow. Grassroots takes the shape of what my acquaintance perceives of the process.

Specifically, Carlynn has been working to get a law passed in North Carolina that would indicate that either she has an irri- tated focus in her brain, producing the rapid rate, or some sort of Traumatic Brain Injury (TBI). While her status concerns me, I do not think I would have started with com- pressions. I also do not think that it would have been possible to even breathe her with mouth-to-mouth in this scenario.

Nevertheless, caller asks if the patient is breathing normally, caller states that breathing is “very shallow... hardly breathing at all.” At this point the caller talks to the caller to advise even CPR. She’s breathing (per protocol) to deter- mine agonal breathing, timing to see if there is 10 seconds or more between breaths. But the caller responds, “Now! Now! Now!” without a breath in between each “now” her- self, ending with, “I like I said, it’s very shallow and fast!”

My question is: How effec- tive is “breathing” at a rapid rate? Should we accept this as “breathing” even though the caller is also stating that the breathing is so shallow that the patient is hardly breathing at all?

Prior to obtaining the Agonal Breathing Diagnostic tool, I believe most of us would have gone ahead with “compressions first” CPR. Now that we have it, and it only addresses the time between breaths, and only if that time is too long, where do we go from here?

Should we maintain with a head tilt, or start CPR?

Thanks!

Sharyn Pachnek

I completely agree with Brian on this. My guess is that the patient had a stroke and we are seeing one of the breathing pat- terns related to Cheyne-Stokes breathing abnormalities that are usually due to brain pressure on the breathing cen- ters in the brain stem. My experience with this would indicate that this type of breath- ing is effective, while the rate is faster and constant, the depth of the inspiration cycles ranges from normal to almost under- ceptible, scaring those that don’t medically recognize this sort of pattern—i.e., almost everyone!

In these cases, the patient is not turn- ing blue or purple (cyanotic), and they may keep on doing this for some time until

The Academy is acting as the rallying point for demanding optimal dispatch.

The Academy is the rallying point for optimal dispatch. How to assess in an unresponsive patient

Jeff Clawson, M.D.

Dr. Clawson: I’m hopeful that maybe there is some- thing in the version 1.2 protocols that addresses this, and I’m just overlooking it. If not, then you all should be aware, and maybe adddress it. So here goes:

Caller asks her 79-year-old mother fell asleep in her chair watching TV, and now I can’t wake her up!” When the call- taker asks if the patient is breathing nor- mally, caller states that breathing is “very shallow... hardly breathing at all.” At this point the call- taker tells the caller to advise even CPR. She’s breathing (per protocol) to deter- mine agonal breathing, timing to see if there is 10 seconds or more between breaths. But the caller responds, “Now! Now! Now!” without a breath in between each “now” her- self, ending with, “I like I said, it’s very shallow and fast!”

My question is: How effec- tive is “breathing” at a rapid rate? Should we accept this as “breathing” even though the caller is also stating that the breathing is so shallow that the patient is hardly breathing at all?

Prior to obtaining the Agonal Breathing Diagnostic tool, I believe most of us would have gone ahead with “compressions first” CPR. Now that we have it, and it only addresses the time between breaths, and only if that time is too long, where do we go from here?

Should we maintain with a head tilt, or start CPR?

Thanks!

Sharyn Pachnek

Supervisor/Training/QA

I completely agree with Brian on this. My guess is that the patient had a stroke and we are seeing one of the breathing pat- terns related to Cheyne-Stokes breathing abnormalities that are usually due to brain pressure on the breathing cen- ters in the brain stem. My experience with this would indicate that this type of breath- ing is effective, while the rate is faster and constant, the depth of the inspiration cycles ranges from normal to almost under- ceptible, scaring those that don’t medically recognize this sort of pattern—i.e., almost everyone!

In these cases, the patient is not turn- ing blue or purple (cyanotic), and they may keep on doing this for some time until
Dr. Clawson, Brian, Scott, Paul, and ALL, I am in awe of the responses to this, and appreciate it greatly. All of your answers are greatly helpful. I sensed our calltaker’s anxiety when faced with this, because I felt the same way, and I’ve been practicing EMD for a busy center for 22 years. Do you focus on the fact that the caller keeps emphasizing that the PT is ‘barely breathing’ or the fact that it doesn’t meet the criteria for agonal breathing? You have given me the answer, which is to rely wholly on the agonal breathing protocol and maintain the airway, but to periodically check the rate AGAIN, by using the Agonal Breathing Diagnostic Tool again, to make sure it has not deteriorated to an agonal level.

Before writing to you, I went through the 12.0 Principles of EMD textbook in search of anything that addresses this, and I couldn’t find it. I do believe it helps us to have access to this kind of information (i.e., Cheyne-Stokes). I realize we are not doctors and you cannot impart all the knowledge you have to us, but when we have seemingly conflicting symptoms, it helps to know they exist. My fear was that the caller was misinterpreting what was happening. It just didn’t seem possible that the patient could be moving air in and out of her lungs at such a shallow, yet rapid pace.

I thank you all. Sharyn ♦

**Two Birds of a Feather**

A summer solstice party found me “listening to two friends talking about the new ‘emergency’ jobs they took after losing their ‘real’ jobs for reasons attributed to the recession. Both had careers in the housing industry; neither realtors nor lenders but part of the trickle down losses resulting from the market dive.”

My friends—both women—grabbed jobs in the land of telephone customer service representatives. Answering inbound calls to the uneasy anticipation of customers angry over billing matters was difficult although necessary to tolerate, at least for the time being. They have to deal with people perhaps with their worst, and they were learning to remove their personal feelings, realizing they were easy targets for the irate caller.

Aside from the frustration of being the “middle women” in the benefit of the competition between companies, they were also battling parts of the job they never knew existed. There were good parts and bad.

The less desirable aspect, of course, was the anger some expressed over owing money on their bills and the threat of disconnection of service if the customer dare refuse to ante up even a few dollars owed for extended cable or excessive text messaging. It was a matter of principle, a caller would insist. This was a fight against big business. Let them take a dollar unjustly and the next time it will be five. My friends, of course, did nothing but try to collect the money owed. That’s what they were hired to do.

There were other minor irritations; this was the usual stuff like not enough breaks. Sharing with some of the dispatch gurus to see if they might have more comments.

P.s. sharing with some of the dispatch stewards...
Since I have the bully pulpit for a few minutes of your time here, I would like to shamelessly plug my communications center staff for two incidents that happened within a very short span of each other that will merge into the theme of this article: “I need to give some street cred to my Manatee peeps, yo!”

The first incident involved an elderly lady who called our PSAP in the early hours of the morning. The call was on a non-emergency line so there was no identifying ANI/ALI information. The caller could only give a “prank call” and not followed up. The dispatcher could have put the second call into the “not enough information” category and left to call back if and when more information became available.

This leads me to ask you: do you always strive for the above and beyond? When presented with a situation, do you punt away or turf to someone else as Option 1, or do you roll up your shirt sleeves and dig deeper to get the issue handled as Option 2? Hopefully you set your standards at Option 2. While it may seem fun to tell a caller who is reporting a kitten in a tree: “Look, have you ever seen a cat skeleton in a tree? I didn’t think so!” and hang up, the right thing to do is to gather the information and notify the appropriate response authority.

As we get more and more calls for requests for service that are not necessarily “emergencies” we need to get our heads and hearts around this and realize that service comes in many different forms and fashions. The old adage the right thing to do is not always the easiest thing to do is a good analogy.

We are going to continue to receive those requests for assistance when people just do not know whom else to call. And we have two choices: get frustrated at these non-emergency situations that could be rationalized as a waste of time or recognize that it is still a service whether we are opening a protocol card or ProQA®, or a phone book.

We need to view our services provided from a concierge or professional help desk perspective. If we can get out of the mindset that we are not at the console just for what constitutes an emergency in our opinion but we’re here to serve at the highest level when the opportunity presents itself, it can go a long way to prevent frustration with non-emergency situations and lead to excellent customer care (and save you from early burnout).

Now for an example out of the “you cannot make this stuff up” file regarding going above and beyond—and this one comes from a telecommunicator at a Fire Priority Dispatch System™ (FPDs™) course I was teaching in northwest Florida. The PSAP had a warrant that needed to be given to a deputy. As the deputy arrived at the building where the PSAP was located, the dispatch Supervisor Tim (we will call him Tim because that is his real name) went outside in the dark to meet the deputy. As soon as he got outside the door, he looked down and there was a skunk about two feet away from him.

To quote Tim as to what happened next: “I don’t know who was more surprised, but we both turned our tails toward each other. Except, he lifted his tail at me as I ran my tail away from him as fast as I could!” But it was too late, the skunk made a direct hit on Tim’s shoes and pants. In addition, the skunk got his “message” onto the paper that the warrant was on as well. So what happened next?

Most likely in any other sort of business, the paper warrant would have been trashed and reprinted. In addition, Tim would have probably claimed a HAZMAT exposure and taken three weeks off for workers’ compensation and emotional trauma. But since this is public safety, the warrant was held out the window all the way to the scene where the deputy served it. And then the warrant was also brought to the jail with the deputy’s newfound friend, just to spread the wealth. Tim went home in his own truck. He called his wife and said to her what every spouse longs to hear: “I am going to meet you at the front door of the house. Please have a bag ready and a hose... and I am in my underwear.” Yes, ladies, Tim is a very romantic man, but I digress. Tim got hosed off and scrubbed down. Fortunately, he lives in the middle of nowhere so no one called the police. He put on some clean clothes and returned to work to finish out his shift. Just another day at the PSAP!
Tony Faraway was working in the Lewes Emergency Dispatch Centre of the South East Coast Ambulance Service (SECAmb) in East Sussex when an early January snowstorm blanketed England. After a long day making sure there was enough staff on hand to cope with the increase in 999 (emergency number) call flow, Faraway got the OK to use a government 4x4 vehicle to bring staff stranded at home to work. The only truck available was hours away from East Sussex and to make the trip even longer in terms of time, Faraway stopped to help a snowplow driver boxed in by vehicles obstructing his path. Not one to be late for work, Faraway managed to grab a couple hours of rest once home with the truck before hitting the road to pick up staff who arrived on time to start their shift.

But Faraway wasn’t the only SECAmb staff member showing a warm heart during the big freeze. Staff from a center in Surrey spent nights sleeping at the station to make sure they were available for their shifts. Other staff gave up annual leave and showed up at stations to offer their support during a cold snap that began in mid-December. The early January snowstorm left parts of southern England under 16 inches of snow. The storm on Jan. 5 increased call volume 37% the following morning between the hours of 7 a.m. and 9 a.m. and there was a 20% increase in incidents, predominantly because of icy road conditions. The control center at Banstead experienced a 50% increase in calls and a 31% increase in incidents. In the Lewes control center, calls were up by 51% and incidents up by 19%. At the control center in Coxheath, calls were up by 10% and incidents by 15%.

SECAmb handles 999 emergency calls across Surrey, Sussex, and Kent.

United States military training combat data shows that proper use of self-aid, buddy-aid, and combat lifesaver skills can reduce battlefield deaths by 15% to 18%.

Tony Faraway was working in the Lewes Emergency Dispatch Centre of the South East Coast Ambulance Service (SECAmb) in East Sussex when an early January snowstorm blanketed England. After a long day making sure there was enough staff on hand to cope with the increase in 999 (emergency number) call flow, Faraway got the OK to use a government 4x4 vehicle to bring staff stranded at home to work. The only truck available was hours away from East Sussex and to make the trip even longer in terms of time, Faraway stopped to help a snowplow driver boxed in by vehicles obstructing his path. Not one to be late for work, Faraway managed to grab a couple hours of rest once home with the truck before hitting the road to pick up staff who arrived on time to start their shift.

But Faraway wasn’t the only SECAmb staff member showing a warm heart during the big freeze. Staff from a center in Surrey spent nights sleeping at the station to make sure they were available for their shifts. Other staff gave up annual leave and showed up at stations to offer their support during a cold snap that began in mid-December. The early January snowstorm left parts of southern England under 16 inches of snow. The storm on Jan. 5 increased call volume 37% the following morning between the hours of 7 a.m. and 9 a.m. and there was a 20% increase in incidents, predominantly because of icy road conditions. The control center at Banstead experienced a 50% increase in calls and a 31% increase in incidents. In the Lewes control center, calls were up by 51% and incidents up by 19%. At the control center in Coxheath, calls were up by 10% and incidents by 15%.

SECAmb handles 999 emergency calls across Surrey, Sussex, and Kent.

Tony Faraway was working in the Lewes Emergency Dispatch Centre of the South East Coast Ambulance Service (SECAmb) in East Sussex when an early January snowstorm blanketed England. After a long day making sure there was enough staff on hand to cope with the increase in 999 (emergency number) call flow, Faraway got the OK to use a government 4x4 vehicle to bring staff stranded at home to work. The only truck available was hours away from East Sussex and to make the trip even longer in terms of time, Faraway stopped to help a snowplow driver boxed in by vehicles obstructing his path. Not one to be late for work, Faraway managed to grab a couple hours of rest once home with the truck before hitting the road to pick up staff who arrived on time to start their shift.

But Faraway wasn’t the only SECAmb staff member showing a warm heart during the big freeze. Staff from a center in Surrey spent nights sleeping at the station to make sure they were available for their shifts. Other staff gave up annual leave and showed up at stations to offer their support during a cold snap that began in mid-December. The early January snowstorm left parts of southern England under 16 inches of snow. The storm on Jan. 5 increased call volume 37% the following morning between the hours of 7 a.m. and 9 a.m. and there was a 20% increase in incidents, predominantly because of icy road conditions. The control center at Banstead experienced a 50% increase in calls and a 31% increase in incidents. In the Lewes control center, calls were up by 51% and incidents up by 19%. At the control center in Coxheath, calls were up by 10% and incidents by 15%.

SECAmb handles 999 emergency calls across Surrey, Sussex, and Kent.

...
Let the military add robots to the formula, and the numbers can be expected to drop even more. But the military isn’t talking about solo robotic heroes rushing into hostile fire to treat patients. This is the full package they’re talking about. The Army is soliciting proposals for totally autonomous robotic EMS crews, complete with unmanned ambulances and robotic medics capable of operating in urban or rugged terrain to “involve hostile threats posed by enemy fire or IEDs or contamination from weapons of mass destruction.”

Robotic response is nothing new. For years, the Army has conducted or sponsored research in robotic casualty extraction and evacuation (CASExEVAC) but with the autonomy or near-autonomy challenge. The robots described in the Army’s small business innovation research project would do just about everything—from planning transportation routes to removing and enroute care.

The project description details quite a challenge. For example, the robotic EMS crews would be expected to execute approach without preloaded maps or terrain models, assess the patient to identify injuries sufficient to prevent further injury during evacuation, and continue recovery plans when something else happens along the way. The robots would even be expected to handle communications between patients and medics and provide-casualty monitoring and enroute care.

**EMS action figures in short supply**

Twilight action figures move over. There is an emergency medical action figure ready to take your purchase now.

