How Do We Keep Them?
Like some other well-known figures, our strength may surprise you.

Is your public safety system strong to the finish? TriTech is a well-established company whose sole focus has been public safety for more than 15 years. We provide law enforcement, fire, and EMS functionality in one integrated solution to some of the biggest agencies in the country. In fact, top-tier cities like Austin, Dallas, Denver, and Minneapolis all utilize TriTech solutions to save lives and protect millions of people. That’s because TriTech is unmatched in its ability to offer powerful, reliable, and easily upgraded CAD, RMS, and mobile data systems. And we have the resources, size, and expertise to back you up. Virtually everyone on our team, from the most seasoned engineer to the CEO, has a background in public safety. People’s lives depend on you. You can depend on us to deliver the systems and support you need.

To learn more about our strengths and capabilities, please visit www.tritech.com/spinach or call us at 858.799.7000 today.

© 2007 TriTech Software Systems. All rights reserved. TriTech and the TriTech logo are trademarks or registered trademarks of TriTech Software Systems.
PROTECT THEM
ASK THE RIGHT QUESTIONS

Quickly sending the RIGHT on-scene information to responding officers and updating it in real-time can help save lives. That’s what the Police Priority Dispatch Protocol System® does better than any other. When your team takes a 9-1-1 call using ProQA® dispatch software, you can be confident that both your new and veteran dispatchers are doing it RIGHT and that responding officers are receiving the information they need to protect themselves and the citizens around them.

We agree with what master mathematician Claude Shannon said in 1963:
“Information is the reduction of uncertainty”
ProQA® Dispatch Software—reducing uncertainty for over 29 years

800-363-9127
www.prioritydispatch.net

ask the right question. get the right answers. send the right information.
CONTRIBUTORS

BRIAN DALE
is an Academy-certified EM D and EFD instructor and a battalion chief over emergency medical services at the Salt Lake City Fire Department, an Accredited Center of Excellence. He is also the department’s safety officer. He is a consultant, a member of the Council of Standards and College of Fellows, and a frequent speaker at Navigator. He is also the Academy’s Board of Accreditation Chair.
FIRE CDE PAGE 13

JONATHAN M. GOLDMAN
is a communications specialist and the communications training officer for the Pelham, N.H., Police Department where he has dispatched police, fire, and EMS for seven years. Jon is also a part time communications specialist for the Rockingham County Sheriffs Department. Jon also serves as an EMS Lieutenant and EMT for his hometown fire department. He is a past president of the NH Emergency Dispatch Association.
TRAINING PAGE 32

MIKE THOMPSON
is a battalion chief with the Rapid City Fire Department, S.D., and oversees the EMS Division with a coverage area of approximately 3,000 square miles. His career in the fire services spans 19 years; he has been a paramedic for the past 21 years. He is an EM D, EFD, and ED-Q instructor and the Research Chair for the NAED Fire Standards Board.
FIRE CDE PAGE 13

GREG SCOTT
is a regular contributor to The Journal. He was supervisor of the San Diego EMS 9-1-1 Center from 1985 to 1997 and has directed many emergency dispatch implementation projects across North America. He is currently a dispatch consultant and lead EM D-Q instructor for Priority Dispatch Corp. Most recently, he was the lead writer for a white paper report on best practices in 9-1-1 center management for the International City/County Management Association.
MEDICAL CDE PAGE 18

BRETT PATTERSON
is an Academics and Standards Associate for the NAED. His role primarily involves training, curriculum, protocol standards, quality improvement, and research. He is a senior EM D instructor, and a member of the NAED College of Fellows, Standards Council, and Rules Committee. Brett became a paramedic in 1981 and began a career in EMS communications in 1987. Prior to accepting a position with NAED, he spent 10 years working in a public utility model EMS system in Pinellas County, Fla.
TRAINING / AZERBAIJAN PAGE 34

GULNARA AKHUNDOVA
is the public affairs director with the Azerbaijan division of the International Medical Corps (IMC), a Santa Monica, Calif., based public health agency. Gulnara has 10 years of corporate communication experience, including four years in public health, and holds a bachelor’s degree from the Russian University of Business Management. She has attended various professional trainings and workshops, including a series of training courses on health communication facilitated by the Johns Hopkins University Center for Communication Programs.
TRAINING / AZERBAIJAN PAGE 36

ROSS RUTSCHMAN
became the associate director of the National and International Academies of Emergency Dispatch in April 2007. The native of Oregon has been involved in public safety for 33 years. He served in various capacities and for the past 10 years was a shift commander/EMS coordinator for a fire based transport service. Ross currently teaches EM D, EM D-Q, EFD, EFD-Q, and has served on a variety of Academy committees over the years, including serving as the Chairman of the College of Fellows.
TRAINING TIPS PAGE 38

GREG SPENCER
is a regular contributor to The Journal. He is the Continuing Dispatch Education advisor for the National Academies of Emergency Dispatch. He is also an instructional designer and technical writer for Priority Dispatch Corp. where he is the primary author of the EM D Advancement Series lessons.
TRAINING PAGE 27
24 | feature

Training. While there’s no magic formula for keeping staff, our feature highlights programs and suggestions that can help you bring the best and brightest to your world.

Departments

Best Practices

10 | ACE Achievers. Medicine Hat achieves first triple ACE

On Track

13 | Fire CDE. Influence outcome of trench collapse
18 | Medical CDE. Timely and effective response to flu outbreak
22 | Protocol Update. Version 12 is full version update

Industry Insider

40 | In The News.

YourSpace

46 | Dispatch Frontline. Tragedy at Pentagon is a day dispatcher still honors
49 | Real People. Dispatcher sounds last alarm in tribute to firefighter
Traveling Connects. Trips promote emergency communications professionals and draw attention to their use of protocol

Scott Freitag, NAED President

I had barely parked the snow blower back in the garage between storms when it was time to leave again for another trip in support of the Academy. Trips sandwiched between one near blizzard to the next during this particularly snowy winter in Utah have me crisscrossing the country to both oversee the use of the protocol and, basically, promote the emergency communications profession.

While home in January prior to two trips, there was a post-holiday occasion to celebrate the start of a four-year term on a local city council. Similar to my travels for the Academy, the commitment to serve the city where I live suits my personality. I like to be part of what the future holds. I’ll say more about that later.

The first trip sent me to Nashville, Tenn., for a meeting with a committee the National Center for Missing and Exploited Children (NCMEC) appointed early 2007. Those attending last year’s Navigator Conference probably remember NCMEC President and CEO Ernie Allen talking about the alliance among emergency service organizations to create model practices guidelines. The National Academies of Emergency Dispatch (NAED) is part of this alliance and, as the representative I’ve helped put together the Model Policy and Best-Practice Guide for Call-Takers When Handling Calls Pertaining to Missing and Sexually Exploited Children. The document assists 9-1-1 communications centers in recovering missing children and in protecting them from sexual exploitation. The caller recommendations within the guidelines are based on our Police Priority Dispatch Protocols” (PPDP).

The written word, however, is only a part of our work. The committee is also heavily engaged in promoting public awareness. We want everyone to understand the critical role 9-1-1 centers play in resolving these types of emergencies.

As part of that commitment, we’re asking communications center managers, police chiefs, and sheriffs to attend two-day training courses held at NCMEC’s national headquarters in Alexandria, Va. The seminars, which are held every six weeks, orient officials to issues relating to missing and exploited children, including policies and best practices, technical assistance, and available resources. The course is free and our goal is to have 500 attendees this year. For more information, NCMEC has designated a page for 9-1-1 communications centers on its Web site (www.missingkids.com/911).

The next line of business was a weeklong trip to Kansas City, Mo., to meet students during their last week of the Communications Center Manager (CCM) Course, sponsored by the NAED and Fitch & Associates. The class, held once a year, actually begins several weeks before the students meet face to face to finalize and present projects. Much of the course is conducted online preparing research projects that affect every communications center manager. This year, for example, students from agencies coast to coast gave presentations about salary, staffing, and job satisfaction, to name a few.

The course, however, goes far beyond the academic experience. Students enhance the skill set needed to manage a communications center and the course develops a network of colleagues. As NAED Founder Jeff Clawson, M.D., has said, CCM offers a “practical way to learn how to be a manager and leader beyond the typical ‘on-the-job’ training.” An added bonus is the group focus to resolve issues. Students work together for a balanced outcome. They build upon their powers of negotiation and compromise. The course is like the brochure states: two weeks that will change your life.

Now back to home matters. In January, I was sworn in as a member of the Layton City Council. My wife and I moved to the city 15 years ago when the population was about half of what it is now. Over the past decade-plus, this city north of Salt Lake City has increased its commercial base (lots of new shopping areas and private industry) while trying to keep the small town flavor that keeps people flocking into the area. I ran for city council because I want to preserve the very qualities that drew us here. During my first official council meeting later the same month, Layton City Mayor Steve Curtis appointed me to the planning commission, which is a board at the core of our city’s development. I am always interested in what the future holds and, as I’ve said, I like to play a part in the planning process, whether it affects my professional or family life.

While we’re on the subject of travels and planning, let me mention how much I’ve looked forward to this Navigator Conference. The event provides the perfect opportunity to do everything this column has mentioned: learn, train, network, and become part of a planning process. If you have a minute sometime during the week there, please introduce yourself any time you see me off stage and outside of classes, wandering the exhibit hall, or attending the special events. I truly anticipate the arrival of this annual event. Not only do I meet a lot of great people but it’s also a sign of something else I long for each year: a rest from the snow blower. We are ready for the new beginnings spring holds.
Diabetic Problems. Questions revolve around one core issue: patient’s level of consciousness

Jeff Clawson, M.D.

Additional comments from Ken Hotaling, PDC training consultant.

Linda writes

The following is a question dispatcher Daniel Trier forwarded to me in regard to the additional answer options for Protocol 13, Diabetic Problems, built into ProQA. In ProQA, an “unknown” answer to “Is he behaving normally” and/or “Is he completely awake” lead to an ALPHA response level (assuming that breathing is normal). Surprisingly, the responder script at the bottom of ProQA reads: “Alert and behaving normally,” even though the answers to both questions from the caller were “unknown.”

I can only deduce that this logic path is based on medical data collected by the Priority Dispatch Corp. over the years, similar to the data that supports the basic life support (BLS) recommendation for an auto accident victim with chest pain. Can you shed more light on this?

Linda Mihans
QA-QI Dispatcher
Dutchess County, N.Y., Department of Emergency Response

Dear Linda and Daniel

Yes, we can shed some light on this and, to clarify our response, we broke your question into two parts that center on one core issue—the patient’s level of consciousness.

1. Why is the text in the responder script and status bar stating “behaving normally” when the answer entered was “unknown”?

The system’s logic is designed to select the best determinant code based on the questions and the caller’s response. The descriptor text remains static. Whenever an answer is “unknown” the logic either considers it a “yes” or “no.” The logic domain rule governing this decision is to assume a “yes.”

There are several dozen combinations of answers in this protocol (actually 36 when Case Entry is stable), but only five determinant descriptor codes. For each code to be completely accurate in its description of a given case, the number of codes would have to equal the number of question/answer combinations—i.e., 36 codes. ProQA’s logic, based upon our years of experience, selects the code that is clinically closest to these domain rules.