But, from our search, there may be only one.

A “fully articulated” 12-inch firefighter plastic action figure we found on eBay comes with a uniform, head shield, boots, and gloves. When it’s time for action, pull out the firefighting ax and breaches tool, iron rod, and communications radio. One cautionary note: small parts unsuitable for children under 14.

If it’s not the completely accessorized package you’re after, there are separate pieces you can add to the collection. Change your firefighter into an EMT with a scaled down set of EMT trauma scissors (real open and close action), a medic pouch, stretcher, and latex gloves. Sellers even give you the option to mix and match heads and bodies, and hands and feet, and the uniforms are appropriate for your very own personalized crew.

Summer and the great outdoors go hand in hand, and so does the increase in injuries resulting from motor vehicle crashes, pedestrian incidents, falls, and other hazards. More than 2,500 of these injuries result in emergency rooms nearly three million times for serious injuries resulting from motor vehicle crashes, drowning, bike crashes, pedestrian incidents, falls, and other hazards. More than 2,500 of these children will die.

**Eyes on Time**

National bicycle accident statistics report that bicycle riders under 16 years old accounted for 15% of all bicyclists killed and 29% of those injured in traffic crashes in 2007. More children between the ages of three and 12 requiring emergency care are associated with bicycles than with any other land sport, according to the U.S. Consumer Product Safety Commission. And most of these injuries are to the head and neck.

Statistics from the Childhood Injury Prevention (CDC) show that drowning is the second-leading cause of injury among children 14 years and younger; it is the leading cause of death for those one to four years of age, and three children in this age group die each day as a result of drowning. For every child who drowns, three receive emergency room care for non-fatal submersion injuries. Children less than one year of age tend to drown in bathtubs and buckets because of the difficulty of getting out after falling in. Children one to four years of age drown in swimming pools, while those 5 to 14 years old tend to drown in lakes, rivers, and oceans.

The majority of children who survive (92 percent) are discovered within two minutes following submersion, and most of those who die (90 percent) are found after 10 minutes. CPR should be initiated as soon as possible.

When school is in session, the scene of most childhood injuries shifts to the playroom. The Prince George’s County Fire/Emergency Medical Services (EMS) Department released a video celebrating the 40th anniversary of the department. The fire/EMS department was formed under a charter form of government in 1970, and the numbers can be expected to drop even more.

**Hands of Time**

Craig Whittington can add another achievement to the list knowing Craig Whittington, EMT, would lend you to believe he has a 14-hour sweep hand on his watch, rather than the normal 12 hours, with an extra couple of months added to his calendar each year.

That’s not an easy task. Unfortunately, that’s all we found. There isn’t much available in the emergency response line of action figures. Star Wars replicas were popular and national heroes like Tunies, My chemical romance for a few stars and television series stars are easy to find. Only Barbie’s maker, Mattel, seemed to have it right.

Under pressure from feminists, Barbie’s image has evolved during the years from fashion model to career woman, including police officer and paramedic. Maybe someday, the doll will have a CAD.

Knowing Craig Whittington, EMT, would lend you to believe he has a 14-hour sweep hand on his watch, rather than the normal 12 hours, with an extra couple of months added to his calendar each year.

**Hands of Time**

Craig Whittington can add another achievement to the list.

Craig Whittington earned ETC instructor certification at Navigator, followed by his EMD and EFD instructor certifications in 2006 and then his EPI certification in 2010, only two weeks before the Navigator conference. Whittington also completed the NAED Consultants Academy in the fall of 2009.

Whittington is a strong believer in the process of using protocols for calling in the Department where he became the operations captain for the paid/volunteer combination, a position he “retired” from in 1998 when he accepted the position of 9-1-1 director of the Granville County 9-1-1 Center in Oxford, N.C.

He had been working the streets as a full-time police officer in his hometown (with the city of Lexington Police Department) when asked to work on a joint city/county 9-1-1 deployment project.

“I fell in love with 9-1-1,” said Whittington, now a Tewington Project coordinator for the fully consolidated Guilford Metro 9-1-1 PSAP located in Greensboro, N.C. “I was excited about developing systems, and everything behind it fascinated me.”

Craig Whittington can add another achievement to the list.

Knowing Craig Whittington, EMT, would lend you to believe he has a 14-hour sweep hand on his watch, rather than the normal 12 hours, with an extra couple of months added to his calendar each year.

That’s not an easy task. Unfortunately, that’s all we found. There isn’t much available in the emergency response line of action figures. Star Wars replicas were popular and national heroes like Tunies, My chemical romance for a few stars and television series stars are easy to find. Only Barbie’s maker, Mattel, seemed to have it right.

Under pressure from feminists, Barbie’s image has evolved during the years from fashion model to career woman, including police officer and paramedic. Maybe someday, the doll will have a CAD.

**Hands of Time**

Craig Whittington can add another achievement to the list.
Missouri 9-1-1 funding dangerously dwindling

As more households switch to wireless-only, those staffing communications centers throughout Missouri face a quandary as funding continues to decrease.

"Missouri is in dire straits in regards to funding for 9-1-1," said April Tarrant, executive director, Jasper County (Mo.) Emergency Services Dispatch Center. "We are the last state in the U.S. not to have a tax on cell phones for 9-1-1."

Funding for 9-1-1 and enhanced 9-1-1 services for the state mostly comes from sales tax and general tax revenue, with landline taxes contributing heavily to the pot. But without the additional revenue a statewide wireless tax would provide, communications centers are left struggling to provide the best level of service they can with shrinking budgets and an increasing call volume from wireless devices.

The Western Missouri 9-1-1 Dispatch Center, where Tarrant formerly worked, relied on a joint agreement between the city and the county for funding to keep the center operating. Even with that funding, it wasn’t possible to invest in Emergency Medical Dispatching (EMD), additional training, and new equipment.

"A lot of centers are running out of funds fast," Tarrant said.

Cries for help from communications centers aren’t falling on deaf ears, but nothing has been passed. A wireless tax for 9-1-1 has been addressed several times in the Missouri House and the Senate. The first two times its fate was ultimately left up to the Missouri voters, and the public rejected a 50-cent tax in 1999 and 2002 to be added to their cell phone bills, according to a Nov. 6, 2007, article in the St. Charles Journal.

Working to establish a wireless 9-1-1 fee may have been thwarted in part since some Missourians thought they already were paying for 9-1-1 when they paid their wireless bill, a 9-1-1 surcharge was listed by some wireless carriers. According to www.save911.org, that money does not go to Missouri call centers. Wireless carriers have been encouraged to change the wording on their bills, some carriers have done so.

"The masoner was that it [the money collected under that charge] was going to the 9-1-1 community," Tarrant said. "But it’s not just a matter of winning over the public. In 2008, Sen. John Gruesheimer had sponsored SB 1118, an act authorizing the Office of Administration to establish a fee of up to 25 cents each month on every wireless telephone number—with the condition of voter approval—to fund wireless enhanced 9-1-1 services. Its last action was a referral to the Government Accountability & Fiscal Oversight Committee. The following year, Sen. Gruesheimer sponsored SB 1119, building upon what was introduced in SB 1118. A hearing was conducted, but no further action was taken.

This year Sen. Frank Barnitz introduced SB 966, which included repealing the authority that the Office of Administration has to collect a fee per cell phone from wireless providers and instead allow the Public Service Commission (PSC) to assess the charge to be set between $0.25 and $1 per cell phone. Monthly payments from wireless service providers to the Department of Revenue would go to the Enhanced 9-1-1 Fund, which would now be administered through the Universal Service Board. It also modified the distribution of funds from the Enhanced 9-1-1 Fund. 60% of funds would be distributed to PSAPs based on the number of cell phones in their jurisdiction. It also removed the requirement for voter approval of the imposition of the fee on wireless service providers. Hearings were cancelled both times they were scheduled.

Those involved with 9-1-1 aren’t giving up though. The website www.save911.org was launched to educate Missouri citizens and lawmakers about the real danger communications centers in the state are facing.
Falling Into Place.
Protocol 30 addresses patient’s injuries in off-road MVA

Brett:
I recently took a call regarding a child that had fallen out of a moving golf cart. The caller stated that the child hit his head and was unconscious, but while I was talking to the caller, I could hear the child crying. I assigned the Determinant Code 17-D-2 (Protocol 17: Falls, was talking to the caller, I could hear the child crying. Protocol 30, which is designed to handle high mechanism vehicle accidents and major incident transportation accidents. However, there is a host of other kinetic injury complaints—from falling off skis, to tractors, to bicycles, to golf carts—that are best handled using Protocol 30 to address the patient’s injuries. As you may have noticed, Protocol 29 is a “scene protocol” in that the questions center on scene safety and mechanisms rather than specific injuries. If the accident is not on a roadway, runway, waterfront, etc., we are not presented with the same concerns and the patient’s trauma status becomes more paramount. Your question reminds me of a common complaint in rural areas involving tractor accidents. While speaking with the EMD who raised the concern about which protocol to use for a tractor accident and advising him that Protocol 30 best addresses the complaint, he said that today’s tractors can travel down a roadway at speeds of 50+ mph. In this scenario, Protocol 29 makes sense. If a tractor or a golf cart were traveling down a roadway and was involved in a typical motor vehicle accident, the appropriate choice would be Protocol 29. However, if a patient was injured while using the vehicle in its traditional, off-road fashion, I think it makes more sense to address the specific injuries using Protocol 30.

Brett A. Patterson
Academics & Standards Associate
Research Council Chair

Brett:
Would a CHARLIE-level call be a cold response when no first responder is sent to the scene? I realize that the service makes the policy, but I would like your opinion. If you have a first responder going on the call, then the ALS unit runs cold, but if there is no first responder sent, then the ALS unit should run hot. As a dispatcher and paramedic, I find it contradictory to need ALS and yet consider it routine. I would appreciate any guidance in this.

Jimmy Stewart, BS, EMD, NREMT-P
Director of Emergency Communications
Hoke County, N.C.

Jimmy:
The CHARLIE level designates an ALS need. This may warrant a hot or cold response, depending on patient condition, e.g., cerebrovascular accident (CVA) and not alert—hot, whereas CVA, alert, and breathing normally—cold. The decision to send a first responder is local and is usually related to the patient’s immediate need and the location and availability of ALSS. In the example of the CVA patient, if the patient is alert and breathing normally, and first responders are not transport capable, there is little value in sending one, even if the ALS unit is sent cold. However, if the patient has the potential need for an airway or a defibrillation, the non-transport first responder may have value. The hot and cold question has more to do with time saved, which, in most systems, is only a matter of a few minutes that is not significant in relation to patient outcome in the majority of cases. The question that must be considered with assignment to each code is pre-hospital need, i.e., man-power, potential life-saving intervention, ALS monitoring, etc. In the case of the CHARLIE tier, the need is normally ALS monitoring only, and a cold, ALS-only unit is sufficient, unless the patient is neither alert nor breathing normally. In the latter case, either a hot ALS response or the addition of a closer first response unit may be prudent, but rarely both, as opposed to a DELTA response. Hope this helps.

Brett A. Patterson
Academics & Standards Associate
Research Council Chair

Laurie Masse
Director
Cowlitz County 911 Communications
Kelso, Wash.

Laurie:
Dr. Clawson asked me to respond to your question since I was involved with the National Academies of Emergency Dispatch’s (NAED®) Council of Standards decision to leave these panels in the protocol when the pulse check was eliminated several years ago. You are correct. Specific links to these panels do not exist. Note also the similar panels on Protocol C panels 13 (Change Tit/Mouth-to-Mouth) and 14 (Continue Mouth-to-Mouth).

You will also notice that these panels have a red title bar, meaning that they may be used on demand, like the “Clear Airway” panels. In ProQA®, the instruction exists under a “Cont. MTM” tab in the CPR sequence. The pulse check was removed from the DLS CPR sequence years ago when the literature showed that laypersons often detected a pulse when no pulse actually existed in the cardiac arrest patient (false-positive pulse check). For this reason, the EMD gives instructions for compressions in the DLS environment without a pulse check for unresponsive and non-breathing patients. However, Medical Priority Dispatch System® (MPDS®) users reported few cases where they were required to stay on scene with a non-breathing or barely breathing patient insisting that the patient still had a pulse. This happens most often in cases of severe respiratory depression, e.g., overdose or near drowning. Therefore, the Council of Standards elected to leave these mouth-to-mouth only instructions in the protocol, unlabeled, to address these rare cases when M-T-M only may be appropriate.

In short, EMDs may use these instructions when a clinically oriented caller insists that a non-breathing or ineffective breathing patient still has a pulse. However, one should not hesitate to provide CPR by following the appropriate links from these panels if there is any doubt about the presence of a pulse.

Please thank your dispatcher Shelly Reeves, on behalf of the Academy, for her observance and her question.

Brett A. Patterson
Academics & Standards Associate
Research Council Chair
Some of the Guilford Metro (N.C.) 9-1-1 communications center staff broke out their aprons for an evening in late June to deliver bread and non-alcoholic beverages to patrons at a local restaurant. Their help at the Longhorn Steakhouse was promotional, voluntary, and off-hours. Any tips patrons specified above the amount left for actual waitstaff went directly to a favorite charity of the Greensboro police officers serving bread and drinks right alongside them.

The recent event was something for the community, explained Guilford Metro 9-1-1 Quality Assurance Administrator Mark Shepherd. Public Safety officials from various municipalities team up to raise money for Special Olympics.

This plus participation throughout the year at other such events show helping others is truly the way they work at Guilford Metro 9-1-1. The philosophy is universal—another ACE was done to help others in their time of need.

“We pull together for the different agencies in our 9-1-1 system,” said Shepherd, one of three ED-Qs at Guilford Metro 9-1-1. “We help as best we can.”

It’s that kind of drive Guilford Metro applied to achieve two Accredited Center of Excellence (ACE) certificates, receiving them within a four-month period. Its EMD ACE was granted in December 2009, while its EMF ACE was awarded in March 2010. Both ACE successes were acknowledged on stage during Navigator 2010. Both ACE successes were acknowledged on stage during Navigator 2010.

Shifting gears

“Ownership belongs to them,” Shepherd said. “Anyone can do the paperwork but if they hadn’t adhered to the protocol, there would be no ACE.”

Only part of the package

The dual ACE was actually part of a bigger picture to consolidate two Public Safety Answering Points (PSAPs) in Guilford County, according to Guilford Metro 9-1-1 Executive Director Wesley Reid.

“I didn’t have a life during the time-frame,” Reid said. “But I am sure proud of what we were able to achieve.”

By Audrey Fraizer

“The merger of Guilford County and the City of Greensboro PSAPs centralizes all call intake and dispatch for all area emergency services—police, sheriff’s, fire, EMS, and medical—and includes integration of the City of Greensboro and Guilford County CAD systems in addition to the center to 21 workstations. Craig Whittington, Guilford County 9-1-1 Center manager at the time and now 9-1-1

and special projects coordinator for Guilford Metro 9-1-1, came in at the start of the merger, three years prior to when the consolidated center opened its phones for business in March 2007.