2. If the answer to “behaving normally” and “completely awake” is unknown, why is ProQA recommending the ALPHA 1 determinant?

If “behaving normally” is unknown, to err on the side of the patient the CHARLIE 2 may be correct. But if a caller is able to clearly answer “yes” to the other questions, then it might be assumed that the caller does not know the patient’s normal behavior and does not want to commit to a “yes.” The caller simply says, “I don’t know.”

In essence, these two questions are asking about the same core issue—the patient’s level of consciousness. Therefore, from a logic standpoint, only one “thing” is unknown. Our data confirms that this is O.K. Otherwise, each unknown would be considered as a positive and a CHARLIE response would be made, resulting in a high level of over-response. It is a more serious situation when the caller answers “unknown” to both questions—completely awake (alert) and breathing normally—because that would mean all windows are closed on the patient’s central functioning. Based on a rule we call M U P S R (multiple unknown priority symptom rule), we assume the worst and code up to C-1.

In the case you mention, logic fails the M U P S R test; therefore A-1 is coded.

The logic of ProQA is an entire science in-and-of itself. We are constantly looking and reevaluating it. After 17 years of use, it works quite well I must say.

Hope this helps. Onward into ’08…

Linda’s response

Thank you, Doc, for your reply! I tend to have one question per year that gets forwarded to you and you have always responded thoughtfully and quickly.

We have been very pleased with ProQA, and it has done wonders for our compliance. Nearly all of the errors reported to me are user errors or software misunderstandings, and the rare software problem is usually corrected before I call tech support (who are wonderful, by the way).

I have forwarded your reply to my staff to quell any future questions along the same lines.
Wind-whipped snow outside the office window greatly reduces my view of the commerce buildings to the west and the flag a quarter mile away that gages the wind direction is but a faint silhouette in the stormy sky.

A full-blown blizzard is raging in downtown Salt Lake City, home of the NAED® and PDC™ offices, and that makes it difficult to picture the warmer weather two months from now when we leave for N navigator. I’m not a great fan of winter, despite living in a state famous for its alpine skiing. I prefer sunny skies in springtime, especially in Baltimore, Md.

This will be my first trip to Baltimore, and I’m eager to visit at least some of the historic sights during breaks (fingers crossed) from a frantic week of conference events. Although the mountains (without blizzard conditions) are a major reason I stay west, I am thrilled to see those with whom I identify: the mountains (without blizzard conditions).

History and geography aside, this trip also means my second round at N navigator. Last year as a “newbie” I took the EM D course pre-conference and, thankfully, passed the certification test. I met lots of people and had a grand introduction to the meaning of professional emergency dispatch. Now, with one year under my belt, I am ready to meet even more people and, this time, loaded with questions to ask the unsuspecting.

You see, part of my job—and a part I really enjoy—involves talking to strangers. I like to ask people about their jobs and what it is about that job that makes them tick.

People in your line of work have told me the satisfaction comes from helping someone in an emergency. The dispatcher becomes the calm in otherwise stormy weather. I’ve been told that the fire, police, and medical protocols give confidence. People using protocols know they work. They’ve seen them work.

I’ve also learned that it takes a certain type of personality to dispatch effectively. Yet, I don’t want to put everyone from the profession in the same basket; just because you succeed at something doesn’t mean you’re the same as the person sitting in the next chair. There are unique qualities that set you apart.

I guess this is the long way of saying that a second conference gives me the chance to get to know you better. As part of my job, I will be going up to strangers asking questions as the gist for brief stories we plan to run in The Journal.

In other words, don’t be alarmed when a stranger holding a notebook, pen, and camera approaches you. I am after your story. The gathered stories not only enhance my view of the profession but also lend to the meaningfulness of the direction we’re going in the world of emergency dispatch. Your bit of insight goes a long way.
WHERE IN THE WORLD WILL EURONAVIGATOR BE IN 2008?

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

BRISTOL

VISIT US ON THE WEB FOR UP-TO-DATE CONFERENCE INFORMATION
WWW.EMERGENCYDISPATCH.ORG

Euronavigator UK 2008
September 25-28
Medicine Hat, Canada, are in for a really big party. And for good reason. The sixth largest city in the province of Alberta is home to the first communications centre in the world to earn triple ACE status. In little more than eight months, Medicine Hat earned three titles: Police ACE in April 2007, Fire ACE in December 2007, and Medical ACE in January 2008.

“Dispatchers in Medicine Hat, Canada, are in for a really big party. And for good reason. The sixth largest city in the province of Alberta is home to the first communications centre in the world to earn triple ACE status. In little more than eight months, Medicine Hat earned three titles: Police ACE in April 2007, Fire ACE in December 2007, and Medical ACE in January 2008.”

Getting the job done

Grant is the centre’s director, and has been for nearly the past eight years. She started in the emergency service dispatch profession 19 years ago when answering an ad for a job that sounded like something she might enjoy. Nearly two decades later, she’s seen both high and lows, primarily regarding business consolidation and the full transition to Priority Dispatch Corp. “(PDC) for fire, police, and medical protocols.

“I’ve always found great satisfaction in the work I do here,” said Grant. “Let’s just say the department has come a long way in making this a positive experience for everyone.”

Grant started at a time when fire, police, and ambulance dispatchers worked in three different buildings and under three separate unions. The ambulance dispatchers used the PDC protocols, while the fire and police dispatchers were “flying by the seat of their pants” in terms of call-taking, said Grant.

Things have since changed, and almost dramatically. The fire, police, and ambulance dispatchers, now numbering 25, have amalgamated into one union and work together under one roof in the Medicine Hat police department. The centre is the primary PSAP that handles call-taking and dispatching for an array of public safety responder agencies, including the city police, 25 fire departments, and six emergency medical services sites in addition to handling calls for public utilities.

But don’t let the happy finale lull you into believing that the course was an easy one to forge, said Eric Parry, the PDC police consultant who has worked closely with the Medicine Hat centre. “Ring Around the Rosy,” it wasn’t, he said. “This was a journey for them and us (PDC and the IAED). They just really went for it and showed that they were willing to embrace something new.”

The quest is a story Grant prefers to tell, along with three other speakers, during a session scheduled for opening day at the Navigator 2008 Conference (The Long Road to Becoming Accredited in all 3 Protocols, 2:15 p.m. – 3:30 p.m. on Wednesday, April 23). “I don’t want to give the whole story away now,” she said.
The big news, of course, is the triple ACE achievement. The history of getting there involves a lot of “finding our way through the wilderness,” said Grant. “There was a long stretch in which we didn’t know where we were headed. Not any longer. We know where we are, why we’re here, and the direction we’re going.”

Making a long story short

After the consolidation, dispatchers were required to cross-train in the three disciplines—fire, police, and medical protocols. It was a long journey before the uninitiated fire and police dispatchers could see the value of standardized protocol.

The department subsequently added the fire protocol and was soon using ProQA® for fire and medical. Under the direction of former Quality Assurance Controller Sheree Whyte, the centre agreed in 2000 to take part in the Beta testing for use of the Police Priority Dispatch System™ (PPDS).

“She [Whyte] was the visionary,” said Parry. “She knew they could do it and we did all we could to enable their success. To achieve what they all have achieved is nothing short of astounding. We owe a great deal to Sheree Whyte.”

The police protocol was officially released in 2001, followed by two updated versions over a three-year period. Fast forward to 2005. The dispatchers in Medicine Hat were well into using the protocol when the department decided it was time to take some serious steps toward achieving their first ACE in the use of the PPDS.

According to an earlier story in The Journal (Medicine Hat Puts on a Police Cap, Spring 2007), the possibility presented plenty of obstacles for Whyte and her predecessors. Due to family health concerns, Whyte left the position and transferred to another job within the police department. Her husband David had been diagnosed with cancer. After a valiant fight, he died on Oct. 5, 2007.

Keeping the ball rolling

Grant and Colleen Bachewich, Medicine Hat’s new operations and quality assurance coordinator, picked up the ball and they definitely kept it rolling.

The task wasn’t easy, admits Grant. Roadblocks included competing priorities for resources and the motivational element, for example. Not all dispatchers wanted to make the transition to standardized protocol. In fact, on some days Grant forced herself to step back and catch her breath.

“I learned to look at the project in bite-sized chunks,” said Grant. “It took a while for everyone to understand that protocol came down to providing an excellent ser-
The Police ACE awarded to the centre in April 2007 took nearly 10 months of data collection and information gathering, as required by the Twenty Points of Accreditation. Bachewich collected data for quality assurance purposes and the department put together several committees to oversee the finer points, such as documents pertaining to their Continuing Dispatch Education (CDE) Program (point 13) and the formal agreements stated in points 19 and 20.

At the same time—and this may be the secret to their triple success—Bachewich worked simultaneously on collecting data for the Fire and Medical ACEs they planned to pursue full throttle once accomplishing the Police ACE.

So, it wasn’t as if they didn’t have their sights on the triple crown from the start.

“All three had been our goal,” said Grant.

Tri-accreditation was the goal

The objective was even recorded as part of the minutes from a Medicine Hat City Council meeting held in May 2007, shortly after the communications centre had earned the distinction as the world’s first Police ACE.

At the meeting, Alderman J.C. Friesen and A. Bizio, the city’s commissioner of public services, presented Grant and Bachewich, with a congratulatory letter signed by the police chief, fire chief, ambulance superintendent, and Bizio. The letter acknowledges the centre in becoming the first Accredited Centre of Excellence (ACE) in the world for the consistent use of the PPDS Emergency Police Dispatch System.

Grant, in her comments following the presentation, said the communications centre was in the process of becoming accredited in fire and medical dispatch, as well.

Grant is quick to add that a Guinness World Record was not their intent.

“We realized what accreditation means,” she said. “The distinction comes down to being about whom we serve. We did this for the public good.”

Parry said Medicine Hat was instrumental in helping transmit that message. “They taught us how to better convey the concept. We learned a lot from them. As they got better, we got better and vice versa.”

Grant said continuing success depends on the dispatchers, and she works hard at staying connected to her staff. Grant spends time on the floor talking to dispatchers. They celebrate National Public Safety Telecommunicators Week and send their top performers to the Navigator conference.

“We try to keep things lively,” she said.

“It is important to value people and to have values that people share.”

Getting noticed

There is no doubt that Medicine Hat is now on the map. Public safety agencies around the world, in particular police agencies, are paying close attention to what’s happened in “The Hat.”

“The word is spreading and it is only a matter of time now before more police agencies adopt the protocol,” Parry said. Even the Royal Canadian Mounted Police has taken notice. By the looks of it, the party has just begun.

Back to the party

The importance of an ACE is not confined to the dispatch centre. The honor is a big deal for the overall emergency services community as well as the city’s politicians. Grant plans to invite everyone who is anyone in public emergency services and city government to the formal event.

Once that’s done, and they’re home from Navigator, there’s a list of other items Grant and her team plan to achieve. In other words, sitting on their laurels for long is a far cry from future plans.

“We’re on a high note but not only because of the award,” said Grant. “We have a lot of projects on the go and a terrific staff that will help us get them done.”

Environment on the upswing

Carlynn Page finds the centre’s atmosphere positively awesome.

“They have a passion to succeed,” she said. “They have found people who share the same values and approach what they do with a singular purpose.”

Parry said the buy-in comes from telecommunicators believing that protocol is the right thing to do. “You have to first gain confidence in the system, and then gain the confidence that you can do it,” he said.

A accompanying that is the change in thinking protocol requires, especially those on the police side who are trained to focus on getting the call out fast and catching the bad guy as opposed to evaluating the situation to protect the officers responding to the scene.

“The [tri-ACE] distinction comes down to being about whom we serve. We did this for the public good.”

—Ronda Grant

Parry said Medicine Hat was instrumental in helping transmit that message. “They taught us how to better convey the concept. We learned a lot from them. As they got better, we got better and vice versa.”

Grant said continuing success depends on the dispatchers, and she works hard at staying connected to her staff. Grant spends time on the floor talking to dispatchers. They celebrate National Public Safety Telecommunicators Week and send their top performers to the Navigator conference.

“We try to keep things lively,” she said.

“It is important to value people and to have values that people share.”

Getting noticed

There is no doubt that Medicine Hat is now on the map. Public safety agencies around the world, in particular police agencies, are paying close attention to what’s happened in “The Hat.”

“The word is spreading and it is only a matter of time now before more police agencies adopt the protocol,” Parry said. Even the Royal Canadian Mounted Police has taken notice. By the looks of it, the party has just begun.

Back to the party

The importance of an ACE is not confined to the dispatch centre. The honor is a big deal for the overall emergency services community as well as the city’s politicians. Grant plans to invite everyone who is anyone in public emergency services and city government to the formal event.

Once that’s done, and they’re home from Navigator, there’s a list of other items Grant and her team plan to achieve. In other words, sitting on their laurels for long is a far cry from future plans.

“We’re on a high note but not only because of the award,” said Grant. “We have a lot of projects on the go and a terrific staff that will help us get them done.”

Behind These Walls The Medicine Hat Communications Centre is as every bit as contemporary inside, as it appears outside.
**In the Trenches. Actions of EFD influence outcome of trench collapse**

By Brian Dale / Mike Thompson

Ma'am, I am sorry, but our crews were not able to get to your husband in time. We are sorry for your loss, and as soon as we get him out of the trench we will let you see him.

I hear those words coming from one of many law enforcement officers speaking to the newly widowed wife of the man whose body we are trying to recover from 15 feet of soil in which he is encased. How terribly ironic, I thought to myself. I had just agreed to write this article with Rapid City Fire Department Battalion Chief Mike Thompson, and now as the incident safety officer with the Salt Lake City Fire Department, it would become my duty to ensure no other lives are lost in this tragic and preventable situation. The trench was to be for a new sewage line and this seemingly simple little trench had become both his torture and execution chamber.

Earlier, as I watched the two rescue medics in the hole with a pair of hardbacks protecting them while trying to uncover his head and then trying to provide rescue breathing, it occurred to me that this was such a senseless tragedy. This man jumped into the hole for an unknown reason. Now, he would pay for this mistake with his life.

After only eight minutes of resuscitation attempts, it became obvious that this would be a recovery and not a rescue.

Not an isolated incident

This scene, as tragic and senseless as it is, plays out too many times throughout the world each year. According to industry statistics, in addition to the 1,000-plus injuries reported each year, there is an average of 54 trench collapse-related fatalities in the United States alone and safety officials fear there are many others that go unreported. In addition to the injury or death of the initial victim, statistics from the Occupational Safety and Health Administration (OSHA) show that as many as 65 percent of all deaths from trench cave-ins are would-be rescuers killed in failed attempts to rescue buried or partially-buried victims.

This article will provide relevant incident and safety information so the EFD, when facing this incident type, will have the information to work with the caller to gather actionable information, help stabilize the scene, and provide some degree of control until fire rescue resources can arrive and provide on-scene control and mitigate the problem. In addition to rescue topics, we will discuss the physical characteristics of trench and soil dynamics, along with inherent dangers for anyone on scene.

**Reports**

1,000 Reported (injuries per year)

Plus 50-100 (deaths)
when the collapse occurs. We will also review how the EFD should interact with the caller to ensure no one else is harmed or killed. We will not attempt to use this article as a trench-rescue training tool, but only as a resource for the EFD to utilize for ongoing training and awareness.

Trenches at a glance

OSHA defines a trench as a narrow excavation made below the surface of the ground. In general, the depth is greater than the width but the width is less than 15 feet. OSHA further defines an excavation as any man-made cut, cavity, trench, or depression formed by earth removal. OSHA standards regulate the construction and occupation of trenches over five feet deep and shallower trenches with special hazards.

Trench collapses are one of the most time-consuming technical rescues as well as one of the most labor-intensive. The victim must be uncovered completely before he can be removed safely from the trench. Attempting to "yank" a victim free can result in additional injury and, typically, will not release the victim. To further complicate the problem, once the earth moves, there is a 98 percent chance of a secondary collapse.

To better understand trench rescue, let's start with a basic overview of the soil and the trench itself. The weight of a single cubic foot of dirt averages 100 pounds but can weigh as much as 145 pounds. One cubic yard of soil contains 27 of these or as much as 3900 pounds total. Even a typical small cave-in can involve about 1.5 cubic yards of dirt or approximately 5,800 pounds. This weighs about as much or more than a large pickup truck. A larger, commercial trench wall collapse might contain 3 to 5 cubic yards of soil, weighing from 8,000 to 14,000 pounds.

A person buried under only a couple of feet of soil experiences enough pressure on the chest area to prevent his lungs from expanding and suffocation occurs within three to five minutes. For trench collapse victims, time is the enemy. Even if the person is rescued in time to prevent death, the heavy soil loads are likely to inflict serious internal injuries such as multiple organ injury and failure, disseminated vascular clotting, hypothermia, and compartmental or crush syndrome. A person buried in earth as high as his diaphragm would not be able to dig himself out and his chances of survival are low. If the face is even partially covered, death is almost certain.

This is why rescue companies, as a general rule, are trained to never stand in any trench without protection if the trench is more than three feet deep. Different types of soil will behave differently as well, so rescuers must be aware of the type of soil they are dealing with.

Soil classification

The more cohesive and uniform the soil, the more stable it will be. Soils range from stable rock, to clay, to sand, and various mixtures of the same. Soils that are granular in nature will readily collapse and will often make it impossible to even dig what we would commonly think of as a trench. Clay is the most stable soil to deal with and will often stand freely for some period of time. Unfortunately, it is also the soil responsible for most of the fatal collapses. Workers become accustomed to working in clay without incurring much trouble until that one time when it doesn't hold.

OSHA classifies soils as Class A through Class C. Class A soil is the most stable and includes some form of clay. Class C soil
is extremely unstable and is comprised of either granular soil like sand or a wet soil of any type.

OSHA considers this type of working environment a confined space. A confined space must have three distinct characteristics. First, a confined space must be big enough for someone to physically enter into it. Secondly, the opening must be small enough to make it difficult to exit. Thirdly, the space cannot be designed for continuous human occupancy.

Various types of soil will behave differently, so rescuers must be aware of the type of soil they are working with. Once soil dynamics are understood, we must know how these trenches will fail. There are four distinct types of trench collapses that rescuers must be familiar with, and they are:

- **Trench Lip Slide:** Seen when the lip of the trench fails and is often caused by piling the excavated soil too close to the edge thereof creating a load on the lip of the trench.

- **Spoil Pile Slide:** This type is the result of excavated earth placed too close to the lip of the trench.

- **Shear Wall Collapse:** This occurs when a section of soil loses its ability to stand and collapses into the trench along a mostly vertical plane.

- **Belly Slough:** A collapse caused when a large mass of soil falls from the side of a trench and leaves a large overhang.

No two collapses alike

Each type of collapse poses unique challenges for the rescue crews and they must spend hours preparing to deal with all the potential variables they will face. These crews use the old “Whatever can happen, will” approach when dealing with this very unstable environment. When rescue personnel arrive on scene, they will designate an area close to the trench as an equipment cache. This cache will have all their shoring, cribbing, and extraction tools laid out so that whatever obstacle they run into, they have the appropriate equipment close at hand to work through the problem.

For example, in the case mentioned earlier, the victim was literally standing up in the trench against one side with several large boulders around his lower legs that were not seen until the team extricated about three vertical feet of soil. First, rescuers had to stabilize the walls of the trench before they could physically enter the environment to recover the victim.

The team used a shoring system known as “hardbacks.” T his device is made up of 4-by-4 foot plywood panels attached to 2-by-12 inch by 10-foot boards. The hardbacks are held in place by at least two rams shot into place using a pressurized air cylinder. Once these devices are in the trench, the rescuers may begin removing the soil that encases the victim. Due to the instability of the trench, it takes a closely monitored process of removing many loads of soil and rock by hand and mechanical devices.

At any one point, the aforementioned rescue effort took two rescuers with jackhammers, shovels, and hand picks to free the victim. For every two feet they descended, they added more cribbing to reduce the risk of the soil caving in below the safety box created. In these types of situations, crews must also contend with the potential for atmospheric contamination. Since the victim and the rescuers are working below grade, they must constantly monitor the air and other gases in the trench to ensure they are not in a toxic atmosphere. Dispatch Life Support (DLS) instructions teach the caller to turn off all machinery except for any ventilation devices.

Unchecked emotion can be tragic

These incidents are very emotional and stressful for those on scene as well as for those coming to mitigate the problem. This emotion and stress can and does lead to tragic mistakes. People jumping into an unsecured trench or even trained rescue personnel placing themselves at risk before appropriate shoring is in place are a few examples. Tragically, many trained rescue technicians are killed after the victim has been removed and as they are removing their trench protection equipment from the hole.

With these sobering facts, the EFD’s hardest, but most important task, is to maintain order on the scene prior to field unit arrival. The EFD can do this by preventing a bystander from doing something that turns an already bad situation into a fatal one for either the bystander or an already-trapped victim who may still be alive. The EFD can also make sure the proper resources are developed by adherence to FPDS™ protocol interrogation sequences.

Rescuers turn into victims

As mentioned previously, studies suggest that 65 percent of deaths related to
trench collapse are would-be rescuers of the victim. These well-meaning rescuers, and even fire department personnel, place themselves at extreme risk jumping into an unsecured trench before appropriate shoring is in place. The EFD must use effective communication and call management techniques to take control of the call and potentially use the caller as a “surrogate incident commander” to exercise some degree of control over bystanders and co-workers actions at the scene. They must allow other well-meaning bystanders to attempt an ill-fated rescue prior to the fire department’s arrival.

It’s a very common instinct for coworkers to want to dig out a buried friend with the heavy equipment, which is frequently at the scene. While understandable, this is an extremely hazardous action. We want to keep everyone out of the danger zones at the incident site.

Three distinct zones
There are three separate and distinct areas defined in the incident. They are the Hot, Warm, and Cold zones:

1. Hot Zone (0’ - 50’): No apparatus except those directly involved in the rescue operation are permitted within this area. The number of personnel in this area is controlled to minimize the potential for a secondary collapse.

2. Warm Zone (50’ - 150’): Decontamination and other functions take place in the warm zone. Access to the hot zone is controlled in the warm zone.