“I was the first person from the county side bought permanently to work with Wes and the city staff to get things ready,” he said. “The planning for use of the protocols [Medical Priority Dispatch System] (MPDS®) was there from the start.”

The City of Greensboro and Guilford County provided the initial funds to merge the two primary 9-1-1 centers into a state-of-the-art facility dedicated to the dream of “One call, one center, one source,” the funded funds paid for the construction costs to innovate the former City of Greensboro 9-1-1 center into a space large enough to accommodate an increased number of communicators and support staff.

The former Guilford County 9-1-1 center was completely retro-fitted and stands as Guilford Metro’s “hot/mirrored backup center located several miles away from the main Public Safety Answering Point (PSAP). The former City of Greensboro/Guilford County/Burlington radio shop was consolidated into the Guilford Metro operations and the organization is now a $13 million annual operation serving nearly 500,000 residents and a daily average of more than 150,000 commuters in a land mass of about 658 square miles.

The center operates as a stand-alone agency, co-developed by city and county government and working with all field responders—customers as Guilford Metro 9-1-1 calls them—to provide the necessary assistance, explained Whittington.

“They ask us to be in the right place, right time, right answer.”

“Being our own agency allows us a lot of freedom,” Whittington said. “The staff works hard to make sure we all do our best to serve all our customers.”

Process working well over 35,000 calls last year-

“It was quite an odyssey. At one point we were scratching our heads, wondering if we had bitten off more than we could chew.”

—Wesley Reid

Notable Facts About Greensboro and Guilford County

• In 1960, four black students from the North Carolina A&T State University in Greensboro sparked a major development in the American Civil Rights Movement. They deliberately sat at a “whites-only” lunch counter at the Woolworth’s store in downtown Greensboro and asked to be served.

• Prominent residents throughout history include Dolly Madison, the fourth First Lady of the United States; William Sydney Porter, the short story writer better known as O. Henry; and Edward R. Murrow, legendary radio and television journalist who served from CBS News from the 1930s to the 1960s.

• More recently “American Idol” stars Fantasia Barrino and Chris Daughtry, as well as world record-making Wimbledon tennis star John Isner hail from the Greensboro/Guilford area.

• Greensboro/Guilford County is home base for several major corporations, including Volvo Truck North America, RF Micro Devices, Red Oak Brewery, and Honda Jet Corp.

• Seven universities call the Greensboro/ Guilford/Greensboro High Point area home, including University of North Carolina at Greensboro, A&T State University, High Point University, Greensboro College, Guilford College, Bennett College, and the Elon University Law School.
relied on their call-taking and dispatch experience and locally developed guidelines in response to fire and police calls, and they transferred emergency medical calls they received to the Guilford County 9-1-1.

Prior to bringing the agencies together underneath one roof, all communications staff trained and certified in the Fire Priority Dispatch System™ (FPDS™). In that way, everyone would be on board for fire calls at the time of launch. Full MPDS EMD training and certification followed close behind. A requirement to cross-train comes with the job now and all new “rookies” are ETC, EFD, and EMD certified before they graduate from the department’s Communications Rookie Academy.

FPDS certification went smoothly, Shepherd said. Those not trained and certified in the MPDS, however, were slightly intimidated by the new demand.

“The EFD gave them an idea of what to expect [from the MPDS], but there were parts of the EMD some thought would be uncomfortable,” he said. “Giving CPR over the phone would be a new experience and one that can be intimidating. We had a few hurdles before getting everyone on the same page.”

Once everything was in order, they tackled the Twenty Points of Accreditation.

Second time around

The first ACE applications were turned down. The Academy Board of Certification sent a checklist of recommendations, including suggestions for better delivery of Post-DashDispatch Instructions (PDI) back to the Guilford Metro staff. The Academy didn’t water down its point, said NAED Associate Director Carolyn Page.

“We certainly were willing to work with them, but didn’t make it any easier,” she said. “We pointed out the areas needing work and made ourselves available any time they had questions.”

The ED-Qs attacked the bulletted list, explaining the changes necessary for ACE success to everyone involved. They attempted working on both accounts. Shepherd admits it wasn’t a happy day receiving the initial response, but he does appreciate what the response suggested.

“If this was easy, it wouldn’t mean as much as it does,” he said. “This is a difficult calls when factoring in response for law enforcement. The average 75,000 transfers each year is down to zero, while the “save” increase is up.”

“Before consolidation we were playing ping pong with callers,” Reid said. “We don’t do that anymore and that’s a big relief.”

Shepherd said the drive to maintain ACE status saves time monitoring calls for quality assurance. The telecommunicators want to do it right, all the time, every time, he said. The scores keep climbing each month and, like Shepherd, most couldn’t imagine going back to the days before protocol.

“It would be crazy turning back the clock,” he said. “I just couldn’t imagine that. The benefits are too great.”

Given the chance

There’s nothing you can’t do. During fire just things you haven’t done yet,” said Whittington, quoting a former supervisor. “I think everyone here believes that when given the chance, you have to grab on and make it happen.”

Reid said the confidence from clearing the two ACE hurdles drives them on to the next goal.

During the same time they were applying for ACE, Guilford Metro was selected as one of only three 9-1-1 centers in the U.S. for initial beta testing of the Intrado Next Generation 9-1-1 (NGI-1) technology.

Then last October Guilford Metro awarded an over $500,000.00 grant from the North Carolina State 9-1-1 Board to upgrade its 9-1-1 technology equipment at both the main and backup centers and today they are awaiting word on another nearly one-half million dollar grant request in their continued efforts to improve their equipment and increase their ability to serve their customers.

“We like being on the cutting edge,” Reid said. “For us it’s about saving lives.”

The ED-Qs attacked the bulletted list, explaining the changes necessary for ACE success to everyone involved. They attempted working on both accounts. Shepherd admits it wasn’t a happy day receiving the initial response, but he does appreciate what the response suggested.

“If this was easy, it wouldn’t mean as much as it does,” he said. “This is a difficult calls when factoring in response for law enforcement. The average 75,000 transfers each year is down to zero, while the “save” increase is up.”

“Before consolidation we were playing ping pong with callers,” Reid said. “We don’t do that anymore and that’s a big relief.”

Shepherd said the drive to maintain ACE status saves time monitoring calls for quality assurance. The telecommunicators want to do it right, all the time, every time, he said. The scores keep climbing each month and, like Shepherd, most couldn’t imagine going back to the days before protocol.

“It would be crazy turning back the clock,” he said. “I just couldn’t imagine that. The benefits are too great.”

Given the chance

There’s nothing you can’t do. During fire just things you haven’t done yet,” said Whittington, quoting a former supervisor. “I think everyone here believes that when given the chance, you have to grab on and make it happen.”

Reid said the confidence from clearing the two ACE hurdles drives them on to the next goal.

During the same time they were applying for ACE, Guilford Metro was selected as one of only three 9-1-1 centers in the U.S. for initial beta testing of the Intrado Next Generation 9-1-1 (NGI-1) technology.

Then last October Guilford Metro awarded an over $500,000.00 grant from the North Carolina State 9-1-1 Board to upgrade its 9-1-1 technology equipment at both the main and backup centers and today they are awaiting word on another nearly one-half million dollar grant request in their continued efforts to improve their equipment and increase their ability to serve their customers.

“We like being on the cutting edge,” Reid said. “For us it’s about saving lives.”

The ED-Qs attacked the bulletted list, explaining the changes necessary for ACE success to everyone involved. They attempted working on both accounts. Shepherd admits it wasn’t a happy day receiving the initial response, but he does appreciate what the response suggested.

“If this was easy, it wouldn’t mean as much as it does,” he said. “This is a difficult calls when factoring in response for law enforcement. The average 75,000 transfers each year is down to zero, while the “save” increase is up.”

“Before consolidation we were playing ping pong with callers,” Reid said. “We don’t do that anymore and that’s a big relief.”

Shepherd said the drive to maintain ACE status saves time monitoring calls for quality assurance. The telecommunicators want to do it right, all the time, every time, he said. The scores keep climbing each month and, like Shepherd, most couldn’t imagine going back to the days before protocol.

“It would be crazy turning back the clock,” he said. “I just couldn’t imagine that. The benefits are too great.”

Given the chance

There’s nothing you can’t do. During fire just things you haven’t done yet,” said Whittington, quoting a former supervisor. “I think everyone here believes that when given the chance, you have to grab on and make it happen.”

Reid said the confidence from clearing the two ACE hurdles drives them on to the next goal.

During the same time they were applying for ACE, Guilford Metro was selected as one of only three 9-1-1 centers in the U.S. for initial beta testing of the Intrado Next Generation 9-1-1 (NGI-1) technology.

Then last October Guilford Metro awarded an over $500,000.00 grant from the North Carolina State 9-1-1 Board to upgrade its 9-1-1 technology equipment at both the main and backup centers and today they are awaiting word on another nearly one-half million dollar grant request in their continued efforts to improve their equipment and increase their ability to serve their customers.

“We like being on the cutting edge,” Reid said. “For us it’s about saving lives.”

The ED-Qs attacked the bulletted list, explaining the changes necessary for ACE success to everyone involved. They attempted working on both accounts. Shepherd admits it wasn’t a happy day receiving the initial response, but he does appreciate what the response suggested.

“If this was easy, it wouldn’t mean as much as it does,” he said. “This is a difficult calls when factoring in response for law enforcement. The average 75,000 transfers each year is down to zero, while the “save” increase is up.”

“Before consolidation we were playing ping pong with callers,” Reid said. “We don’t do that anymore and that’s a big relief.”

Shepherd said the drive to maintain ACE status saves time monitoring calls for quality assurance. The telecommunicators want to do it right, all the time, every time, he said. The scores keep climbing each month and, like Shepherd, most couldn’t imagine going back to the days before protocol.

“It would be crazy turning back the clock,” he said. “I just couldn’t imagine that. The benefits are too great.”

Given the chance

There’s nothing you can’t do. During fire just things you haven’t done yet,” said Whittington, quoting a former supervisor. “I think everyone here believes that when given the chance, you have to grab on and make it happen.”

Reid said the confidence from clearing the two ACE hurdles drives them on to the next goal.

During the same time they were applying for ACE, Guilford Metro was selected as one of only three 9-1-1 centers in the U.S. for initial beta testing of the Intrado Next Generation 9-1-1 (NGI-1) technology.

Then last October Guilford Metro awarded an over $500,000.00 grant from the North Carolina State 9-1-1 Board to upgrade its 9-1-1 technology equipment at both the main and backup centers and today they are awaiting word on another nearly one-half million dollar grant request in their continued efforts to improve their equipment and increase their ability to serve their customers.

“We like being on the cutting edge,” Reid said. “For us it’s about saving lives.”
“Panic behavior is actually relatively rare,” Thompson said.

So, what is it then? About 95 percent of the time, the cause of death revolves around what people think they should do, even when the thinking is contrary to the situation. Even though fire sprinklers, building construction features, exiting structures, fire prevention regulations and inspections, and public education are important precautionary measures for dealing with fires, human behavior is still a key factor during an emergency.

People tend to act consistently time and time again, no matter what the threat is when given a like set of circumstances. How an individual will act during a fire emergency is determined through innate (instinctive) behaviors, knowledge, experience, repetitive training, his or her role, and what he or she sees.

Failing to act immediately, like those at the Beverly Hills Supper Club, is detrimental behavior. At the beginning of the class Thompson asked how many people would get up if the fire alarm went off right then. About one-third of the attendees (remember, these are public safety professionals) raised their hands. Sadly, that answer was typical of the usual response he gets when asking that question. While people gave a variety of reasons for why they wouldn’t have immediately left, false alarms is one that shows up time and time again.

Thompson said people think they know better—a high percentage of fire alarms are false alarms, or they think that they will have time to escape if it turns out to be a fire—but they’re gambling with their lives. If the fire alarm was real, by the time people received word or saw evidence, it might be too late.

“They think they have time but they don’t,” Thompson said.

Time wasn’t on the side of those packed in The Station Night Club in Rhode Island on Feb. 20, 2003. When the band Great White used unauthorized pyrotechnics to kick off its show, igniting soundproof polyurethane foam on the ceiling and walls, those who were trapped or had fallen under the spell of the dangerous misconception that time was on their side, didn’t make it out alive or without injuries. The death toll was 100 people, 200 were injured.

“If they didn’t get out in the first minute they probably didn’t get out,” Thompson said.

Hesitation occurs when people want to finish a task, like shut down their computers, or help someone else escape. Thompson and Galasso cited the National Institute of Standards and Technology (NIST) Technical Note 1619 “Modeling Human Behavior during Building Fires” for information on this behavior: more than two-thirds of the injured and more than half of those who died in building fires could have evacuated but were engaged in activities that delayed them from getting to safety such as trying to rescue others in the building or fighting the fire.

Sometimes, it’s herd behavior—following the crowd—that promotes inappropriate actions. Those in the class who would have left if the fire alarm had gone off might have set a life-saving trend for those whose initial intention might have been to stay. In a crowd, if it’s observed that everyone is acting in a particular way—even if that’s doing nothing—that becomes the norm. This applies to emergency and nonemergency situations such as getting in line at the airport Starbucks where everyone else seems to be even if there’s another coffee shop close by.

“It’s the easiest path between two points to follow someone else,” Thompson said.

Reentry behavior also factors into fire deaths. Sometimes adults safely escape, but choose to go back inside to help other people or pets or retrieve personal possessions, ultimately causing their death. People don’t understand how serious the situation is until they’re inside.

“We see it more often than you would think,” Thompson said.

Preparation is crucial

A person’s actions usually come after going through a decision-making process, rather than actions based on random chance or because of a change in the environment. Since what people don’t know can hurt them and a lack of knowledge promotes inappropriate behavior, it only makes sense to have a game plan in preparation of an emergency situation.

Not only is it important to act quickly in a fire—getting out of the structure and staying out—but it is equally important to know where to exit. The more people packed into an area, the less safe it becomes, and most, if not all, people will use the door they entered. That’s why Thompson and Galasso encouraged attendees to walk around a structure they’re not familiar with to find two alternative exits. Your best option might not be the closest exit.

Galasso and Thompson also recommend recognizing and accepting human behavior for what it is. Sometimes people make bad decisions, or uninformed decisions without input from dispatch personnel using the Fire Priority Dispatch System® (FPDS®), or they don’t make a decision at
It used to be that dispatchers had nowhere to go when times get tough, even though they were affected by their jobs in ways similar to those working in the field. Not anymore.

Dispatchers now have national organizations offering something for everyone. The National Emergency Number Association (NENA) is a watchdog, focusing on technology and policies while helping to create a 9-1-1 community nationally. 911 Lifeline gives its members a chance to voice opinions and open discussion. 911 Cares lends support to those in the profession experiencing tragedy and hardship.

And it’s not just national organizations making a difference. From the Carrollton Police Department in North Carolina to Waukesha County Communications and Operations in Wisconsin, dispatchers are churning out newsletters that provide recipes, calendars of events, protocol tips, and more.