3. Cold Zone (150’ - 300’): This is the staging area. PIO operations, rehab, and all other staff support functions occur in this area. Remember that there has been either a partial, and in some instances, a complete collapse of the trench. Allowing someone to use mechanical machinery on the side of the trench to dig out the victim causes even more vibration to the trench wall, increasing the potential for a more significant secondary collapse and sealing the victim’s fate. While doing research for this article, we were able to find stories from the past six months in which backhoe operators accidentally decapitated two trapped trench collapse victims during their rescues. The backhoe operator will be trying to perform the most delicate of operations while under significant duress and even the most skilled, equipment operator cannot feel the difference between dirt and human skin.

First rule of dispatch With that in mind, the emergency dispatcher’s first Rule is: “Don’t take more victims to the scene!” It is up to the EFD to take first control as the initial incident commander and direct the appropriate actions for everyone until other responders take over. Referring to Dispatch Life Support standard 1061 from the National Fire Protection Agency (NFPA), it states, “The purpose of these instructions is to ensure that no further harm is done, and that the service requester or victim is kept safe and the situation possibly improves.” That is another reason we have a list of appropriate things for bystanders to do: “Turn off the machinery, keep everyone away from the trench, and have someone wait for the emergency crews.” The EFD can make a significant difference for the victim and the bystanders by following the instructions in the FPDS.

Our review and discussion for this article has driven us to submit a formal Proposal for Change (PFC) to add the following scene stabilization information to the FPDS:

- Order anyone else still in the trench to leave immediately in order to remove that person from exposure to a secondary collapse.
- If safe to do so, order all heavy equipment to be shut down except for ventilation devices to reduce vibrations that may cause a secondary collapse.
- Tell the caller to keep all vehicles at least 150 feet away.
- Do not allow any hand tools to be removed. These may serve as clues to the locations of the trapped victims.
- Fire department personnel will want to speak to the site foreman, so tell the caller to have someone locate that individual.

As we have shown, the trench collapse incident is a very dangerous and emotional scene. These calls are stressful, demanding, and they will test all your skills. People on scene will want to “help,” and their actions may result in the wrong thing done; it is better they do nothing at all. The EFD, adhering to the FPDS, using effective communication skills and caller management truly can be the difference between “M’a’am, we’re sorry” and “M’a’am, we got him.”

References
1. OSHA statistics report up to half of all trench deaths are would-be rescuers.
   a. true
   b. false

2. In general, the depth of a trench is greater than the width but the width is less than 15 feet.
   a. true
   b. false

3. According to OSHA, a confined space must have three distinct characteristics. Two characteristics are that it must be big enough for someone to physically enter into it and that it cannot be designed for continuous human occupancy. What is the third characteristic?
   a. A limited air supply
   b. Unstable vertical or horizontal walls
   c. A restricted opening that makes it difficult to enter or exit
   d. A and C, but not B

4. There are four distinct types of trench collapses that rescuers must deal with. What are they?
   a. The lip slide, vertical wall shear, floor washout, and total collapse
   b. The spoil pile slide, belly slough, shear wall collapse, and lip slide
   c. The shear wall collapse, spoil pile slide, bilateral wall failure, and lip slide
   d. The shear wall collapse, lip slide, belly slough, and mechanical failure

5. With regards to trench rescue, what does a rescue cache hold?
   a. All appropriate medical treatment equipment for use once the victim is brought out of the hole
   b. Some trench equipment for rescue, but mostly heavy equipment such as backhoes, vacuum trucks, and dump trucks
   c. All the shoring, cribbing, and extrication tools laid out close to the trench
   d. None of the above

6. The term hardback is used to describe a shoring system made up of a panel of 4-by-4 foot plywood panels attached to 2-by-12 inch by 10-foot boards.
   a. true
   b. false

7. Due to the potential for a secondary collapse, the caller should be encouraged to turn off all machinery, including any ventilation devices that are running.
   a. true
   b. false

8. There is a danger area around the trench where decontamination and other functions take place. This area also controls access to the Hot Zone. What is this area called?
   a. Hot Zone
   b. Staging Zone
   c. Warm Zone
   d. Cold Zone

9. In cases where the patient is completely buried and the workers on scene know where the victim is located, it is acceptable to allow them to attempt an immediate rescue using a skilled backhoe operator to dig them out.
   a. true
   b. false

10. Which NFPA standard states: “The purpose of these instructions is to ensure that no further harm is done, and that the service requester or victim is kept safe and the situation possibly improves”?
    a. 1021
    b. 1500
    c. 1710
    d. 1061
If you've been in this line of work for more than a few years, there's no doubt you've had plenty of bad news to think about. Most of us have had more than our fill of disasters—hurricanes in the southern United States; forest fires in California; terrorist attacks in major cities including London, Washington, D.C., and New York; an outbreak of a strange and deadly new virus in Canada; and the bombing of a federal building in Oklahoma City. The list goes on. It seems a safe bet to conclude that the International Academies of Emergency Dispatch® (IAED) emergency dispatchers and communications centers have already handled the worst and come out prepared for virtually any nightmare scenario the dark forces can throw at us, right?

Not yet.

In fact, a pandemic flu outbreak could easily dwarf all of the above in size, scale—and especially body count. While it may sound like a surreal doomsday plot from a sci-fi thriller, the threat of a new strain of a lethal virus plaguing the world is no fantasy. It has happened before—more than once.

Pandemic outbreaks include the Asian Flu (1957 – 1958) and the Hong Kong Flu (1968-1969). Each killed tens of thousands in the U.S. alone, and on the scale of a million people worldwide.

Influenza pandemics occur

The worst influenza outbreak on record occurred in the years 1918 and 1919. Known as the Spanish Flu, conservative estimates are that it killed 40 to 50 million people worldwide; some put that number closer to 100 million. In the United States approximately 675,000 died, a number that would equal roughly two million people in proportion to today’s population. In fact, the virus was so deadly that 1918 was the only year in the entire 20th century that the U.S. population dropped. More recent pandemic outbreaks include the Asian Flu (1957 – 1958) and the Hong Kong Flu (1968-1969). Each killed tens of thousands in the U.S. alone, and on the scale of a million people worldwide.

The viral component

Influenza viruses are the cause of flu outbreaks. Viruses are microscopic organisms that survive by attacking the cells and living tissue of the host body in which they reside. Flu viruses are extremely stubborn because they are able to mutate—acquire new genetic characteristic—rapidly, and that can make them better able to take advantage of their hosts or even change their host species. Many strains can spread quickly from host to host through physical contact with another host or through the air on droplets of water, saliva, or mucus.

Seasonal flu outbreaks are common; they are caused mostly by some form of an exist-
ing strain in humans that is generally not potent enough to kill most healthy persons (although the elderly and infirmed can die from even a moderately robust seasonal flu infection). Occasionally, however, a strain of flu virus develops for which most of us have little or no resistance. If such a virus evolves so it can spread readily from person to person, then the conditions are ripe for a worldwide (pandemic) outbreak.

Bird Flu kills

Currently, public health experts around the world are carefully watching the spread of a virus known in public health circles as H5N1. We know it as Avian Flu, sometimes called Bird Flu. As its name implies, the virus is well-established in a number of bird populations throughout Asia; it has also been found in parts of Africa, Europe, and Australia. Some birds in North America may also be infected. The virus can be transmitted to humans through close contact with birds. The deadliness of the virus when it infects humans worries public health experts. So far, it has killed close to 50 percent of all persons infected. If the virus ever finds a way to transmit itself directly between humans, a pandemic may soon follow.

EMD plays role in pandemic response

Given these sobering facts, let's examine your role as an EMD during a pandemic outbreak and how the MPDS® can help in your center's pandemic flu strategy.

In the United States, the local response will likely begin with the county or regional public health authorities. They are typically responsible for maintaining current lists and locations of health care personnel, facilities, supplies, and equipment in the region. They are also responsible for setting up non-traditional care centers, such as public schools, large office buildings, malls, stadiums, and other public gathering places that may be used as evacuation points, patient collection points, and emergency treatment centers. During a pandemic alert or actual outbreak, emergency medical services (EMS) providers will be taking guidance and direction from the local public health departments.

Emergency communications centers must have a coordinated plan that allows for a command and communication infrastructure involving the local and state public health authorities, as well as the EMS authorities, particularly the EMS and EMD system medical directors and the incident commanders. At the calltaking positions, EMDs will be relied upon for two functions critical to the success of the agency's pandemic flu plan: surveillance and triage.

With MPDS and ProQA, you have the premier tools on hand for gathering information quickly and accurately.

The good news for those using the MPDS and ProQA® software is that you have the premier tools at your disposal for gathering information quickly and accurately and putting that information to use in executing an effective pandemic response.

Surveillance

Early detection and early warning of widespread disease outbreaks is accomplished through a process known as surveillance or as it's sometimes referred to in the public health environment: syndromic surveillance. While surveillance activities have been left up to public health authorities, 9-1-1 centers are playing an increasingly important role. The idea is to poll, in near real-time, ProQA databases for specific flu signs and symptoms recorded during the caller interrogation. The (EMD) ProQA software has a special screen for capturing flu symptoms.

The Academy's Chemical, Biological, Radiological, Nuclear (CBRN) group has developed a process to update the screen rapidly as the disease progresses and new characteristics are identified by the Centers for Disease Control and Prevention (CDC) and the World Health Organization (WHO). Updates are posted on an file transfer (ftp) Web site and downloaded by MPDS users into the ProQA software.

The information calltakers gather can be analyzed by a second software program known as FirstWatch® that will detect any
unusual trends or patterns indicative of an outbreak. FirstWatch can feed 9-1-1 information into larger regional networks of data that receive flu-related information from disparate sources. In the future, there may be the expectation that all 9-1-1 systems are an integral part of such an early detection, early warning system for pandemic flu.

Triage

Chances are that a full-scale pandemic flu outbreak will rapidly overwhelm the capacity of most emergency medical response systems. EMS resources will be severely strained and responder personnel depleted due to illness. Hospitals will exceed capacity and patients treated by paramedics may be left at home. Patients needing extensive care may be transported to designated patient collection points that will serve as make-shift treatment facilities. Others may be given limited care over the phone with no mobile response from EMS units.

Call loads may be extreme and the 9-1-1 center may be severely understaffed due to a high incidence of employee illness and infection. Even patients who receive a response from emergency medical responders may wait an extended period of time—some for hours or longer—before receiving the help they need.

The CDC lists five levels of severity based on the deadliness of the virus and the projected number of deaths in the population. Local authorities should be familiar with these stages in order to develop proper response plans.

Call center strategies

For your center, an effective response strategy should include:

• **Modified EMS response plans that can accommodate a several-fold increase in patients.** A modified response plan will translate the EM D prioritization of the case to who gets an ambulance and how quickly.

• **Secondary triage and clinical advice for those not getting an ambulance.** Patients that don’t get an EMS response will need homecare advice, directions to a patient collection point or treatment location, and other care alternatives. This can be accomplished by one or more 24/7 nurse-advice or clinical advice services. Some localities may be able to set up Web-based care systems to augment person-to-person services. 9-1-1 centers must have the ability to transfer callers to these types of services or modify their centers to provide this service in-house.

• **Non-emergency information services and aggressive queue management.** Many 9-1-1 callers will not be sick or have an emergency. Instead they will call for information about non-emergent services and community announcements such as school closures, quarantine information, or food, water, gas, and electricity needs. 3-1-1 and 2-1-1 services will play a major role where they exist. 9-1-1 centers must manage the call queue so that personnel are able to quickly and safely identify these non-emergencies and connect the calling public to the correct resource.

New protocol under development

A special development group of Academy and Priority Dispatch Corp.™ staff is now working on a new MPDS protocol that can be used during an officially announced flu pandemic. Protocol 36 is designed to identify potentially infected patients who meet a pre-determined case definition. These patients may require special treatment and a response that may be different from the standard (non-outbreak) scenario as EMS resource availability diminishes during an escalating crisis. Protocol 36 will contain several OMEGA codes, which provide non-ambulance resources to those patients calling for reasons other than those related to the flu outbreak.

PDC staff is now working on an MPDS protocol that can be used during an officially announced flu pandemic.

To access the government pandemic flu Web site or to download 9-1-1 Pandemic Flu preparedness document.

More At
www.pandemic-flu.gov
www.nhtsa.gov/people/injury/ems/pandemicinfluenza

To The Rescue The current Protocol 26 identifies victims of Severe Respiratory Infection.
CDE-Quiz  Medical

Answers to the CDE quiz are found in the article “Pandemic Proportions,” which starts on page 18.

1. Although likely in the future, the world has yet to actually be plagued by a new strain of a lethal virus.
   a. true
   b. false

2. Which of the following viruses is tied to the worst influenza outbreak on record?
   a. Avian Flu
   b. Asian Flu
   c. Hong Kong Flu
   d. Spanish Flu

3. Flu outbreaks are caused by:
   a. bacteria
   b. fungi
   c. protozoa
   d. viruses

4. The H5N1 virus is more commonly known as:
   a. Avian Flu
   b. Asian Flu
   c. Hong Kong Flu
   d. Spanish Flu

5. So far, Avian Flu has killed close to ____ percent of all persons infected.
   a. 25
   b. 50
   c. 75
   d. 100

6. According to the article, EMDs will be relied upon for which two functions in a pandemic flu plan?
   a. command and communication
   b. guidance and direction
   c. maintaining lists of health care resources and setting up non-traditional care centers
   d. surveillance and triage

7. The (EMD) ProQA® software has a special screen for capturing flu symptoms.
   a. true
   b. false

8. ProQA software can detect unusual trends or patterns indicative of a pandemic flu outbreak.
   a. true
   b. false

9. In the U.S., the local response to pandemic flu will begin with direction and coordination from:
   a. the local EMS directors
   b. the county or regional public health authorities
   c. the 9-1-1 center
   d. the local hospital authority

10. The Centers for Disease Control and Prevention (CDC) lists five levels of severity in its Pandemic Severity Index. This severity index is based on which two factors?
    a. the number of flu cases and how fast the virus spreads
    b. the size of the region affected and the number of flu cases
    c. the deadliness of the virus (Case Fatality Ratio) and the projected number of deaths in the population
    d. the total population and the rate of spread

To be considered for CDE credit, this answer sheet must be received no later than 4/30/09. A passing score is worth 1.0 CDE unit toward fulfillment of the Academy’s CDE requirements (up to 4 hours per year). Please mark your responses on the answer sheet located at right and mail it in with your processing fee to receive credit. Please retain your CDE certificate to be submitted to the Academy with your application when you recertify.

CDE Quiz Mail-In Answer Sheet

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

Within six weeks, you will receive notification of your score and an explanation of any wrong answers. Once processed, a CDE acknowledgement will be sent to you. (You must answer 8 of the 10 questions correctly to receive credit.)

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

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

Name _________________________________
Organization ___________________________
Address _______________________________
City________________St./Prov. ____________
Country__________________ZIP___________
Academy Cert. # _______________________
Daytime Phone (        ) ________________
E-mail: ________________________________

PRIMAR Y FUNCTION
☐ Public Safety Dispatcher (check all that apply)
   ___Medical ____Fire ____Police
☐ Paramedic/EMT/Firefighter
☐ Comm. Center Supervisor/Manager
☐ Training/QI Coordinator
☐ Instructor
☐ Comm. Center Director/Chief
☐ Medical Director
☐ Commercial Vendor/Consultant
☐ Other

ANSWER SHEET  MEDICAL

March/April Journal 2008  VOL. 10 NO. 2 (Pandemic Proportions)

Please mark your answers in the appropriate box below.

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

Expires 4/30/09
Protocol Update: MPDS v12 is full version update

By Ben Rose

The National Academies of Emergency Dispatch (NAED) announces the release of version 12 of the Medical Priority Dispatch System® (MPDS). This marks the first full version update of the MPDS since version 11 was released in August of 2000—nearly eight years ago—and represents the new standard of care and practice for Emergency Medical Dispatch (EMD). The NAED will present a preliminary look at version 12 during April’s Navigator conference in Baltimore, Md., with the official North American English release to occur in the following months.

The NAED’s Medical Council of Standards considered 302 Proposals for Change to create version 12. The new MPDS handles more types of incidents than ever before, with 34 new Determinant Descriptors and new suffixes. The number of individual changes being made reaches well into the hundreds.

At the time this article is being written, the NAED’s Council of Standards plans even more changes to version 12 of the MPDS. Special subcommittees for High-Risk Pregnancy and Childbirth and for Transfer, Interfacility, and Palliative Care are scheduled to meet at the end of February to consider the remaining Proposals for Change for these sections of the protocol.

The most important change already approved involves the handling of SEVERE RESPIRATORY DISTRESS (SRD) situations. SRD was previously defined as either changing color or difficulty speaking between breaths. SRD as a single condition has now been removed, and the two parts of the SRD definition have been separated out into their own definitions with their corresponding Determinant Descriptors.

Each Chief Complaint Protocol formerly containing SRD has been individually evaluated to determine which of the two replacement definitions apply to that Chief Complaint. In some cases this has required some revision to the Key Questions in order to lead the EMD to the correct Determinant Descriptor.

This change was made for two reasons. First, it was necessary in the NAED’s efforts to study individual Determinant Descriptors. By separating the SRD definition into two distinct definitions with associated Determinant Descriptors, we will now be able to study their patient acuity relationships. Additionally, each related Key Question will now correspond to an individual Determinant Descriptor, which eliminates the need for EMDs to recall the compound SRD definition.

Because there has been some disagreement among agencies about what constitutes a “cardiac history,” the Council of Standards came to consensus about what history conditions are relevant to the DLS environment and defined the term by replacing it with the more specific Determinant Descriptor “Heart attack or angina history.” In addition, it has been determined that on several Chief Complaints a cardiac history alone has no major significance, and the Determinant Descriptor has been removed from these protocols.

Another major change has been the addition of a Determinant Descriptor for “Unconscious or Arrest” to trauma protocols 14, 17, 21, and 30 with corresponding dispatch points added to the Key Question sequences. These additions greatly simplify the process of selecting the most appropriate protocol for cardiac arrest cases when trauma is involved.

Prior to version 11, all cardiac arrest cases, excluding choking, were handled using Protocol 9. Version 11 modified specific trauma protocols (3, 4, 7, and 8, for example) to handle cardiac arrest due to the safety issues involved with those incident types. This change made the process of selecting a Chief Complaint Protocol for cardiac arrest more complex when trauma was involved, because some protocols were designed to handle the non-breathing patient and others were not. Augmenting the other pure trauma protocols to handle these patients in version 12 simplifies protocol selection and brings it more in line with Case Entry Rules 1 and 2.

The Case Entry Protocol itself has received a minor facelift. The long-established and time-honored Chief Complaint selection question, “What’s the problem, tell me exactly what happened?” has been changed slightly to read, “Okay, tell me exactly what happened.”
mounted over the years. The old question was a compound question that lacked the desired clarity. The first part of the question encourages the caller to report impressions or a “diagnosis” of the patient’s problem. EMDs who take this kind of report at face value can be led to select an incorrect Chief Complaint Protocol with the resulting possibility of scene safety risks. The EMD’s primary goal is to elicit the facts and the incident history. With the old compound question, callers frequently started talking without waiting to hear the second, more useful part of the question. All of this leads to the frequent, unnecessary repetition of “Tell me exactly what happened” in order to obtain the correct Chief Complaint. Finally, this change makes the MPDS more consistent with the Police and Fire Priority Dispatch Systems.

Changes to the way choking incidents are identified also impact Case Entry. Instead of asking the caller whether the patient is still choking now, EMDs will ask the more descriptive “Is s/he breathing or coughing at all?” This question is a more direct way of discovering whether the patient’s airway is completely blocked, which requires an immediate ECHO response, or only partially blocked, in which case further questioning is followed by a DELTA response if spontaneous coughing and breathing efforts have not yet cleared the airway.

As mentioned above, version 12 contains more Determinant D escriptors and suffixes than ever before. The new codes are: aortic aneurysm, history of severe allergic reaction, focal seizure, aura (impending seizure), extreme fall, dialysis fistula, entrapment below ground, methamphetamine overdose, violent overdose/poisoning patient, sickle cell crisis, thalassemia, altered level of consciousness, sinking vehicle, multiple vehicle pile-up, self-inflicted gunshot wound, eight specific HAZMAT suffix identifiers (chemical, biological, radiological, nuclear, gas smell, carbon monoxide, suicide attempt with carbon monoxide, and unknown), and eleven new NON-PRIORITY complaints (blood pressure abnormality, dizziness/vertigo, fever/chills, general weakness, itching, nausea, new onset of immobility, other pain, painful urination, unwell/ill, and vomiting).
The new calltaker at the job expected the kind of drama he saw on TV: a child found submerged in the family swimming pool brought back to life because of the CPR instructions the calltaker relays over the phone to the frantic parent. Instead of the glamour and the altruism anticipated, however, the multi-tasking he actually encounters befuddles him. He feels dismayed by the lack of heart-pounding, adrenaline-pumping calls he initially envisioned. Or, perhaps he’s stressed by the real world emergencies on the other end of the phone that don’t always turn out as happily as they do on the TV shows.

Don’t let inadequate hiring and training practices derail your communications center.
So what does he do? He quits and the communications center is again on the prowl for another dispatcher. His former co-workers are agitated by the over-time they work while the slot is open with no guarantee that the next person will stay once the honeymoon ends and realism sets in.

Same story told over again

It’s the story of high turnover that many communications centers experience. Some studies establish the rate at 17 percent while in other places it may go as high as 85 percent, according to Jim Kuthy, an industrial and organizational psychologist who specializes in solving the problems of employee retention.

While there is no magic formula for keeping staff, Kuthy’s talk at April’s Navigator conference will review the types of turnover as well as recommendations you can implement in your center’s selection and retention programs. First on his list is providing a realistic preview of the position. “They may have the ‘cavalry saves the world’ image but it doesn’t turn out that way,” he said. “Give them a clear picture of what the job entails by showing them a video, having them talk with an experienced dispatcher, or by providing a written description of what the job is really like. But be sure to emphasize the positive benefits of the job along with the potential challenges since you don’t want to chase away qualified job candidates by sharing only the horror stories.”