But there’s more to it than the internal boost. There’s also the spotlight these agencies and their newsletters place on a job few outside the center know much about.

“‘We’re the mysterious people,’” said Nicole (Baker) Lowe, editor-in-chief of the Carrollton Police Department communications department newsletter. “The newsletter makes us more visible to others in the agency.”

In this issue of The Journal we look at some of the ways organizations use to reveal the faces behind the collective voice. In addition to agencies and scribes getting the word out, we highlight 9-1-1 activities targeted to raise emergency communications awareness to new levels of appreciation.
When dispatcher Tammy Gerometta, Greenacres Department of Public Safety (Fla.), was diagnosed with a rare autoimmune disease requiring blood transfusions every other day, coworker Peter DaGraca knew he could turn to 911 Cares for the help needed beyond her family’s support.

Gerometta was battling Evans syndrome, one of several major medical issues affecting her health during the past several years. Securing the necessary volume of red blood cells and platelets for transfusions would be beyond her family’s support.

“Prompting DaGraca to contact the organization known for its ability to relay assistance among the dispatch community. 911 Cares activated a call for help.

“As soon as the activation went into place, a week or two later they (Gerometta’s family) were calling to thank me saying, ‘Wow, this is great,’” DaGraca recalled. “She’s getting the blood donations she needed! It actually saved her life. In a time when you feel like you can’t help, we were able to do something.”

Platt County (Ill.) 9-1-1 Director James Cripe also turned to 911 Cares when the 11-month-old daughter of dispatcher Staci Chappell was diagnosed with atypical teratoid rhabdoid tumor (AT/RT) in January 2010, a rare and high-risk condition affecting the central nervous system. The Chappell family—Staci, husband Michael, and three-year-old Mikey—were temporarily near St. Jude’s Children’s Hospital in Memphis, Tenn., where their daughter Kelly underwent chemotherapy. Without an income during their stay, the family had a stack of bills that wouldn’t be easy to pay.

“The activation posted soon made the Chappells host to offers from babysitting Mikey to financial assistance to help pay the bills. ‘It’s really been pretty heart-warming to see the outpouring of concern,’ Cripe said. ‘Staci (just) can’t believe how many people care. It’s just blown them away.’”

The story goes on, extending back nearly nine years to the tragic day on Sept. 11, 2001, when hijackers crashed planes into the World Trade Center (WTC), the Pentagon, and a remote Pennsylvania field, killing 2,996 people and injuring hundreds.

911 Cares Founder Kevin Willett, whose flight was grounded that day in Detroit, Mich., remembers obsessing over the frantic calls dispatchers were answering. These were the last words anyone would hear from passengers trapped on the hijacked airplanes or workers stuck on the upper levels of the WTC. These were the frenzied sounds of people trying to escape or gasping at a scene too horrific for them to describe.

“I started thinking about what those poor dispatchers must be going through,” Willett said. “Gosh, what must it be like being a dispatcher in one of those centers?”

As a dispatch professional, Willett knew about the people taking the calls. They would be shaken, yet unable to take a break during the long hours following the disaster. The calls would be the sounds they would take home and carry in their heads without, perhaps, the opportunity to unload their stress as a first step to put the tragedy behind them.

So, what did Willett do? He stopped obsessing and put a plan into action. Days after the event, he called a communications center in New York City to hear stories about their experience. Their anguish convinced him to arrange support—primarily in the form of debriefings specific to emergency communications. He called the group “911 Cares,” and figured it would disband by Sept. 11, 2002.

“We really thought that 911 Cares would be a one-trick pony,” Willett said.

“The organization spread. Dispatchers from emergency communications centers in Indiana were feeling from the unexpected death of a coworker. Could 911 Cares help? It didn’t take long for Willett to realize it could. No tragedy, large or small, should be left to simmer. Dispatchers were no more immune to job-related stress than field responders.

“There was a misconception that dispatchers don’t go through as much,” Willett said. “Unfairly, we were left out of stress debriefings.”

Willett is still at the helm, making sure all requests for activation (about 150 to 200 each year) are legitimate before they are approved. Willett’s assistant Catherine Hardison confirms his assistant Catherine Hardison. She contacts Tom Netane, who operates the 911 Cares warehouse. Netane gathers the center, the 911 Cares package—which goes to the center requesting the activation—and Hardison packs it up and gets the box ready to ship. A posting goes out to the dispatch community at-large through the 911 Cares website.

“I start the ball rolling and they’re the ones that make sure it doesn’t get dropped,” Willett said.

Willett also involves instructors from his Public Safety Training Consultants organization. One instructor is also a clown who can be called in to help cheer up a family upon the loss of a parent or assist in locating Santa Claus in July for a terminally ill child with a prognosis of less than four months.

“We never thought we’d be helping with hurricanes, cancers, and children,” Willett said. “If you give them (dispatchers) the tools, they want to help. We can just sit back and let the magic happen.”

Future plans for 911 Cares include matching the tapestry of volunteers to provide local assistance faster than going through the national network.

“Can you bake a cake and head over to the communications center?” Willett said. “It will be purely a grassroots effort to help other dispatchers.”

The article was specific to Missouri’s 9-1-1 funding woes. Yet, what state isn’t feeling the same pinch because of the same issue? How do you bring in others from out of state to weigh in on this issue?

One solution is 911 Lifeline.

“I thought this story might be of interest, given the volatile nature of the comments quoted, and the ongoing debate with regard to center consolidation,” wrote “Lauri;” in a forum sponsored by 911 Lifeline. “It’s not just a story about economics; it’s technology, geography, and training...and, oh, the people! I sense it’s also about the budgetary issues we’re all facing these days.”

Lauri opened discussion on a national scale, giving her unique audience of callers and dispatchers the opportunity to vent on the very personal side of budget cuts: potential job loss, pay cuts, and the prospect of making their job even tougher.

This is the kind of thing 911 Lifeline was organized for, explained Michael Wallace, founder and CEO of 911Lifeline, a nonprofit organization dedicated to telecommunicators.
"The 9-1-1 professional needs to understand how the public perceives them, and the way they do their work. Ask a Dispatcher promotes that dialog."  
—Jim Jones

forums including “Ask a Dispatcher,” news feeds from various 9-1-1 and law enforcement sources, and member blogs. The chatline generates no spam for the user and its tone is conversational. Ven- dors cannot use the chatline or forums to solicit business, although if a product comes up, it’s open for discussion.

“Ask a Dispatcher,” added in Novem- ber 2009, brings the public inside the 9-1-1 system to learn more about how it works and, also, provides exposure to the people responding to emergencies. In addition, the forum offers the opportu- nity to discuss 9-1-1-related news articles and other mass media reports, as well as personal experiences. The forum benefits both sides of the call, according to Jim Jones, 911Lifeline vice president and training coordinator for Tri-Com Central Dispatch in Batavia, Ill. As much as the public needs to under- stand the proper use of the system, the 9-1-1 professional needs to understand how the public perceives them, and the way they do their work," he said. "Ask a Dispatcher promotes that dialog.

9-1-1 Watchdog

T he National Emergency Number Association (NENA) enters the second decade of the 21st century continuing its huge push toward keeping the numbers working. Not only is the country’s largest organ- ization representing 9-1-1 dedicated to paving the transition to next generation emergency communications, but it’s also doing it in a style to make membership ready for present and future.

“We are the voice of 9-1-1,” said NENA Chief Executive Officer Brian Fontes. “We’re the leaders in the public safety debate.”

Among the lead means preparing members from all levels of the industry for a broadband future. The 9-1-1 system of 40 years ago was created to trans- mit voice media. Keep in mind that tele- phones weren’t even available for purchase. A customer had to rent a phone from the Bell System; there was an additional charge for specialty phones like the “Touchstone” and “Timeline” models.

When the federal government split the Bell System into “Baby Bells” in 1983, other companies stepped in and began producing designer phones. Cell phones introduced in the 1980s accelerated the drive for small and functional phones with all the bells and whis- tles built in. The wireless devices of today can do everything from making calls, check- ing things online, taking pictures, and acting as the personal music and video book-up. Emergency communications hasn’t kept up. Public safety centers just haven’t had the funds to maintain let alone improve their communications centers, relying mainly on surcharge taxes placed on the use of land- lines or cell phones for funding. The nation’s 9-1-1 system has lost pace with a generation increasingly dependent on text, data, pic- tures, and video literally at their fingertips.

This is where NENA has taken the reins. The organization first identified the need for a Next Generation 9-1-1 (NG9-1-1) system in 2000 and published its Future Path Plan in 2001. Since then, NENA has implemented programs and formed work- groups to address the operations, tech- nical, policy, and educational issues relating to NG9-1-1 development and implementa- tion. The association played a key role in the U.S. Department of Transportation’s (USDOT) Next Generation 9-1-1 Project. A basic blueprint of the concept, completed in 2008, calls for huge changes to infrastruc- ture as well as changes to the way Public Safety Answering Points (PSAPs) operate.

Being part of this fundamental shift was a major draw for Fontes when he left the private sector to accept the job at NENA. He’s certainly no stranger to NENA or 9-1-1, having been a NENA member for the past 15 years during a career that most recently includes vice president for federal relations at ATK&T. He served as the head of the United States Delegation to the International Tele- communication Union Voice Media Conference held in Geneva, Switzerland.

In fact, Fontes can’t recall any keynote speaker jitters when three days into his new job he took the podium at the NENA confer- ence in 2008.

“I am deeply committed to NENA and the future of 9-1-1,” he said. “No one anticipates calling 9-1-1, but when that call has to be made, we want to make sure the system is working and working well. This is a very exciting time for emergency communica- tions and I’m elated to be a part of it.”

So, what does NENA have in the works for membership?

Plenty, said NENA Past President Craig Whittington, ENP, 9-1-1 and special proj- ects coordinator for Guilford Metro 9-1-1 Communications in Greensboro, N.C.

“Rank and file telecommunicators are the next generation of PSAP leaders, direc- tors, trainers, QA/QA experts, and support personnel,” he said. “So, all that we are doing really does have impact on each PSAP and every telecommunicator. One of NENA’s main goals is to equip them with the tools they need to better do their jobs today and prepare them for the roles they will play in the future.”

NENA is more than technology and policy issues. Members at large, those making up volunteer committees, and staff work to improve emergency communica- tions on both sides of the 9-1-1 call—for those in need of help and for those whose job it is to provide efficient and effective emergency response.

During this past year alone, NENA has added courses covering customer service skills for the 9-1-1 professional and a life skills course designed to help those new to the PSAP thrive and excel both in and out of the PSAP. NENA members also have access to national and local networking opportu- nities, a 911Talk e-mail list, Webinars, and participation in the Emergency Number Professional (ENP) Certification Program.

“We are keenly aware of our member- ship’s needs,” Fontes said. “We strive to provide 9-1-1 professionals with the tools they need to better serve the public and ensure all citizens have access to the most modern emer- gency communications system possible.”

Whittington reminds NENA members that NENA is open and accessible to every 9-1-1 professional concerned about this criti- cal period in 9-1-1 history and their part in guiding the future of public emergency communications.

“We encourage EMDs, EPDs, and EFDs to join,” he said. “Together, we can make 9-1-1 the best public service possible for everyone across the country.”
Nicole Baker and Shelby Schmidt think a lot alike despite coming from very different parts of the country.

Both are in the dispatch profession, EMD certified, and work in areas that made the top 50 of MONEY Magazine’s “100 Best Places to Live,” during the past five years. Baker and Schmidt are also very proud of what they do for a living and aren’t shy about showing it.

Sound like emergency medical services calendar women? Well, not exactly, but they both make it to print at least four times a year with newsletters extolling the virtues of those “mysterious people,” as Baker said, searching for features and news that will affect public services, and no sick days), recipes, and columns for complaints. For Carrollton readers, the April 2010 issue features a story comparing local call statistics to national trends by Richard Tuma, county director of Emergency Preparedness. She also adds features such as crossword puzzles and protocol tips.

Baker’s newsletter, The Telecommunicator, has taken on a new design during the past three years, the average six-page newsletter has morphed into a monthly publication now easily running eight to 10 pages each issue.

Schmidt’s newsletter, WCC Happenings, was a big hit, as well as Rudy’s south basement of city hall. The October 2009 newsletter, for example, put a focus on breast cancer.

Schmidt’s interest in expanding the publication depends on attracting more hands-on help, but she is more than willing to keep it aloof as long as she continues to receive suggestions and the occasional column from a guest writer. Her newest column is a “swap shop” that gives fellow employees a space for selling, trading, and bartering goods.

Stigler praises Schmidt for her dedication to a job adding another eight to 10 hours to her quarterly schedule.

“Nicole came up with the idea and I told her to run with it.”

Baker’s newsletter, The Telecommunicator, debated on Nov. 6, 2007, and during the past going on three years, the initial six-page has morphed into a monthly publication now easily running eight to 10 pages each issue.

Schmidt said feedback from readership and that helps them understand how we do things in here.

For creative designer Rashahn Chatwin, EMD, once in a while our readers have feedback—we are about making it theirs.”

The Telecommunicator jumped from a staff of one volunteer—Editor-in-Chief Baker—to six volunteers plus Baker, including a graphic designer, three writers, and two contributing editors.

Baker asked in print—or maybe begged is a better word—for volunteers from the start. Her requirements were simple. The volunteers must attend a monthly editorial meeting, have full discretion to change the direction of the newsletter, and always follow up on stories about the people behind the double doors in the basement of city hall.

The ability to work as part of a team she figured was great to know we’re being read.”

She maintains features her audience enjoys, such as recipes and bartering goods. Her newest column is a “swap shop” that gives fellow employees a space for selling, trading, and bartering goods.

The Telecommunicator featured news about the city, explanations of new protocols and bartering goods. Her newest column is a “swap shop” that gives fellow employees a space for selling, trading, and bartering goods.

Spokesman Baker’s newsletter, The Telecommunicator, debated on Nov. 6, 2007, and during the past going on three years, the initial six-page has morphed into a monthly publication now easily running eight to 10 pages each issue.

Schmidt’s newsletter, WCC Happenings, was a big hit, as well as Rudy’s south basement of city hall. The October 2009 newsletter, for example, put a focus on breast cancer.

Schmidt said feedback from readership and that helps them understand how we do things in here.

For creative designer Rashahn Chatwin, EMD, once in a while our readers have feedback—we are about making it theirs.”

The Telecommunicator jumped from a staff of one volunteer—Editor-in-Chief Baker—to six volunteers plus Baker, including a graphic designer, three writers, and two contributing editors.

Baker asked in print—or maybe begged is a better word—for volunteers from the start. Her requirements were simple. The volunteers must attend a monthly editorial meeting, have full discretion to change the direction of the newsletter, and always follow up on stories about the people behind the double doors in the basement of city hall.

The ability to work as part of a team she figured was great to know we’re being read.”