Next, it is important to determine whether the employee hired can be trained to perform the job successfully. Studies by the State of California trace 80 percent of turnover within the first year to inadequate knowledge, skill, and ability, most of which

Great trainers emphasize the positive benefits of the job along with the potential challenges.
can be identified prior to hire. Agencies that repeatedly hire unqualified employees create a revolving door of turnover, which is tough on existing employees.

Training cultivates good employees

Training is also high on Kuthy's list for holding on to valuable employees. The reluctance to provide training because some employees may leave anyway doesn't sit well with him. "Look at the inverse of that excuse," he said. "Maybe they're leaving because they're not getting the training they need to properly do the job. If they don't have the knowledge and skills they need they can't keep up and become frustrated. And frustrated people are more likely to quit."

But there's also an ingredient that goes beyond hiring and proper training, said Kuthy, and that's making job recruiting a long-term proposition. "Go into high schools, take part in community events," he suggests. "Get the word out about the job. Planning should take precedence, Kuthy advises. "Good programs start years in advance," he said. "There's so much that can be done before the person is hired."

The stories that follow demonstrate hiring and training programs, plus the long-term plans communications centers are developing to attract and retain top employees.

"Good programs start years in advance. There's so much that can be done before the person is hired."

Only the Best Will Do.
A academy puts the emphasis on training when it comes to developing effective dispatchers

BY GREG SPENCER

The National Academies of Emergency Dispatch® (NAED) takes training very seriously; it's the lifeblood of what we do at the Academy. The Priority Dispatch Systems™ are only as effective as the emergency dispatchers who use them. Effective dispatchers are developed through effective training. It's really as simple as that.

The Academy Boards of Curriculum oversee the development of NAED certification courses and approve the content and materials used in the courses. Five unique curriculum boards exist with jurisdiction over five separate courses: the Emergency Telecommunicator (ETC) course, the Advanced Emergency Medical Dispatcher (EMD) course, the Emergency Fire Dispatcher (EFD) course, the Emergency Police Dispatcher (EPD) course, and the Emergency Dispatch Quality Improvement (ED-Q) course. These boards are made up of individuals from around the world who have specific expertise in their respective disciplines. In most cases, they are Academy-certified instructors with significant training experience. Board members serve on a volunteer basis giving their time and energy to make sure NAED training is the best it can be.

Boards meet as needed

NAED Boards of Curriculum meet as needed (often just prior to the release of a new protocol version or scoring standard) to review the content and materials used in the course and recommend updates or improvements. Any outstanding curriculum proposals for change are considered along with student course evaluations, instructor feedback, and certification exam results.

Instructional designers from Priority Dispatch Corp.™ (PDC) sit in on these meetings to offer input and track recommendations. Questions or problems that were not addressed at the board meeting sometimes arise as the PDC instructional design staff implements the new recommendations. These problems are typically resolved via e-mail or conference call to ensure that the Curriculum Board stays involved throughout the entire process.

Process takes time

After the materials have been updated, each board member receives a draft copy for final vote. Board members review the materials to make sure that all recommendations were implemented correctly and that the new materials comply with all applicable standards. They also review the materials to make sure they are consistent with materials
used in other NAED courses.

Although this curriculum development process can be time-consuming, the Academy firmly believes it results in the best possible training materials. The Academy also recognizes that these materials are only as good as the instructors who use them and, therefore, it has implemented a rigorous certification and recertification process for all of its instructors.

Course paves way for instructors

Individuals who meet the prerequisite requirements and desire to become an Advanced EMD, EFD, or EPD instructor must attend the NAED Instructor Academy. The three Curriculum Board chairs teach this four-day course, with help from Academy staff. Participants learn instructional techniques and how to conduct an Academy-approved certification course. They are taught how to use the course materials and are provided with tips and tricks for resolving common questions and concerns. Each participant is given an opportunity to practice his or her skills by making a presentation to peers.

After successfully completing the Instructor Academy, participants officially become instructor trainees. As trainees, they must complete at least one team-teach in which they teach part of a course with help from an Academy faculty instructor. The faculty instructor evaluates the trainees and can recommend another team-teach if necessary. After completing all required team-teaches, the trainees are required to teach an entire course with a faculty instructor in attendance. The faculty instructor evaluates the new instructors to make sure the materials are covered properly. The instructors are expected to use the appropriate teaching techniques and represent the Academy well. When satisfied that all requirements have been met, the faculty instructor may recommend the trainees for certification status. Only then can the trainees become full-fledged Academy-certified instructors.

Recertification every two years

Certified instructors are required to recertify every two years. To recertify, instructors must attend an NAED Instructor Recertification Workshop (IRW). Similar to the Instructor Academy, these workshops are taught by the Curriculum Board chair with help from Academy staff. Participants learn about the latest and greatest protocol enhancements; they are updated on any changes to course curriculum and materials; and they receive instruction in various training techniques. A major focus of the IRW is to ensure that instructors know how to follow course curriculum correctly. As Larry Latimer, NAED director of curriculum design, clearly states, "The mantra for emergency dispatchers is 'compliance to protocol.' The mantra for instructors is 'compliance to curriculum.'"

Several courses available

The process for becoming an Academy-certified ETC instructor is similar to that of becoming an Advanced EMD, EFD, or EPD instructor. After meeting the prerequisite requirements, candidates must attend a three-day ETC-Instructor (ETC-I) course. This course is very similar to the Instructor Academy except that neither team-teaching nor a final evaluation teaching session is required.

ED-Q instructors are typically selected by invitation only and are generally required to be an Academy-certified Advanced EMD, EFD, or EPD instructor. Once selected, ED-Q instructor trainees are required to complete at least one team-teach and one final evaluation-teach prior to becoming a certified ED-Q instructor.

As we hope you can see, the Academy takes training very seriously. Processes are in place to ensure that all curriculum, materials, and instructors meet NAED’s high standards. These processes are designed to make sure ETCs, Advanced EMDs, EFDs, EPDs, and ED-Qs receive the training they need to do their job right. This training is a vital component in the continued success and public service PDC provides.
"We wanted something that could pull those kids interested in public safety careers."

– Tami Wiggins

Matters What You Know. Effective use of protocol takes consistent training

BY AUDREY FRAIZER

Scott McNutt had two lucky calls. Or to put it in another way, two callers had their lucky days when McNutt happened to be the dispatcher answering the call on the days they dialed 9-1-1.

It’s not that the other 70 dispatchers at the Harford County Division of Emergency Operations in Forest Hill, Md., would have gone through the child birthing instructions any differently than he did, if given the chance, or that he was more qualified to assist in the delivery of two impatient infants.

In fact, as McNutt admits in all modesty, he was just the guy who happened to take the calls that came in less than five days apart when he was the relatively new dispatcher on the job.

"Yeah, it’s a great, like wow, when you help someone and things turn out well," he said. "I like that. But it’s no different from what the others do here."

Press picks up on deliveries

The two deliveries earned McNutt a feature story in the Baltimore daily city newspaper and, to the credit of Training Supervisor Tami Wiggins, the proof that the combined internship and training program works.

"I don’t want to jinx it because the program’s only been running since November [2006], but so far things are going very well," Wiggins said.

Program capitalizes on potential

The program was developed in response to a problem facing most communications centers: dispatcher recruitment and retention. Harford County dispatch had a high turnover rate and wanted to figure out a way to tap the immense potential of the after high school to age 21 market. "We wanted something that could pull those kids interested in public safety careers," she explained, especially since it was a generation particularly keen on the skills needed—computer savvy and a no fear attitude of learning new programs, including application of the Priority Dispatch Corp.™ protocol.

Their only misgiving was past experience with younger workers who in many ways are ideal candidates because of their technical abilities and potential as long-term public service employees. Younger workers, however, do present some job-related risks since some skills are not taught in high school. Tenacity aside, some of their previous young employees had shown that getting to work on time wasn’t always a priority, at least no more than worrying about taking days off from the job without calling their supervisor.

The program’s objective became one of weeding out and building up. A test they implemented screened for technical skills and personal traits, plus other qualities deemed important for top-notch dispatchers. Selected interns were paired with experienced staff.

"They mentor," Wiggins said. "They can pick up on the traits that need work and coach the interns on how to become even better in the areas where they apparently excel."

Lengthy course pays off

The program lasts three to six months during which time the intern works full...
Dispatch® (NAED) certification. Another ing the National Academies of Emergency earning the procedural side of dispatch and earn-

fi rst month is spent in the classroom learn-

ing to do since I was six,” he said. In order to work full time and still be able to answer an estimated 1,200 fire calls a year, he applied for the internship at the county Emergency Operations Center (EOC).

Wiggins praises M C Nutt for his ability to stay calm under pressure, although she’s not so fast to hold him up as a beacon against the others. “He happened to answer two calls that involved child birth,” she said. “That’s great, yet let’s not forget the others from the class who are equally incredible.”

M C Nutt was among the program’s first graduates, although it wasn’t exactly his technical ability that landed him the internship. “It’s my public service experience that helped,” he said.
said Peterson. Has she caught on to the job’s requirements, such as learning the use of Priority Dispatch Protocols™ and taking the chair at a console for what can seem like grueling 12-hour stretches?

“She’s a quick study and definitely someone who relates to the job,” said Peterson. “We expect she’ll be around here for a while.”

Ideal spot for fast responder

The appraisal comes as no surprise to Leesha Simons, who applied for the dispatch job because, well, just as for many in the profession, the communications center seemed the ideal spot for someone hedging on adrenaline junkie tendencies.

“I also think it’s a job that helps people,” said Simons, recently married to a Salt Lake City firefighter who responds to some of the emergency calls she answers. “Just this past week, I had three full [cardiac] arrests and I was there helping. That’s certainly not something I’m going to have at an office desk.”

The cardiac arrests all occurred in one day. Simons was still in training the day those three calls came in.

Training goes from desk to floor

Dispatchers at the SLCFD Communications Center spend one year on probation and during the first three months, there’s intensive classroom and field training. They even spend time outside learning the grid of roads the center serves.

The novice dispatchers sit at desks for three weeks learning information the department has packed into a 13-chapter public service dispatch manual. They must pass the NAED certification tests for both the fire and medical protocols. Once they pass the academic portion, training moves to the floor to “sit and learn” from the experts.

“T’hey’re not taking calls at this point,” said Peterson. “They’re watching and listening.”

Ride along trips accompanying fire and ambulance crews break up the days, along with city tours to study their service areas. They do address searches and practice using the computer-assisted dispatch (CAD) system software tools. There’s telephone training, of which at least 50 of the 206 hours scheduled requires answering the business lines, and 202 hours of radio training.

“We don’t make it easy on them,” said Peterson. “They’re not taking calls at this point,” said Peterson. “They’re watching and listening.”

Ride along trips accompanying fire and ambulance crews break up the days, along with city tours to study their service areas. They do address searches and practice using the computer-assisted dispatch (CAD) system software tools. There’s telephone training, of which at least 50 of the 206 hours scheduled requires answering the business lines, and 202 hours of radio training.

“We don’t make it easy on them,” said Peterson.

A job that sticks

Simons, who was just finishing up three months of training, knew she had found something that would stick. It fit her action-oriented personality.

“I get more satisfaction here than I ever did in my previous work,” she said. “How many people can say I helped save someone today by giving CPR over the phone?”