She maintains features her audience enjoys, such as recipes and bartering goods. Her newest column is a “swap shop” that gives fellow employees a space for selling, trading, and bartering goods.
Individual Flavor. Centers celebrate Telecommunicator Week with fusion of service and fun

W hen it came time to kick-off National Public Safety Telecommunicators Week, Alachua (Fla.) County Sheriff’s Office staff decided to spread the good cheer through baskets brimming with an assortment of fresh fruit and snack food that they delivered to local communications centers.

And it’s a good thing they did because few receiving the gifts realized there was a week dedicated to boosting morale and showing gratitude for the work of “unsung heroes” staffing communications centers.

“We wanted them to know that we appreciated them,” said Judy Conklin, shift supervisor at Alachua County Sheriff’s Office. “They were quite surprised.”

Getting to know you

Alachua wasn’t the only center extending appreciation for the work of “unsung heroes” staffing communications centers.

For Nichole Figueroa, a Frisco (Texas) Police Department dispatcher, 3,000 fingerprint cards donated to the North Central Texas Council of Governments seemed the perfect way to celebrate Telecommunicator Week.

“My goal was to get the community to us,” she said. “I wanted them to come to our home and I wanted them to meet our operators.”

After three months of planning, the inaugural Fingerprint Fair was ready to take off. Sgt. Adam Henderson, public information officer for the Frisco Police Department, got the word out through radio, newspapers including the Dallas Morning News, notification e-mails sent to addresses on file for elementary and junior high school students, and TV’s Henderson, Figueroa, and Cell Phone Sally made an appearance on a morning show the day of the event, April 17.

The Fingerprint Fair went off without a hitch. The more than 2,000 people that participated arrived at the Frisco Police Department and found eight of the center’s 18 dispatchers on hand to help.

Dispatchers greeted attendees, handing them materials from the National Center for Missing and Exploited Children (NCMEC) and writing the children’s height and weight measurements on a card for future identification. While waiting for their turn for police fingerprinting, kids snacked on pop-corn, had their faces painted, and listened to a story read by one of the dispatchers about a girl who calls 9-1-1.

Cell Phone Sally captivated the attention of the younger crowd while a “big hit” for the older children was a simulator set up for practicing calls to 9-1-1. Figueroa said the fair was a success.

“It was just phenomenal,” she said. “We really tried to make the atmosphere a good one and a positive one.”

Everybody wins

Gift cards for donuts and coffee were rewarded to winners of the daily trivia contest sponsored by Martin County Fire Rescue. Cocktail hour kicked off a week featuring chicken wings, pizza purchased by police chiefs and administration, sandwiches and desserts purchased by the fire department, and a barbecue with fire personnel manning the grill. Ice cream sundae’s and a cake made by a dispatcher, a professional cake maker, rounded out the festivities.

Agencies benefiting from the work of Alachua dispatchers took turns providing lunch Monday through Friday. Numbers corresponding with numbers posted under chairs entitled the winner to a cake shared among coworkers.

Norman dispatchers received soft-sided coolers and bags filled with portfolios, pens, paper, mini handouts, and other items that were collected from various vendors. They also had the opportunity to wear ununiform form during the week.

“They appreciated that just as much as anything,” Terry said.

Fingerprints, fair

Dispatchers greeted attendees, handing them materials from the National Center for Missing and Exploited Children (NCMEC) and writing the children’s height and weight measurements on a card for future identification. While waiting for their turn for police fingerprinting, kids snacked on pop-corn, had their faces painted, and listened to a story read by one of the dispatchers about a girl who calls 9-1-1.

Cell Phone Sally captivated the attention of the younger crowd while a “big hit” for the older children was a simulator set up for practicing calls to 9-1-1. Figueroa said the fair was a success.

“It was just phenomenal,” she said. “We really tried to make the atmosphere a good one and a positive one.”

Everybody wins

Gift cards for donuts and coffee were rewarded to winners of the daily trivia contest sponsored by Martin County Fire Rescue. Cocktail hour kicked off a week featuring chicken wings, pizza purchased by police chiefs and administration, sandwiches and desserts purchased by the fire department, and a barbecue with fire personnel manning the grill. Ice cream sundae’s and a cake made by a dispatcher, a professional cake maker, rounded out the festivities.

Agencies benefiting from the work of Alachua dispatchers took turns providing lunch Monday through Friday. Numbers corresponding with numbers posted under chairs entitled the winner to a cake shared among coworkers.

Norman dispatchers received soft-sided coolers and bags filled with portfolios, pens, paper, mini handouts, and other items that were collected from various vendors. They also had the opportunity to wear ununiform form during the week.

“They appreciated that just as much as anything,” Terry said.

Fingerprints, fair

Dispatchers greeted attendees, handing them materials from the National Center for Missing and Exploited Children (NCMEC) and writing the children’s height and weight measurements on a card for future identification. While waiting for their turn for police fingerprinting, kids snacked on pop-corn, had their faces painted, and listened to a story read by one of the dispatchers about a girl who calls 9-1-1.

Cell Phone Sally captivated the attention of the younger crowd while a “big hit” for the older children was a simulator set up for practicing calls to 9-1-1. Figueroa said the fair was a success.

“It was just phenomenal,” she said. “We really tried to make the atmosphere a good one and a positive one.”

Everybody wins

Gift cards for donuts and coffee were rewarded to winners of the daily trivia contest sponsored by Martin County Fire Rescue. Cocktail hour kicked off a week featuring chicken wings, pizza purchased by police chiefs and administration, sandwiches and desserts purchased by the fire department, and a barbecue with fire personnel manning the grill. Ice cream sundae’s and a cake made by a dispatcher, a professional cake maker, rounded out the festivities.

Agencies benefiting from the work of Alachua dispatchers took turns providing lunch Monday through Friday. Numbers corresponding with numbers posted under chairs entitled the winner to a cake shared among coworkers.

Norman dispatchers received soft-sided coolers and bags filled with portfolios, pens, paper, mini handouts, and other items that were collected from various vendors. They also had the opportunity to wear ununiform form during the week.

“They appreciated that just as much as anything,” Terry said.

Fingerprints, fair

Dispatchers greeted attendees, handing them materials from the National Center for Missing and Exploited Children (NCMEC) and writing the children’s height and weight measurements on a card for future identification. While waiting for their turn for police fingerprinting, kids snacked on pop-corn, had their faces painted, and listened to a story read by one of the dispatchers about a girl who calls 9-1-1.

Cell Phone Sally captivated the attention of the younger crowd while a “big hit” for the older children was a simulator set up for practicing calls to 9-1-1. Figueroa said the fair was a success.

“It was just phenomenal,” she said. “We really tried to make the atmosphere a good one and a positive one.”

Everybody wins

Gift cards for donuts and coffee were rewarded to winners of the daily trivia contest sponsored by Martin County Fire Rescue. Cocktail hour kicked off a week featuring chicken wings, pizza purchased by police chiefs and administration, sandwiches and desserts purchased by the fire department, and a barbecue with fire personnel manning the grill. Ice cream sundae’s and a cake made by a dispatcher, a professional cake maker, rounded out the festivities.

Agencies benefiting from the work of Alachua dispatchers took turns providing lunch Monday through Friday. Numbers corresponding with numbers posted under chairs entitled the winner to a cake shared among coworkers.

Norman dispatchers received soft-sided coolers and bags filled with portfolios, pens, paper, mini handouts, and other items that were collected from various vendors. They also had the opportunity to wear ununiform form during the week.

“They appreciated that just as much as anything,” Terry said.

Fingerprints, fair

Dispatchers greeted attendees, handing them materials from the National Center for Missing and Exploited Children (NCMEC) and writing the children’s height and weight measurements on a card for future identification. While waiting for their turn for police fingerprinting, kids snacked on pop-corn, had their faces painted, and listened to a story read by one of the dispatchers about a girl who calls 9-1-1.

Cell Phone Sally captivated the attention of the younger crowd while a “big hit” for the older children was a simulator set up for practicing calls to 9-1-1. Figueroa said the fair was a success.

“It was just phenomenal,” she said. “We really tried to make the atmosphere a good one and a positive one.”

Everybody wins

Gift cards for donuts and coffee were rewarded to winners of the daily trivia contest sponsored by Martin County Fire Rescue. Cocktail hour kicked off a week featuring chicken wings, pizza purchased by police chiefs and administration, sandwiches and desserts purchased by the fire department, and a barbecue with fire personnel manning the grill. Ice cream sundae’s and a cake made by a dispatcher, a professional cake maker, rounded out the festivities.

Agencies benefiting from the work of Alachua dispatchers took turns providing lunch Monday through Friday. Numbers corresponding with numbers posted under chairs entitled the winner to a cake shared among coworkers.

Norman dispatchers received soft-sided coolers and bags filled with portfolios, pens, paper, mini handouts, and other items that were collected from various vendors. They also had the opportunity to wear ununiform form during the week.

“They appreciated that just as much as anything,” Terry said.

Fingerprints, fair

Dispatchers greeted attendees, handing them materials from the National Center for Missing and Exploited Children (NCMEC) and writing the children’s height and weight measurements on a card for future identification. While waiting for their turn for police fingerprinting, kids snacked on pop-corn, had their faces painted, and listened to a story read by one of the dispatchers about a girl who calls 9-1-1.

Cell Phone Sally captivated the attention of the younger crowd while a “big hit” for the older children was a simulator set up for practicing calls to 9-1-1. Figueroa said the fair was a success.

“It was just phenomenal,” she said. “We really tried to make the atmosphere a good one and a positive one.”

Everybody wins

Gift cards for donuts and coffee were rewarded to winners of the daily trivia contest sponsored by Martin County Fire Rescue. Cocktail hour kicked off a week featuring chicken wings, pizza purchased by police chiefs and administration, sandwiches and desserts purchased by the fire department, and a barbecue with fire personnel manning the grill. Ice cream sundae’s and a cake made by a dispatcher, a professional cake maker, rounded out the festivities.

Agencies benefiting from the work of Alachua dispatchers took turns providing lunch Monday through Friday. Numbers corresponding with numbers posted under chairs entitled the winner to a cake shared among coworkers.

Norman dispatchers received soft-sided coolers and bags filled with portfolios, pens, paper, mini handouts, and other items that were collected from various vendors. They also had the opportunity to wear ununiform form during the week.

“They appreciated that just as much as anything,” Terry said.

Fingerprints, fair

Dispatchers greeted attendees, handing them materials from the National Center for Missing and Exploited Children (NCMEC) and writing the children’s height and weight measurements on a card for future identification. While waiting for their turn for police fingerprinting, kids snacked on pop-corn, had their faces painted, and listened to a story read by one of the dispatchers about a girl who calls 9-1-1.

Cell Phone Sally captivated the attention of the younger crowd while a “big hit” for the older children was a simulator set up for practicing calls to 9-1-1. Figueroa said the fair was a success.

“It was just phenomenal,” she said. “We really tried to make the atmosphere a good one and a positive one.”

Everybody wins

Gift cards for donuts and coffee were rewarded to winners of the daily trivia contest sponsored by Martin County Fire Rescue. Cocktail hour kicked off a week featuring chicken wings, pizza purchased by police chiefs and administration, sandwiches and desserts purchased by the fire department, and a barbecue with fire personnel manning the grill. Ice cream sundae’s and a cake made by a dispatcher, a professional cake maker, rounded out the festivities.

Agencies benefiting from the work of Alachua dispatchers took turns providing lunch Monday through Friday. Numbers corresponding with numbers posted under chairs entitled the winner to a cake shared among coworkers.

Norman dispatchers received soft-sided coolers and bags filled with portfolios, pens, paper, mini handouts, and other items that were collected from various vendors. They also had the opportunity to wear ununiform form during the week.

“They appreciated that just as much as anything,” Terry said.
Pass the Word.

Dire need of EMS services inspires generous benefactor

BY AUDREY FRAIZER

Georgetown-Quitman County (Ga.) commissioners had tried just about everything short of a bake sale to get their own four wheels on the ground.

“We begged and borrowed and did all we could to come up with a solution,” said County Commission Chairman Richard Morris. “It was a terrible situation. We didn’t have an ambulance and when we’d put out a call it could take up to an hour or more for an ambulance to get here.”

Morris said the problem pointed to the lack of local medical services and, consequently, the requirement nonhospital affiliated ambulance service. There is no hospital in the county and the closest medical facility is four miles from Georgetown’s Main Street and across the river separating Georgia and Alabama. Distances to other hospitals range from 25 miles to 50 miles away.

A cross-border agreement with neighboring Eufaula County, Ala., was one of more solutions attempted by Quitman County officials tried. They also negotiated inter-agency agreements with nearby Randolph, Clay, and Stewart counties, but the time it took for an ambulance to arrive was never first in line. Then there was the fact the time it took for an ambulance to arrive at her door.

“In some cases, the ambulance service depended on availability. Quitman residents were at the mercy of the timing and the availability of the ambulance service in the county and the closest medical facility.”

An example, a Quitman County woman died running on lean. Her ambulance was never first in line. Then there was the time it took for an ambulance to arrive at the woman’s door.

Randolph, Clay, and Stewart counties, but they also negotiated inter-agency agreements with nearby Randolph, Clay, and Stewart counties. Quitman County officials tried. They also negotiated inter-agency agreements with nearby Randolph, Clay, and Stewart counties, but the time it took for an ambulance to arrive was never first in line.

Yet there was the requirement nonhospital affiliated ambulance service. There is no hospital in the county and the closest medical facility is four miles from Georgetown’s Main Street and across the river separating Georgia and Alabama. Distances to other hospitals range from 25 miles to 50 miles away.

Part of the problem pointed to the lack of local medical services and, consequently, the requirement nonhospital affiliated ambulance service. There is no hospital in the county and the closest medical facility is four miles from Georgetown’s Main Street and across the river separating Georgia and Alabama. Distances to other hospitals range from 25 miles to 50 miles away.

A cross-border agreement with neighboring Eufaula County, Ala., was one of more solutions attempted by Quitman County officials tried. They also negotiated inter-agency agreements with nearby Randolph, Clay, and Stewart counties, but the time it took for an ambulance to arrive was never first in line. Then there was the fact the time it took for an ambulance to arrive at the woman’s door.

“Here was a group of people saying they were going to get an ambulance no matter what,” he said. “They were doing the right thing.”

The one glimmer of hope was the precedent set by a Webster County, which, though with a similar population of less than 2,500, has EMS and fire service operated as a county department by the Webster County Commission located in Preston, Ga. The service employs six and has annual revenue of about $200,000.

The five-member Quitman county commission figured their county could do as much. In conjunction with the West Central Georgia Region VII EMS County, they put out a Request for Proposal (RFP) for ambulance service in June 2006. No one bid on the opportunity.

“Then we got a call from the Georgia EMS Improvement Program and got involved. We put out a Request for Proposal and MAAs came in,” said Region VII EMS Program Director and former state EMS Director Sam Cunningham.

The MAAs' proposal was simple. MAAs didn't leave commissioners holding the bag. Cunningham said Quinones passed the ambulance service to the county. Cunningham and the Quinones family were the ones who would pay the bills.

At Your Service (Octavey County commissioners and Metro-Atlanta Ambulance Service representatives drive off in the new transport)

“Nothing,” Cunningham said. “He asked for nothing. He runs a state-of-the-art EMS business.”

Cunningham said Quinones was an example of what is possible. He runs a state-of-the-art EMS business.

Quinones is CEO and president of Metro-Atlanta Ambulance Service (MAAS). He founded MAAS in 2001 and during the past nine years, the company has grown from 10 employees operating two ambulances to more than 180 professional and support personnel running a fleet of more than 50 vehicles. At the 2010 Georgia EMS Awards Banquet, Metro-Atlanta Ambulance was named the 2010 Georgia Emergency Medical Service of the Year.

Cunningham contacted Dave Kinsey, the company’s New Orleans office, and the ambulance steering wheel in the other. Quinones brought EMTs through a satellite course offered by Darton College in Albany, Ga., to Atlanta for additional training. He put them up at a hotel and let them ride third person in an ambulance. MAAS is also providing 9-1-1 services by certified medical dispatchers (EMDs) at no cost from the communications center in Marietta, Ga.

What did Quinones get out of the deal? “Nothing,” Cunningham said. “He asked for nothing. He runs a state-of-the-art EMS service and wanted to help.”

The Macon County, which, though with a similar population of less than 2,500, has EMS and fire service operated as a county department by the Webster County Commission located in Preston, Ga. The service employs six and has annual revenue of about $200,000.

The five-member Quitman county commission figured their county could do as much. In conjunction with the West Central Georgia Region VII EMS County, they put out a Request for Proposal (RFP) for ambulance service in June 2006. No one bid on the opportunity.

“Then we got a call from the Georgia EMS Improvement Program and got involved. We put out a Request for Proposal and MAAs came in,” said Region VII EMS Program Director and former state EMS Director Sam Cunningham.

The MAAs' proposal was simple. MAAs didn't leave commissioners holding the bag. Cunningham said Quinones passed the ambulance service to the county. Cunningham and the Quinones family were the ones who would pay the bills.

“Nothing,” Cunningham said. “He asked for nothing. He runs a state-of-the-art EMS business.”

Cunningham said Quinones was an example of what is possible. He runs a state-of-the-art EMS business.

Quinones is CEO and president of Metro-Atlanta Ambulance Service (MAAS). He founded MAAS in 2001 and during the past nine years, the company has grown from 10 employees operating two ambulances to more than 180 professional and support personnel running a fleet of more than 50 vehicles. At the 2010 Georgia EMS Awards Banquet, Metro-Atlanta Ambulance was named the 2010 Georgia Emergency Medical Service of the Year.

Cunningham contacted Dave Kinsey, the company’s New Orleans office, and the ambulance steering wheel in the other. Quinones brought EMTs through a satellite course offered by Darton College in Albany, Ga., to Atlanta for additional training. He put them up at a hotel and let them ride third person in an ambulance. MAAS is also providing 9-1-1 services by certified medical dispatchers (EMDs) at no cost from the communications center in Marietta, Ga.

What did Quinones get out of the deal? “Nothing,” Cunningham said. “He asked for nothing. He runs a state-of-the-art EMS service and wanted to help.”

The Macon County, which, though with a similar population of less than 2,500, has EMS and fire service operated as a county department by the Webster County Commission located in Preston, Ga. The service employs six and has annual revenue of about $200,000.

The five-member Quitman county commission figured their county could do as much. In conjunction with the West Central Georgia Region VII EMS County, they put out a Request for Proposal (RFP) for ambulance service in June 2006. No one bid on the opportunity.

“Then we got a call from the Georgia EMS Improvement Program and got involved. We put out a Request for Proposal and MAAs came in,” said Region VII EMS Program Director and former state EMS Director Sam Cunningham.

The MAAs' proposal was simple. MAAs didn't leave commissioners holding the bag. Cunningham said Quinones passed the ambulance service to the county. Cunningham and the Quinones family were the ones who would pay the bills.

“Nothing,” Cunningham said. “He asked for nothing. He runs a state-of-the-art EMS service and wanted to help.”

Cunningham said Quinones was an example of what is possible. He runs a state-of-the-art EMS business.
Raising an Eyebrow.

Caller’s suspicions may be no cause for Protocol 129

By Jaci Fox

Every Q recognizes a problem protocol. For a medical Q, the confusion you notice among callers may be whether to use Protocol 10: Chest Pain (Non-Traumatic) or Protocol 19: Heart Problems/A.I.C.D. of the Chief Complaint may be to whom the person is the threat. For a police Q, the caller may be whether to use Protocol 40: Structure Fire or Protocol 129: Suspicious/Wanted (Person, Circumstances, Vehicle). Most people assume the police Q would choose the Structure Fire protocol, however the caller nor the Emergency Medical Dispatcher (EMD) is qualified to diagnose a patient’s immediate problem (e.g., the use of the term “heart” does not always mean Protocol 19 is the best choice). Signs and symptoms are key to choosing the most appropriate protocol.

Perhaps for a fire Q, you may have observed a caller describing a problem shunting to Protocol 69: Structure Fire when a train accident involves a structure. That was the most common mistake made by Emergency Fire Dispatchers (EFDs) until the release of Fire Priority Dispatch System (FPDS)™ version 5, which split Protocol 70: Train/Rail Incident into two: Protocol 70: Train and Rail Collision/ Derailment and Protocol 75: Train and Rail Fire.

As a police Q, I have found Protocol 129: Suspicious/Wanted (Person, Circumstances, Vehicle) to be the protocol choice most misunderstood by the Emergency Police Dispatchers (EPDs) using the Police Priority Dispatch System™ (PPDS™). The suspicious interrogation of Protocol 129 has become the dumping ground, the place where calltakers go when they are unsure which Chief Complaint to choose. The same can be said for Protocol 122: Miscellaneous.

Clearing up the confusion

Let’s start with some clarification. Protocol 129 is designed to address two types of events:

- An incident that involves suspicious activity or behavior
- A person or vehicle that is wanted by the police

The EPD Protocol defines SUSPICIOUS as: “A belief or opinion that circumstances, observed or heard (persons, cars, noises, etc.), may involve criminal activity or the need for police involvement.”

A SUSPICIOUS person would be someone behaving strangely or involved in a situation that appears abnormal or possibly linked to crime. For example, a person acting strangely could be someone carrying a clipboard through a school or hospital, someone you had a call with earlier who suddenly changes their story, ask anyone questions (could be canvassing for an opportunity to break into a residence) or someone seen videotaping tape to tape, along a busy morning route, using a stopwatch to time the route. The behavior could be closer to home. You might see people working outside near your home in the morning. Later, you see them in a car near your office. That night, you see them sitting in the same restaurant you chose for dinner.

A SUSPICIOUS circumstance could include an insecure premise: a door locked by the homeowner or business owner when leaving, but found open upon returning. This situation might also include a business that is open but no employees are found at the business.

A SUSPICIOUS vehicle is similar in context. Maybe the person inside the vehicle has been parked along the street for an unusual period of time, or maybe you have noticed the same vehicle and person cruising down the street at night with the vehicle’s lights turned off.

A crime recently committed in Phoenix, Ariz., which resulted in the tragic death of a police officer, satisfies all three components — SUSPICIOUS person, circumstance, and vehicle. According to the Associated Press, the suspect, Danny Ledezma Martinez, had been seen by a neighbor who reported the man had hit a parked car and was now trying to use a tarp to hide a Ford Mustang in the carport of a vacant home, about 1:30 a.m. on May 26, 2010. Officer Murphy and his partner Officer Jillian Mahlmeister arrived on the scene shortly after receiving the call and split up in search of the suspect. Moments later, shots rang out, and Officer Mahlmeister found her partner on the ground with a single wound which proved fatal for Officer Murphy. The suspect was later apprehended in a nearby backyard shed, naked and resisting officers attempting to take him into custody. With rapid aim of rubber bullets and the assistance of a police dog, he was later booked into jail on charges of first-degree murder and weapons violation.

The difference between a SUSPICIOUS person and a WANTED person is fairly significant to understanding and properly handling a situation. The EPD Protocol defines WANTED as: “A person or vehicle sought by the police in connection with a crime.” A vehicle may call 9-1-1 to report a sighting of someone resembling the composite of a person posted on the local police department’s website or on a flier in a store window in connection with a national or even an international search.

Police in Massachusetts had their jobs cut out for them with a career criminal, 50-year-old Frank McCormack (aka Nicholas Gage) on the run, the quintessential example of WANTED. According to reports, police had 43 arrest warrants against the man including four burglaries, a string of larcenies, vehicle break-ins, and receiving stolen property. He was under investigation in connection with 37 vehicle break-ins that occurred in Norwell one summer. On Dec. 11, 2009, a Marshfield police officer located McCormack, who was driving a reportedly stolen car at the time. However, while he was brought into custody and arranged with charges of a daytime larceny totaling more than $250, he was released after a bad hearing and put on probation, allowing him to remain on the run before more evidence and cases could be presented.

Where the mistakes are made

When calltakers are undecided where to go in their interrogation, Protocol 129 becomes the prime target. The person or situation cannot be readily defined, calltakers may be quick to think something suspicious is occurring. Calls incorrectly classified under Protocol 129 may include:

- An intoxicated neighbor thinks your house is his house, and he does not realize his mistake until standing in your hallway. Correct Chief Complaint: Protocol 113: Disturbance/Nuisance

A situation like this is often classified as a minor disturbance. The caller may certainly be annoyed at his or her neighbor’s intrusion, especially if the neighbor becomes belligerent and insists that he or she is in fact in the right home. There is nothing suspicious about the person or the event; the neighbor is drunk and disoriented.

- Junior high students, bored on a Saturday afternoon, climb to the roof of their school and decide to throw the pebbles they find on the roof onto the sidewalk below. Correct Chief Complaint: Protocol 133: Trespassing/Unwanted

Many trespassers do not know they are trespassing; this could apply to the kids ridng dirtbikes on someone’s property or the man walking his dog in an area he does not know is marked “No Trespassing.” There is also the “unwanted” trespasser that involves a person who is not wanted at a location and has been asked to leave, but chooses to stay.

- A woman calling about loud music playing at a neighbor’s house for several hours past midnight. Correct Chief Complaint: Protocol 113: Disturbance/Nuisance

This is a nuisance call. The loud music disturbing the neighbor is annoying and interrupting the peace and quiet of the much-aggitated neighbor. Nothing suspicious is noted, and this is not a common occurrence, at least in this situation. The music needs to be turned down to a level that no longer disturbs the peace.

- A woman browsing through the fiction aisle of the local library calls
when nothing else fits

A second protocol often used incorrectly is Protocol 122: Miscellaneous. It is another place EPDs go when nothing else seems to fit and, ironically, it is sometimes neglected when Protocol 129 is the appropriate selection. The PPDS classifies a Miscellaneous incident as “An event that does not fit anywhere else in the protocol Chief Complaint series.” Correct use of Protocol 122 includes:

• Requests for advice
• Illegal trash dumping
• Minor possessing liquor in the street (not intoxicated)
• Contravening bylaws (complaints like not shoveling snow or letting weeds go)
• Reports of illegal immigrants
• "UFO" sightings
• Weather-generated calls for service (tornado reports)

Protocol 122 is similar to Medical Priority Dispatch System® (MPDS®) Protocol 26: Sick Person, which I have used in comparison to help calltakers better understand which Chief Complaint to choose when perplexed and unsure of where to start their interrogation. As most MPDS users understand, Protocol 26 is the protocol of choice for a patient who is not feeling well, but without symptoms specific to any one of the other Chief Complaint Protocols.

According to Protocol 26, a sick person is a patient with a Chief Complaint that cannot be categorized; the person does not have an identifiable priority symptom, or the caller does not know what is actually causing the patient’s immediate problem. The caller’s chronic disease or diagnosis may have nothing to do with the actual reason the patient needs help now. A complete medical history, including the patient’s chronic disease or diagnosis of the patient’s immediate problem.

What can discern this by asking the appropriate questions. There are protocols in the PPDS that better address these situations, as noted. None of these situations qualifies for Protocol 129.

1. Protocol 129: Suspicious/Wanted (Person, Circumstances, Vehicle) has become a dumping ground for calltakers uncertain of which Chief Complaint to choose.

2. The definition of MISCELLANEOUS found on Protocol 122: Miscellaneous is a patient with a Chief Complaint that cannot be categorized; the person does not have an identifiable priority symptom, or the caller does not know what is actually causing the patient’s immediate problem.

3. A person seen videotaping traffic along a busy morning route and using a stopwatch to time the routes should be interrogated using Protocol 129: Suspicious/Wanted (Person, Circumstances, Vehicle).

4. An example of a SUSPICIOUS vehicle is:
   a. a vehicle that is driving slowly down the street at night with its lights turned off.
   b. a vehicle that is sought by the police.
   c. a vehicle with someone inside it that has been parked along the street for an unusual period of time.
   d. both a and c
   e. all of the above

5. A WANTED person is:
   a. someone standing at your front door, not knocking, not trying to break in, and not exposing himself or herself.
   b. someone sought by the police.
   c. someone who has abused a child and has already been charged with it.
   d. both a and b

6. The appropriate Chief Complaint for kids who have climbed on the roof of a school on Saturday afternoon and are now throwing paddles off the school is:
   c. Protocol 122: Miscellaneous

7. A mother calling to request advice on what to do with her daughter who is hanging out with the wrong crowd is an example of which protocol?
   c. Protocol 122: Miscellaneous

8. A minor possessing liquor in the street is an example of which protocol?
   b. Protocol 118: Juvenile.
   d. both a and b

9. Which PPDS protocol is similar to the MPDS Sick Person Protocol?
   a. Protocol 120: Indecency/Lewdness
   b. Protocol 121: Mental Disorder (Behavioral Problems)
   c. Protocol 122: Miscellaneous
   d. Protocol 123: Missing/Runaway/Found Person
   e. both a and b

10. Rule 1 on Protocol 122: Miscellaneous states “When a more specific Chief Complaint becomes for calltakers uncertain of which Chief Complaint to choose during interrogation.” In police protocol, there is the expectation that when you know better, you do better immediately.

CDE Quiz Mail-in Answer Sheet

Answer the test questions on the form. A photocopied answer sheet is acceptable, but your answers must be original. Please do not alter size.

If you have questions, please call the Academy at 1-800-368-6416. Attn: CDE Processing.

CDE Quiz Mail-in Answer Sheet

July/August Journal 2010

1. 1. [A] [B] 2. 2. [A] [B] [C] [D] 3. [A] 4. [A] [B] [C] [D] 5. [A] 6. [A] [B] [C] [D] 7. [A] 8. [A] [B] [C] [D] 9. [A] [B] 10. [A] [B]
By Benjamin H. Rose

Each summer, people put on their swimsuits and take to the water to cool off and enjoy the warm weather, which means it’s time for EDs to become reacquainted with Medical Priority Dispatch System™ (MPDS®) Protocol 14: Drowning (Near)/Diving/SCUBA Accident.