Training wasn’t always so

The rigors of training are a far toss from the days Peterson started in the business nearly 30 years ago. The former administrative assistant for the Davis County, Utah, Narcotics Division liked to spend her off hours in dispatch “mesmerized over what they were doing.” She was first in line to apply for an opening at the communications center, was hired, and learned on-the-job in the days before the advent of computers.

“Everything was done in our heads and on paper,” she said. “The call-takers took notes while they spoke to the caller and gave them to the radio dispatcher.”

The notes were documented in a spiral notebook and that became the official dispatch record. Notes were made using red ink for fire and medical and black ink for police calls. The color-coding gave quick recognition to the type of emergency.

Several years later Peterson transferred from Davis to neighboring Salt Lake, which like Davis County was using the EMD protocol. She has seen the use of the cardsets evolve into the computerized ProQA® software. “Dispatch is becoming so, so complicated,” she said. “But it stays a great field for the right personality.”

Leesha Simons, who applied for the dispatch job because, well, just as for many in the profession, the communications center seemed the ideal spot for someone hedging on adrenaline junkie tendencies.

“I also think it’s a job that helps people,” said Simons, recently married to a Salt Lake City firefighter who responds to some of the emergency calls she answers. “Just this past week, I had three full [cardiac] arrests and I was there helping. That’s certainly not something I’m going to have at an office desk.”

The cardiac arrests all occurred in one day. Simons was still in training the day those three calls came in.

Training goes from desk to floor

Dispatchers at the SLCFD Communications Center spend one year on probation and during the first three months, there’s intensive classroom and field training. They even spend time outside learning the grid of roads the center serves.

The novice dispatchers sit at desks for three weeks learning information the department has packed into a 13-chapter public service dispatch manual. They must pass the NAED certification tests for both the fire and medical protocols. Once they pass the academic portion, training moves to the floor to “sit and learn” from the experts.

“T’hey’re not taking calls at this point,” said Peterson. “They’re watching and listening.”

Ride along trips accompanying fire and ambulance crews break up the days, along with city tours to study their service areas. They do address searches and practice using the computer-assisted dispatch (CAD) system software tools. There’s telephone training, of which at least 50 of the 206 hours scheduled requires answering the business lines, and 202 hours of radio training.

“We don’t make it easy on them,” said Peterson.

A job that sticks

Simons, who was just finishing up three months of training, knew she had found something that would stick. It fit her action-oriented personality.

“I get more satisfaction here than I ever had in my previous work,” she said. “How many people can say I helped save someone today by giving CPR over the phone?”

Training wasn’t always so

The rigors of training are a far toss from the days Peterson started in the business nearly 30 years ago. The former administrative assistant for the Davis County, Utah, Narcotics Division liked to spend her off hours in dispatch “mesmerized over what they were doing.” She was first in line to apply for an opening at the communications center, was hired, and learned on-the-job in the days before the advent of computers.

“Everything was done in our heads and on paper,” she said. “The call-takers took notes while they spoke to the caller and gave them to the radio dispatcher.”

The notes were documented in a spiral notebook and that became the official dispatch record. Notes were made using red ink for fire and medical and black ink for police calls. The color-coding gave quick recognition to the type of emergency.

Several years later Peterson transferred from Davis to neighboring Salt Lake, which like Davis County was using the EMD protocol. She has seen the use of the cardsets evolve into the computerized ProQA® software. “Dispatch is becoming so, so complicated,” she said. “But it stays a great field for the right personality.”

Identifies the Sure Bet

Dispatcher Leesha Simons finds the job suits her action-oriented personality.
Circle of Life. Regional approach could solve hiring woes and keep good employees at your service

BY JONATHAN M. GOLDMAN

Editor’s Note: This article explores a regional approach to training newly hired dispatchers, and how that will affect retention and recruitment. The author gives the reader an understanding of the “circle of life” as it relates to 9-1-1 recruiting, hiring, and retention and suggests a strategy for its management.

Most dispatch center managers try to forecast future staffing requirements and budgeted openings. However, despite their best efforts, there are situations departments cannot anticipate with any certainty. These include resignations, terminations, or in worst-case scenarios, the sudden catastrophic illness or death of an employee. Many departments handle these immediate openings with a seemingly qualified, or almost qualified candidate, rather than the “right candidate.” This is the first mistake and the beginning of the circle.

Hiring process involves risk

Because of the risks involved, agencies, especially smaller ones like mine, do not have the time or money to invest in a new hire with no experience. These risks include an employee who is trying to use the position as a stepping stone to a full-time police officer or firefighter position without any real interest in dispatching or the employee who cannot handle or does not understand the day-to-day stresses of working in emergency communications. If the latter occurs, you may be stuck with a situation that is difficult to remedy through progressive discipline or termination, depending on your state’s employment laws and your department’s collective bargaining agreement. To minimize these risks and protect the agency’s training investment, there is a strong incentive to recruit trained people. The hire can be tweaked for the specific requirements of the agency, while minimizing the risk of failure.

Agencies should not recruit from within

This is the most insidious part of the circle. After all, where do these experienced applicants come from? The pool is made up of employees from other area agencies and the recruitment raids simply shift the problem. The agency that lost the person now has to recruit and train someone else. The net result is a continuous shared staffing shortfall. The circle starts again. This ripple effect causes the staffing issues at the various agencies to come to a head at the same time. Not only does it affect the existing employees, but also there’s the new hire that is often pressured to “hurry up and make it.” Resentment builds and the new employee moves on.

The stress causes many managers to do what they believe is right for their agency. They call around and talk to people who might know of someone right for the position with the idea that it is quicker, less costly, and easier to select a known quantity—someone already trained to the area standards. The person, once accepting the position, is rushed through the agency’s background check and pre-employment screening. Once the employee gives notice, fuel is added to the fire. The agency losing the employee reacts in the same way as the hiring agency. The circle is complete; the chase continues.

Training often falls by the wayside

Tight budgets and staffing shortages often preclude the ability to train appropriately. For these same reasons even experienced dispatchers may not have the opportunity to take advanced classes. Many agencies are unable to dedicate the time or they are unwilling to commit the limited budget to hire a certified communications training officer (CTO), let alone establish an actual CTO program. Instead, they rely upon on-the-job-training and that means the new hire works with a senior dispatcher or several of the better dispatchers on staff.

Many states have requirements dispatchers must meet before they start the job. In Massachusetts, dispatchers must complete a state-sponsored and mandated training class on the use of 9-1-1 equipment. Tennessee requires training for calltakers and dispatchers receiving initial or transferred 9-1-1 calls from the public. Virginia maintains a program to improve dispatching of emergency medical services that includes the establishment of training courses and the accreditation of 9-1-1 dispatch centers.

Good training tailors agency

Operational differences among states complicate the types of training programs offered. These differences limit the development of a national standard. For example, New Hampshire has a centralized statewide 9-1-1 PSAP. Because the New Hampshire Bureau of Emergency Communications (NHBEC) oversees NH 9-1-1, the staff has a fairly significant and time-consuming new hire training program. The NHBEC receives all wired, wireless, and VoIP calls to 9-1-1.
Staff members triage the calls for police, fire, or EMS. If the call is police or fire related without a medical emergency involved, the NH 9-1-1 calltaker transfers the caller to the local dispatch center, provides information about the call, and confirms the ANI/ALI information. NH 9-1-1 will often stay on the line to assist the dispatcher with information gathering, while he or she dispatches the field units. The system allows them to dispatch field units to many high priority calls without having to put the caller on hold to do so. If the call is EMS related, a similar conference is established, but the NH BEC calltaker remains on the line throughout the call performing emergency medical dispatch until EMS makes patient contact. Because of the sheer volume and emergent nature of the calls that the state telecommunicators receive, the bureau puts significant funding into its 10-week training program. Unfortunately, at the local level many agencies do not have the funding or personnel to teach these classes and taking a “trainer” off the console would create further staffing problems and overtime costs.

Creating the optimal solution

How do we eliminate the vicious circle of recruiting versus retention and training? How do we create a pool of viable candidates who meet the minimum requirements to do the job and are committed to the job as a career choice, not a career advancement opportunity? The answer is actually simple.

If recruiting and training were looked at as a collaborative effort, these problems could be alleviated or reduced to a manageable level.

Similar to police officer or firefighter candidates, states could develop police/fire communications training academies at the regional and state levels. To make this proposal work, each state’s criminal justice and fire/EMS governing agencies should partner with a core group of police, fire, EMS, and 9-1-1 professionals to design an 8-, a 10-, or a 16-week training program for all newly hired dispatchers. The graduates would have the basic training necessary to meet the mandated standards while also learning the big picture of emergency services.

In New Hampshire, when any agency is looking to hire a police officer, it hires and recruits applicants through word of mouth, newspaper advertisements, and job fairs. Once the applicant has passed the background checks and other department specific tasks, the applicant is hired but the new hire is not considered a police officer until graduating from the New Hampshire Police Academy (sponsored by the Police Standards and Training Council). A similar process applies to firefighters. Only after passing these rigorous academies can the individual be certified as a police officer or firefighter. It now becomes the department’s responsibility to provide additional training.

The same model for recruiting, hiring, and training employees for dispatch is not a theoretical exercise. The concept is a tried and proven success.

Trainee hits the ground running

While a state trained dispatcher would not return to the local communications center as a polished veteran, the individual will be able to hit the ground running.

For this proposal to work, there must be a major paradigm shift in agency thinking. The job of a dispatcher must become a career in emergency communications. This is not an exercise in trivia or semantics. The public safety dispatcher is as professional as the police officer, firefighter, or EMT/paramedic. In fact, the 9-1-1 telecommunicator puts the entire public safety system into action. They need a training program that distinguishes their career choice and one that alleviates the continuous chase of recruitment and hiring. A major shift in the way we train our telecommunicators can break the “circle of life.”
When I was asked to travel to Baku, Azerbaijan, to teach EMD, my first question wasn’t “When” but rather “Where.” When I tell people I’ve been to Azerbaijan, their reactions, with rare exception, are the same.

Since returning to the states from my travels to Azerbaijan, I can now tell people about a beautiful, ancient country located on the Caspian Sea south of Georgia and the Russian Federation, west of Armenia, and north of Iran. As is the case with so many countries in this region, its identity was suppressed during its 54-year occupation by the Soviet Union. However, since gaining independence in 1991, the people of Azerbaijan, and its capital city of Baku in particular, have aggressively attempted to recapture a proud, local heritage. In this visitor’s mind, they have succeeded.

The wheels of my future experience began to turn. Little did I know, the work had really just begun; there was much for others to do before I could head for the airport.

Before the flight takes off

A major priority had been funding for the protocol system and training. That was resolved through grants from two nonprofit organizations dedicated to health care and social justice—IMC and World Learning—and grants from the country’s oil producers once the Azerbaijan Health Minister Oktay Shiraliyev approved the EMD concept.

The translation issues for both the protocols and training took precedence, especially since the contract stipulated a very tight, three-month deadline. This was quite the challenge since my future EMD students would be speaking either Russian or Azeri.

That meant translation into two languages for a course that includes a manual, PowerPoint presentation, protocols, and an exam. Fortunately, the expert translators at PDC were up to the task.
and, with the help of other talented people in Baku, the materials were ready in time and the course dates were set.