Drowning is a leading cause of accidental death around the world, and the most frequent victims of drowning are children under the age of 15. Of these children, the most frequent victims of drowning are those who have hit the bottom of the pool after diving or been submerged for more than six hours. Depending on agency policy, such a case would probably be classified as an OBVIOUS DEATH using Protocol 9.

Let’s say the patient has been underwater for less than six hours. First, it’s important to discover the exact location of the patient at Case Entry Question 3, “Okay, tell me exactly what happened.” If the patient is still underwater at the time of the call—a boater has fallen into the water and hasn’t resurfaced—you initiate an immediate ECHO response (9-E-6) from Case Entry. If the patient has been removed from the water and is breathing effectively or not breathing at all, but has been found by an infant unconscious in the tub or a babysitter discovered a toddler floating in the swimming pool and pulled her out—you should send 9-E-1 or 9-E-2 response. As with all ECHO situations, you should then provide appropriate Case Entry Post-Dispatch Instructions (PDI) and return to questioning. The remainder of the call will be processed using Protocol 9 to swiftly begin airway assessment and CPR.

So when do you use Protocol 14? Basically, anytime the patient is breathing. It may be a near drowning, a SCUBA accident, or a DIVING accident. The patient may be conscious or unconscious, in or out of the water—as long as there is effective breathing.

But wait! There’s one exception to the effective breathing rule: trauma situations. In version 12 of the MPDS, a new pathway was added to all trauma protocols so they could effectively handle arrest patients. Arrest caused by a traumatic incident typically involves issues of scene safety or mechanism of injury that are best handled on the trauma protocols (Protocols 14, 17, 21, 22, or 30) rather than the more generic arrest protocol (Protocol 9). On Protocol 14, the most likely cause of a traumatic arrest would be a DIVING accident. If the patient is unconscious or in arrest as a result of a traumatic, water-related injury like DIVING, process the call using Protocol 14, code the call as 14-D-1, provide PIDs, and proceed via DLS Links to the most appropriate CPR protocol. Of course, this is only true when the patient isn’t underwater—in that case you would still use the 9-E-6 code from Case Entry to allow for an appropriate rescue response.

The term “DIVING accident” has a very different meaning for a SCUBA diver than it does for a cliff diver or recreational swimmer. In the EM environment, it is important to distinguish between these two very different types of accidents. In EM terms, any problem occurring while using SCUBA equipment is referred to as a SCUBA accident. Traumatic injuries caused by jumping or plunging into water from a height are referred to as DIVING accidents.

It’s worth noting that both SCUBA accidents and DIVING accidents may result in drowning or near drowning. A SCUBA diver or a cliff diver jumping from a great height may misjudge how long it will take to get to the surface. In addition, SCUBA divers also face the danger of equipment malfunction, which may leave them without any air to breathe. DIVING accidents involve a higher likelihood of spinal injury. The patient may have hit the bottom of the pool after diving or struck a submerged rock after jumping into the water from a bridge or cliff. Other possibilities include hitting the water at high speed or being...
**SPECIFIC SCUBA PROBLEMS**

Most SCUBA problems are caused by changes in pressure as the diver descends, and then rises back to the surface. As the diver descends, pressure increases and causes the gases in his body to expand and contract, and as the diver rises back to the surface the gases begin to contract and can cause tissue damage. In the case of a hyperbaric chamber, the patient is then brought slowly back to surface pressure.

**Decompression Sickness (the “Bends”)**

**Cause:** As the diver descends, the amount of nitrogen in his blood increases. After exposure to high pressures for a period of time, the diver ascends too quickly, and nitrogen gas is released from the blood to the tissues. This can cause tissue damage leading to delayed blockage of the blood vessels or formation of gas bubbles.

**Symptoms:** The diver may experience symptoms ranging from tingling in the fingers and toes, anxiety, confusion, and coordination problems to more serious symptoms such as convulsions, loss of consciousness, and even death.

**How to Avoid It:** Divers should always follow proper decompression procedures and avoid ascending too quickly.

**Nitrogen Narcosis**

**Symptoms:** The effects of nitrogen narcosis are similar to those caused by nitrous oxide or laughing gas. The diver may experience altered vision, impaired judgment, and sometimes even seizures.

**How to Avoid It:** Divers should also follow proper decompression procedures and avoid ascending too quickly.

**Oxygen Toxicity**

**Symptoms:** Oxygen can have a toxic effect on the body, causing symptoms such as nausea, fatigue, and disorientation. In severe cases, it can lead to seizures or even death.

**How to Avoid It:** Divers should always follow proper decompression procedures and avoid descending too rapidly.

**Middle Ear Barotrauma**

**Symptoms:** Barotrauma may manifest as pain or discomfort in the ears or middle ear, hearing loss, ringing in the ears, nausea, dizziness, and nosebleeds.

**Cause:** The pressure in the middle ear is not equalized as the diver descends and then rises back to the surface. As the trapped air expands and contracts, it can cause serious damage to body tissues.

**How to Avoid It:** Divers should always follow proper decompression procedures and avoid descending too rapidly.

**Ozone Depletion**

**Symptoms:** Excess oxygen can have a toxic effect on the body, causing symptoms such as nausea, fatigue, and disorientation. In severe cases, it can lead to seizures or even death.

**How to Avoid It:** Divers should always follow proper decompression procedures and avoid descending too rapidly.

**Arterial Gas Embolism**

**Symptoms:** Signs and symptoms of arterial gas embolism include pain in the chest, pain in the abdomen, or pain in the limbs, as well as other symptoms such as nausea, vomiting, or dizziness.

**How to Avoid It:** Divers should always follow proper decompression procedures and avoid descending too rapidly.

**Hyperbaria**

**Symptoms:** Hyperbaria occurs when the diver is exposed to high pressures, and can cause symptoms such as anxiety, confusion, and coordination problems.

**How to Avoid It:** Divers should always follow proper decompression procedures and avoid descending too rapidly.

**Hypothermia**

**Symptoms:** Hypothermia occurs when the diver is exposed to cold water and can cause symptoms such as shivering, confusion, and unconsciousness.

**How to Avoid It:** Divers should always wear appropriate insulation and avoid descending into cold water.

**Nitrogen Saturation**

**Symptoms:** Nitrogen saturation occurs when the diver is exposed to high pressures, and can cause symptoms such as anxiety, confusion, and coordination problems.

**How to Avoid It:** Divers should always follow proper decompression procedures and avoid descending too rapidly.

**Ozone Depletion**

**Symptoms:** Excess oxygen can have a toxic effect on the body, causing symptoms such as nausea, fatigue, and disorientation. In severe cases, it can lead to seizures or even death.

**How to Avoid It:** Divers should always follow proper decompression procedures and avoid descending too rapidly.

**Radiation**

**Symptoms:** Radiation can cause symptoms such as nausea, fatigue, and disorientation. In severe cases, it can lead to seizures or even death.

**How to Avoid It:** Divers should always follow proper decompression procedures and avoid descending too rapidly.

**Scuba Diving**

**Symptoms:** Scuba diving can cause symptoms such as anxiety, confusion, and coordination problems. In rare instances, oxygen toxicity can cause convulsions similar to those seen in a grand mal seizure.

**How to Avoid It:** Divers should always follow proper decompression procedures and avoid descending too rapidly.

**Severe Hypothermia**

**Symptoms:** Severe hypothermia can cause symptoms such as anxiety, confusion, and coordination problems. In rare instances, oxygen toxicity can cause convulsions similar to those seen in a grand mal seizure.

**How to Avoid It:** Divers should always follow proper decompression procedures and avoid descending too rapidly.

**Toxicity**

**Symptoms:** Toxicity can cause symptoms such as anxiety, confusion, and coordination problems. In rare instances, oxygen toxicity can cause convulsions similar to those seen in a grand mal seizure.

**How to Avoid It:** Divers should always follow proper decompression procedures and avoid descending too rapidly.

**U.S. Department of Transportation**

**Symptoms:** U.S. Department of Transportation can cause symptoms such as anxiety, confusion, and coordination problems. In rare instances, oxygen toxicity can cause convulsions similar to those seen in a grand mal seizure.

**How to Avoid It:** Divers should always follow proper decompression procedures and avoid descending too rapidly.

**Specific Scuba Problems**

**Symptoms:** Specific scuba problems can cause symptoms such as anxiety, confusion, and coordination problems. In rare instances, oxygen toxicity can cause convulsions similar to those seen in a grand mal seizure.

**How to Avoid It:** Divers should always follow proper decompression procedures and avoid descending too rapidly.

**Torsion**

**Symptoms:** Torsion can cause symptoms such as anxiety, confusion, and coordination problems. In rare instances, oxygen toxicity can cause convulsions similar to those seen in a grand mal seizure.

**How to Avoid It:** Divers should always follow proper decompression procedures and avoid descending too rapidly.

**Undertow**

**Symptoms:** Undertow can cause symptoms such as anxiety, confusion, and coordination problems. In rare instances, oxygen toxicity can cause convulsions similar to those seen in a grand mal seizure.

**How to Avoid It:** Divers should always follow proper decompression procedures and avoid descending too rapidly.

**Waves**

**Symptoms:** Waves can cause symptoms such as anxiety, confusion, and coordination problems. In rare instances, oxygen toxicity can cause convulsions similar to those seen in a grand mal seizure.

**How to Avoid It:** Divers should always follow proper decompression procedures and avoid descending too rapidly.

**Zika Virus**

**Symptoms:** Zika virus can cause symptoms such as anxiety, confusion, and coordination problems. In rare instances, oxygen toxicity can cause convulsions similar to those seen in a grand mal seizure.

**How to Avoid It:** Divers should always follow proper decompression procedures and avoid descending too rapidly.

**Hyperbaria**

**Symptoms:** Hyperbaria occurs when the diver is exposed to high pressures, and can cause symptoms such as anxiety, confusion, and coordination problems.

**How to Avoid It:** Divers should always follow proper decompression procedures and avoid descending too rapidly.

**Ozone Depletion**

**Symptoms:** Excess oxygen can have a toxic effect on the body, causing symptoms such as nausea, fatigue, and disorientation. In severe cases, it can lead to seizures or even death.

**How to Avoid It:** Divers should always follow proper decompression procedures and avoid descending too rapidly.

**Radiation**

**Symptoms:** Radiation can cause symptoms such as anxiety, confusion, and coordination problems. In rare instances, oxygen toxicity can cause convulsions similar to those seen in a grand mal seizure.

**How to Avoid It:** Divers should always follow proper decompression procedures and avoid descending too rapidly.

**Scuba Diving**

**Symptoms:** Scuba diving can cause symptoms such as anxiety, confusion, and coordination problems. In rare instances, oxygen toxicity can cause convulsions similar to those seen in a grand mal seizure.

**How to Avoid It:** Divers should always follow proper decompression procedures and avoid descending too rapidly.

**Severe Hypothermia**

**Symptoms:** Severe hypothermia can cause symptoms such as anxiety, confusion, and coordination problems. In rare instances, oxygen toxicity can cause convulsions similar to those seen in a grand mal seizure.

**How to Avoid It:** Divers should always follow proper decompression procedures and avoid descending too rapidly.
CDE Quiz Mail-In Answer Sheet

Answer the ten questions on this form. A photocopied answer sheet is acceptable, but your answers must be original. (Please do not alter size.)

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

Clip and mail your completed answer sheet along with the $5.00 NON-REFUNDABLE processing fee to:

The National Academies of Emergency Dispatch
130 East South Temple, Suite 200
Salt Lake City, UT 84111 USA
801-900-6236 USA; 801-359-6916 Int'l
Attn: CDE Processing
Please retain your CDE acknowledgement for future reference.

Name ____________________________
Organization _______________________
Address _______________________________
City __________________ State/Prov. ____________ ZIP ____________
Country__________________
Academy Cert. # ______________________
Date of Birth ______
Daytime Phone ( ) ___________________
E-mail ______________________________

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

ANSWER SHEET MEDICAL

1. __________ A=10  B=3  C=1
2. __________ B=1  C=3
3. __________ B=3  A=1
4. __________ B=1  A=3
5. __________ B=1  A=9
6. __________ C=1  A=3
7. __________ A=10  B=1  C=3
8. __________ A=3  B=1  C=10
9. __________ A=10  B=1
10. __________ A=3  B=10  C=1

CPR steps Medina relayed to someone at CPR: A) massage the heart to get circulation started B) contact the local hyperbaric chamber C) protect life over limb and open the patient’s airway D) use her/his hands to stabilize the patient’s head and neck in the position found.

Drowning is when a person is found suffocating in a liquid environment but is rescued and revived. It is when a person is found face down in a bucket of water and reports that the patient is breathing effectively. The EMD
decided to treat the patient as if the patient

You must be medical certified to take this quiz.

Deadly Combination. Prompt CPR saves toddler mother rescued from bucket

Large buckets and young children can be a dangerous combination, so dangerous in fact that during the past 25 years close to 300 toddlers in the United States have drowned in buckets containing liquids.

Ask EMD Peter Medina about the lethal odds. He knows what can happen, and because of the training Medina credits, this time an 18-month-old toddler beat the grim statistics.

“The training we receive really works,” said Medina, a dispatcher for the Ramapo Police Department in New York. “The child is enduring.

The drought started early morning on Nov. 25, 2009, a raw day, Medina recalled, rainy and cold. A toddler had wandered away from his mother and she found him outside the house face down in a bucket that had collected nearly a foot of icy rainwater. The child wasn’t conscious, and he wasn’t breathing.

“She pulled her son from the bucket, put him in the car, and drove around the corner to where her husband was working,” Medina said. “She was frantic, at a loss of what to do.”

Police Sgt. Danny Hyman rushed into the center from down the hall when he realized the extent of the call. He remembers hearing the “craziness” going on in the background against the CPR steps Medina relayed to someone at the neighborhood food co-op where the husband was employed. The two locked in well, Hyman said.

“arrest as a result of a traumatic water-related injury, you should

You MUST BE MEDICAL CERTIFIED TO TAKE THIS QUIZ.

CDE Quiz Medical

Answers to the CDE quiz are found in the article “Water Worries,” which starts on page 40.

1. What age group is most likely to drown in residential swimming pools?
   a. adolescents
   b. adults
   c. children between the ages of one and four
   d. children over the age of five

2. Drowning is when a person is found suffocating in a liquid environment but is rescued and revived.
   a. true
   b. false

3. If the patient is still underwater at the time of the call, you should code the call as:
   a. 9-E-1.
   b. 9-E-2.
   c. 9-E-6.
   d. 14-D-1.

4. If the patient is unconscious or in arrest as a result of a traumatic water-related injury, you should

   a. true
   b. false

5. What is the correct definition of a DIVING accident in EMD terms?
   a. any problem occurring while using SCUBA equipment
   b. traumatic injuries caused by jumping or plunging into water from a height
   c. children between the ages of one and four
   d. 75%
Thunderclap Heralds the Storm.

But with full recovery, commissioner steams ahead

There’s not a lot Sara Fisher remembers about Dec. 13, 2009.

The Eagle County commissioner was alone in her home in Gypsum, Colo., except for Sage, a 13-month-old chocolate Lab. Her husband Bill was visiting family out of town, and a snowstorm that morning convinced her to stay put rather than drive the 35 miles along Eagle River Valley to church.

The storm turned out to be a good thing.

After several cups of decaf coffee and a large chocolate cake, Fisher felt like someone had kicked her. “Wham!” Fisher wrote in a letter published three months later in the Vail Daily newspaper. “In that moment my life changed instantly and forever.”

A CAT scan at Vail Valley Medical Center revealed fluid accumulating around her brain. The condition required a neurosurgeon, and Fisher was transported to Swedish Medical Center in Denver to be placed under the care of Dennis Vollmer, M.D., of the Colorado Brain and Spine Institute.

Although conscious after surgery, she was not what might be considered a good conversationalist.

“I had been asking questions the whole time,” she said. “My husband would answer although it was obvious to him that I couldn’t hear what he was saying.

At one point, Fisher, an Episcopalian, remembers having a conversation with God. She recalls visiting close friends and family in her mind, feeling and believing they were praying for her recovery.

Three months after the emergency and Fisher feels 100%.

“Make that 125%,” she said. “I am blessed. God gave me another chance to live, and that deserves to be celebrated every day.

Fisher credits her full recovery to Sage’s constant nudging to keep yer upright (lying down would have been more dangerous from the pressure of pooling blood), the actions of first responders, and even the storm that added several inches of snow to the valley’s floor.

“I’m just thrilled I wasn’t driving,” she said.

Fisher has no idea of the cause. It could be hereditary or, perhaps, related to a bruise on the brain she may or may not have experienced while riding horseback, or on motorcycles, or doing just about anything growing up in Montana and now living in the Vail Valley. The doctors told her there’s no indication she’ll have a second aneurysm, and the odds of that happening again are as slim as they were in the first place.

Through thought and prayer and conversations with her husband and friends, Fisher decided to run for a second term on the Eagle County Board of Commissioners.

Three months after the emergency and Fisher decided to run for a second term on the Eagle County Board of Commissioners. She’s back at work and taking Sage on long walks. Her letter to the Vail Daily, printed in March, acknowledges responders, the surgeons, hospital personnel, her friends, her husband Bill, and their dog Sage.

Vail Police Department Communications Manager Joe Ribietto said his show of gratitude goes beyond a simple thank you.

“Fisher feels 100%,” he said. “She’s back at work and taking Sage on long walks. She decided to run for a second term on the Eagle County Board of Commissioners. She’s back at work and taking Sage on long walks. Her letter to the Vail Daily, printed in March, acknowledges responders, the surgeons, hospital personnel, her friends, her husband Bill, and their dog Sage.

Danny Gordon’s dream vacation of standing beneath a tornado leaves people wondering about his good sense, unless you’re talking to 90 percent of his 500 friends on Facebook.

“A lot of people tell me I’m just crazy,” said Gordon, an EMD with Newton County Central Dispatch in Neosho, Mo. “But it’s a dream many of us share. We want to look up to the inside of a funnel cloud.”

Crazy or not, Gordon hasn’t always been that way. The thought occurred to him some 25 years ago when he was four years into his job as a City of Neosho patrol officer. Assigned storm spotter duty, he and two other county workers loaded into a squad car to survey the surrounding area for advance storm clouds that could indicate tornado activity.

Shortly into the drive and heading toward a storm site to clear debris from the road, Gordon caught the bug.

“Danny Gordon’s dream vacation of standing beneath a tornado leaves people wondering about his good sense, unless you’re talking to 90 percent of his 500 friends on Facebook.

“A lot of people tell me I’m just crazy,” said Gordon, an EMD with Newton County Central Dispatch in Neosho, Mo. “But it’s a dream many of us share. We want to look up to the inside of a funnel cloud.”

Crazy or not, Gordon hasn’t always been that way. The thought occurred to him some 25 years ago when he was four years into his job as a City of Neosho patrol officer. Assigned storm spotter duty, he and two other county workers loaded into a squad car to survey the surrounding area for advance storm clouds that could indicate tornado activity.

Shortly into the drive and heading toward a storm site to clear debris from the road, Gordon caught the bug.

“A funnel cloud came right over the car,” he said. “We bounced four times and the force of the winds moved the driver’s side of my light bar back about two inches.”

The thrill of tires off the road from a cloud spinning over his head left Gordon breathless. His newfound passion turned into an obsession, and now he eagerly anticipates the day he can ride inside an armored plated tornado intercept vehicle (TIV) that, in his dreams, should be so lucky to pass right under an EF4 tornado.

Until that day arrives, Gordon will continue making storm watch videos and viewing those fellow enthusiasts post on Facebook and his website (Hearthland Stormspotters and Chasers at http://www.mospotterweb.com). He will work toward advanced storm watch certification, having already earned first level certification, and when a storm does hit show his family into a closet while he watches the clouds advance. If fortune has it, he will be standing outside camera in hand taking footage.
just like he hoped a friend was doing when a tornado blasted through a campground where she was staying. “Once I knew she was OK, I asked if she had any pictures for me,” he said.

“Since the day my patrol car was lifted off the ground, I haven’t lost my passion,” he said. “I love living in the tornado zone.”

Gordon said it’s an adrenaline rush and the joy of the chase. He can recite the dates of his tornado sightings, including the one on May 10, 2008, that touched down less than two miles from his home and dropped golf ball size hail. The tornado that swept through the sparsely populated Newton County on that day left 13 people dead.

Despite the dangers, Gordon has every intention of staying in the area and teaching his son Matt, also a certified storm watcher, about the dangers and beauty of nature’s ferocious windstorm.

“Since the day my patrol car was lifted off the ground, I haven’t lost my passion,” he said. “I love living in the tornado zone.”

It’s second nature to drop everything when your child is seriously ill or injured, and that’s exactly what Angi Adams did last year from her dispatch console.

Adams, a dispatcher for Montcalm County (Mich.) Central Dispatch Authority, was working April 17, 2009, when a strangely familiar address popped up on her screen. She couldn’t quite put her finger on a correlation, but when Adams heard the caller’s frantic “my cousin’s having a seizure,” suddenly it all clicked and she realized who the caller was—her then 15-year-old niece Sadie who was spending the day with Adams’ 13-year-old daughter Alison.

Adams didn’t panic. “Sadie, this is Aunt Angi,” Adams, a dispatcher for seven months at the time, told her niece, trying to calm her down and let her know that she was going to help her through the situation. “Wanda, Wanda, listen to me,” Adams said that hadn’t been an option, once they arrived, she was out the door without waiting for responders to arrive.

As this little guy,” she said. “I was pretty surprised that she hadn’t turned the call over to someone else.

It was an unforgettable call, For Merrell, it was an unforgett able call, and she wasn’t alone in her thinking. Carson City Sheriff Ken Furlong nominated Merrell for the Northern Nevada American Red Cross 2010 Real Heroes award.

“Her confident instructions and stern tone were quickly accepted by mom,” Furlong said about the incident in a story that appeared in the Nevada Appeal. “Then finally, during the emotionally exhaust ing six-minute life-shattering ordeal, Ms. Merrell heard a weak cry over the phone... the 3-week-old baby had survived, thanks to his mother and the firm, but calm and determined actions of a 9-1-1 emergency operator.”

Cindy Merrell remembers the morning of Jan. 19, 2010, as a day a caller’s emergency hit a little closer to home than perhaps she’d like. “I thought I caught ‘my baby’s not breathing’ said Merrell, a supervisor for Carson City (Nev.) Sheriff’s Office Communications 911 Center.

Her ears were right on. The mother confirmed her three-week-old baby wasn’t breathing. While her coworker dispatched responders, Merrell turned to the infant CPR Pre-Arrival Instructions (PAIs) and prefaced the steps with words of encouragement for the frantic mother.

“I just kept repeating ‘OK, OK we’re going to help the baby’,” she said. Merrell guided the mother through mouth-to-mouth and chest compressions, but when results weren’t immediate, the mother wanted to give up. “Oh, my son’s dead,” the mother said. “I need to call my husband.”

“We can help your baby,” Merrell encouraged her “Don’t give up.” Shortly after resuming CPR, Merrell thought she heard a faint cough coming over the line. The baby had started breathing. When responders arrived on the scene Merrell disconnected, and it wasn’t until the family came in to meet her about a week later that she found out how the baby was doing. Turns out baby Marcos had stayed in the hospital overnight before going home with a monitor.

“I have a grandbaby that’s the same age as this little guy,” she said. “I was pretty elated. It was a relief.”

The family of four gave Merrell flowers and a gift card to thank her for the role she played in saving Marco’s life.

Unflappable: Angi Adams stayed calm when taking a call about her own daughter, remaining on the line until help arrived.

“Wanda, Wanda, listen to me,” Adams told her mother-in-law in a loud voice to focus her attention. Adams, not one to lose her composure during an emergency, relayed Post-Dispatch Instructions (PDIs) for Protocol 12: Convolusions/Seizures using the Medical Priority Dispatch System (MPDS). She also provided directions to responders since the address on the screen was off by an eighth of a mile.

Once they arrived, she was out the door with permission granted by a supervisor surprised that she hadn’t turned the call over to someone else.

Unflappable: Cindy Merrell helped a distraught mother resuscitate her three-week-old son who had stopped breathing.

“Don’t give up.”

Angi Adams stayed calm when taking a call about her own daughter, remaining on the line until help arrived. Cindy Merrell helped a distraught mother resuscitate her three-week-old son who had stopped breathing.
Money Talks. Paying women less wins approval for Winnipeg 999 system

Audrey Fraizer

Winnipeg Alderman Albert E. Bennett was determined to salvage a proposal giving Winnipeg a central dispatch center similar to those used in the amalgam of 15 municipalities each having at least two emergency phone numbers to summon police, fire, ambulance, and civil defense services. Bennett decreed the potentially 30 numbers to remember in a crisis, claiming the $44,000 estimated to create a one-number system in the Winnipeg police department would be well worth the public investment.

The portion each municipality would be required to pay was too high, some of the leaders said. They hedged, despite a fast-approaching April deadline to approve emergency telephone number listings in the Manitoba phonebook.

Bennett didn’t waiver, and instead devised a compromise solution to meet the drop-dead date of publication. Winnipeg could hire women to answer the phones, not men, without affecting “the operation of the proposed system,” he assured city council in a letter that spring. The $200 a month they could pay a woman dispatcher would save $145 a month for each position hired.

Municipal leaders liked the idea. Knocking nearly a quarter off the total budget by paying women dispatchers less than the amount men would earn won the votes Bennett needed. According to the plans approved, dispatchers at the Winnipeg central police department would direct calls to the municipality involved and all messages would be recorded on tape for filing. The Manitoba Telephone system had agreed to absorb the initial capital cost of installing the new number; total annual maintenance was estimated to run $35,000 (thanks to the gender shift) paid by municipalities on a per capita basis.

The 999 service launched in June 1959 was the first of its kind in North America and nine years before Haleyville, Ala., would create the first emergency dispatch center in the United States. The number 999 made it to the phonebooks.

Local editors praised the decision and called it a step forward for greater Winnipeg. “It will mean increased efficiency in the vital business of emergency and therefore greater service to the public.” (Winnipeg Free Press, June 17, 1959)

Off to a bumpy start

The system was not an instant success. Municipal leaders continued the debate, haggling over its necessity and clamping down on private ambulance services racing to emergencies based on calls intercepted from dispatch radios.

Bennett needed a good call, one supporting the system’s efficiency. On Sept. 20, 1959, Bennett got his chance. A baby’s life was saved because the mother of the choking infant was too hysterical to dial any number longer than 999 correctly. Police, notified by dispatchers, rushed to the house. The baby survived.

Bennett was ecstatic, not only for the baby but also for the proven effectiveness of relying on one number in an emergency.

“Any expense that was involved in setting up this number has been more than compensated for as a result of this life being saved,” he said. “We can’t measure life in dollars and cents.”

More life-saving stories followed, including a call to 999 to help a 16-month-old boy who drank a capful of bleach. The call was made just one hour after telephone lines had been installed linking the police station at the Children’s Hospital and 999. A doctor at the poison center grabbed the emergency phone and told police to rush the child to the hospital. His stomach pumped, he was allowed to go home.

Working conditions not ideal

The 999 system operators and equipment were not a commodity anticipated when Bennett’s central police station was built in 1900. Available space meant squeezing the legroom of another department and like everyone else in the building, the dispatchers made do in a room probably the size of a broom closet. The 58-year-old building housing a force of 536 had been built to accommodate one-fifth that number, leaving the general impression it was bursting at the seams. In almost every department there were too many people and too much equipment occupying too little space.

Bennett provided an exhaustive tour of their woeful facilities two months prior to a vote on a $5 million omnibus bylaw that would finance a $2.8 million police station and several other projects. One tour guest praised the cleanliness of the third floor dispatch room but was appalled at the living conditions of prisoners eking out their existence in basement cellblocks below. The severe overcrowding forced some prisoners to stand all day in corridors where the two-men cells were full and a “terrible stench” from the lack of hygiene in close quarters permeated the floors above (Winnipeg Free Press, Aug. 17, 1960).

The omnibus bylaw passed. City hall, which would house Winnipeg’s police and fire departments, would rise in a section of the city that was slowly deteriorating. Unless something had happened to reverse its decline, the area was destined to become a slum neighborhood (Winnipeg Free Press, July 27, 1961).

Some things never change

Winnipeg’s new emergency number 999 was getting lots of use but 90 percent of the use wasn’t for emergencies. The “girls” on the switchboard were cheerful, patient, and relaxed, but certainly no more immune to crank calls than those at today’s centers.

“You just can’t be tense on a job like this,” they told a reporter for a story published in the Winnipeg Free Press (July 4, 1959).

But the two “girls” on each shift did admit to the same reporter that they were tiring of people calling to complain or ask for directions. The “girls” redirected the calls, excusing the errant callers and answering each “calmly and efficiently” because “there might be something to them.” A call the “girls” prided was from a boy terrired over a mouse with a moustache devouring large amounts of his family’s strudel.

“People aren’t so afraid of 999 anymore, and it’s starting to pick up,” said one of the “girls.” “I guess they’re getting used to it.”

And get used to it they did. By early 1961, dispatchers were answering about 180 calls every 24 hours and for each call, asking the name, address, and what happened while contacting response: the system was credited with saving at least 11 lives since its inception in 1959.

Bennett eventually received a bit of payback for the hard work he put into Winnipeg’s 999. In July 1961, the once-critical alderman received a plaque on the behalf of the Kiwanis Club praising what a city can do given the right resources (Winnipeg Free Press, July 26, 1961). An editorial a day later praising the location of Winnipeg’s new city hall in the Winnipeg Free Press cited 999 as a useful example of what can be accomplished when differences are dropped in the name of public good.
Navigator goes to Paris Las Vegas

The Premier Educational Conference for Police, Fire, and Medical Dispatch

At the Paris Las Vegas
April 20-22, 2011

c'est très fantastique...!