What I found in Azerbaijan

My flights to Azerbaijan took me from Tampa to New York to Istanbul to Baku and covered more than 7,000 miles. The road from the airport to the downtown hotel revealed an arid, low-lying landscape that varies greatly from the mountainous regions to the north and south. Everywhere I looked I saw evidence of the former Soviet occupation, such as the flat, unremarkable public housing, and the beautiful, ornate government buildings of the Azerbaijani culture. All buildings seemed to be in various stages of restoration. Bill (Boehly) and I stayed in a western-style hotel that was occupied primarily by European oil workers. At one time, Azerbaijan supplied more than 50 percent of the world’s oil and that industry still flourishes today.

Baku itself was surprisingly busy; it seemed as if the entire population (more than two million people) was driving four abreast on three-lane city streets. In fact, my taxi rides in the city were some of the most remarkable passenger experiences of my life; it’s safe to say that the painted lines on the roadways have little meaning, as evidenced by the abundance of torn-off side mirrors and door scars.

People of Azerbaijan

The most fulfilling part of my Azerbaijan experience was teaching the two extended certification courses. My interpreter, cardiologist Vugar Guluzadeh, was able to absorb the meaning of my lecture, interpret the words, and deliver it in two languages passionately and with meaning. This talent is essential when the subject is protocol because exact meaning, rather than exact translation, is essential. Not surprisingly, the second course went a little better than the first; I am convinced it did so because of Vugar’s understanding of the material.

The students were amazing. They were clinicians, nurses, and doctors, who also worked as dispatchers, and were from all walks of life. They were young and not so young, from city and from country, with mixed cultural backgrounds. There were women wearing traditional burkas sitting next to women dressed in western clothing, and there was tolerance. Most of the students were female; only two males attended and both were in supervisory positions. Although relatively progressive with regard to western culture as compared to some of its neighbors, Azerbaijan still appeared, at least to me, to have male-dominated social mores.

Although it was difficult for the students to learn effectively through an interpreter, they were surprisingly patient and very eager. While I’ve had teaching experiences in other non-English-speaking countries, I’ve never had so much dialogue. The universal dialogue shown in their facial expressions was enlightening. Even though we could not speak the same language, and it’s important to note just how different our languages are, we were able to communicate understanding and emotion. They watched my expressions and that helped them to more fully interpret my meaning when Vugar spoke for me. The same applied when Vugar spoke for them. I was able to watch the students’ faces to see if they understood what I was trying to convey. It was truly a fulfilling and an enjoyable experience, despite a rough start.

The people on the streets of Baku were no different. I found smiles everywhere. I spent several off hours walking and taking photos along a concrete boardwalk set against the Caspian Sea; the people of Baku were, by far, my favorite subjects. Previous travel experiences had taught me that people in some cultures do not like having their picture taken by strangers; however, the people of Baku were nothing like that. In fact, discretion was the rule because as soon as my camera was spotted pointed in the direction of a subject, the people in my viewfinder would pose with not-so-candid smiles. In fact, a group of boys insisted, through gesture and expression, that I shoot several pictures of them. They were satisfied.
with spinning reels and keen to have their picture taken. The water seemed to draw young lovers, especially at sunset. I found it difficult to put down my camera, as the opportunity to capture the moment was irresistible. Unlike so many popular places in the world, Azerbaijan is not what I would call a tourist destination; it’s a land of many cultures, each with its own unique traditions and customs.

**Friends made**

As with most extended trips, I had the opportunity to develop friendships. My hosts, Shirin Kazimov and Adam Sirois, became my new friends. I was impressed with Shirin’s love for family and country. He proudly walked us through the excavated and restored areas of the old Baku while explaining the history and culture. Shirin showed us around the old marketplaces and the many beautiful buildings in the city, explaining their significance and the role they played in the city’s history.

**The boardwalk**

The boardwalk was spiked with piers, busy with fishermen holding long rods and busy with fishermen holding long rods.

**The food of Azerbaijan**

The food of Azerbaijan was far better than what I expected but, to be fair, I didn’t know what to expect. Shirin and Adam, perhaps tipped off by my and Bill’s rotund physiques, may have thought that food was essential to our happiness. More likely, they understood that food brings people together worldwide; it’s a conduit that, in every culture, catalyzes and enables socialization, family bonds, and friendship. In any case, I will be forever grateful to Shirin’s and Adam’s introduction to the food and my food experience in Azerbaijan. From the Beluga caviar of the Caspian Sea, to the ice-cold Russian vodka (always preceded by a toast to something meaningful), to the varied meats, breads, vegetables, and pickles, the food of Azerbaijan was delightful.

Although contemplated, it would be difficult to write this article in anything but a first-person format; the experience was truly personal. However, my hope is simply that other EMDs will read this and gain an appreciation for what is universal among all of us, regardless of culture or location; we all share commonalities that make us human. We all share an innate desire to help people and to learn and grow, experience new cultures, and bond with family, friends, and even strangers. I hope this telling of my experience will inspire you as Azerbaijan did me.

**Taking the Call. Protocol fortifies country’s 24/7 commitment to emergency medical system**

**BY GULNARA AKHUNDOVA**

Each day, approximately 500 medical dispatchers respond to emergency phone calls in Azerbaijan and the importance of the response time to the emergency is eloquently said in the words of Dr. Javanshir Farajov, director of Baku Ambulance Substation #9.

“In emergency cases, the minutes on the phone are defining in saving a patient’s life,” said Dr. Farajov. “Emergency medical dispatchers work 24/7 to save lives.”

In the early years, ambulance stations in Azerbaijan did not have a system to accurately and consistently dispatch support or assign resources to the variety of medical cases/problems that were coming in to the centers. Callers to the system would be told that help was on the way and then be disconnected, receiving few or no pre-arrival instructions from the dispatcher. Often, precious time was wasted while patients waited for the right resources and the first responders to arrive.

Strengthening the emergency medical system is one of International Medical Corps’ (IMC) strong commitments in Azerbaijan. In addition to improving in-hospital emergency medical care, IMC works to reform pre-hospital services by applying new and effective approaches, one of which is the emergency medical dispatch system. As part of its Emergency Medicine Development Initiative (EMDI) funded by the United States Agency for
Azerbaijan is in southwestern Asia, bordering the Caspian Sea, between Iran and Russia, with a small European portion north of the Caucasus range. The 53.4 square mile (86,600 square kilometers) country supports a population of approximately 8.1 million people employed predominantly in agricultural and service industries. Azerbaijan’s number one export is oil. It is also a major exporter of machinery, cotton, and foods, including grain, rice, grapes, fruit, vegetables, tea, and tobacco. Azerbaijan has always been famous for its sources of eternal fires (‘Azer’ means fire)—the atash-gehs. There is a place called Yanardag (blazing mountain) in Absheron and thermal springs in some parts of Nakhichivan, Kelbejar, Masali, Lenkoran, and Babadag.

International Development (USAID), Hess, Chevron, the Baku-Tbilisi-Ceyhan pipeline project (BTC), and the South Caucasus Pipeline project (SCP), IMC conducted numerous activities to persuade the government to introduce a new emergency medical dispatch system in Azerbaijan.

According to Dr. Farajov there was an undeniable need for some kind of pre-care consistency and treatment that could actually be started with the initial call to the ambulance station. “A simple protocol that over the years has grown and evolved into the Priority Dispatch Corp.’s (PDC™) Advanced Medical Priority Dispatch System (AMPD™) was the best solution. It is a system that saves lives,” said Dr. Farajov.

Recognizing the crucial role of emergency medical dispatchers, the Azerbaijani government took major steps to improve the existing system and ensure that more lives are saved through a modern and successfully working mechanism. According to the presidential decree dated Feb. 20, 2007, a western-style emergency medical dispatch system would be introduced in Azerbaijan. Dr. Farajov, who has collaborated extensively with IMC since the agency began working on emergency medicine improvement in 2004, attributes the government’s newfound focus on emergency medical care to IMC.

Following the presidential decree, the Ministry of Health signed an agreement with PDC on licensing the AMPD System. With the goal of educating emergency medical dispatchers in the use of this new system, IMC partnered with USAID’s START Participant Training Program and hosted the AMPD training course. International experts from PDC conducted the course. (see accompanying story)

“The course was a success,” says Dr. Farajov, who also took part in the leaders’ component of the course as the manager of the ambulance sub-station and dispatch center. “Participants learned a lot and they are now ready to save lives on the phone.”

Dr. Farajov said that some participants were concerned that the system would not work effectively in Azerbaijan because of the unique character and temperament of Azerbaijani people. However, he defended the system by pointing out that it has been successfully implemented in numerous countries each with its own unique character and temperament. He emphasized the need for an effective communications campaign that would educate the population about the benefits of the new system.

“IMC has brought this system to Azerbaijan,” said Dr. Farajov. “Thanks to IMC, Azerbaijan will be the first among Commonwealth of Independent States (CIS) countries to join other developed countries in the use of this system.”
Training Tips. Adjust training guidelines to fit your center’s style

By Ross Rutschman

Training does not come in a one size fits all program, but there are general guidelines that can suit just about any organization. The following 10 suggestions are from an associate director at the National Academies of Emergency Dispatch® (NAED) who has been an international emergency medical dispatch training instructor since 1984.

1. Strive for Consistency
   A haphazard schedule conveys a message that you don’t want to make. Education should not be spur of the moment if you want to be taken seriously. Instructors should maintain a regular and predictable schedule, which they can do by establishing a specific day or date for each month, for example the third Friday of the month or the 21st day of each month. A long the same lines, instructors may want to set up an alternative day or date to accommodate those unable to make the regular schedule (which, of course, means devoting the extra time each month for your training program).

2. Provide Relevant, Topical Information
   Your students want information that relates to their world, not something so far off base that it has little relevance to their jobs or professional interests. Who wants to hear an hour-long lecture about the FCC’s 700 MHz band auction or simultaneous E and H field detection when the real issue around the communications center is the proper use of Post-Arrival Instructions? Remember: A topic of interest to you is not necessarily interesting to the people you are targeting in your education classes; hold the special interest talks to another time and advertise them as such.

3. Establish Goals
   We want reasons for taking time outside of our work schedules, and they better be good! Look around your communication center and figure out the issues that require attention (actually, a manager should be fairly up on this stuff, anyway). Tailor your education to something that matters and fits into the goals of your agency.

4. Make Students Part of the Process
   While we’re on the topic of goal setting, have you thought about involving your dispatchers in the process? Ask them what would make for a great continuing education topic or run a few potential topics by them for their selection. Maybe your dispatchers want to update their CPR skills, or maybe they want a visual on the Heimlich maneuver for the adult choking victim. People are much more dedicated to programs in which they feel an investment or, at least, considered as part of the overall process.

5. Set Minimum Standards
   You’re expected to achieve certain standards within your profession, so why not expect the same from your students? These standards could be as simple as requiring your students to arrive to class on time to expecting them to score above a certain grade level on the continuing dispatch education tests. People respond to expectations; without purpose, the program will lack direction and meaning.

6. Think Outside the Box
   Okay, so you can’t compete with the Ringling Brothers and bring in the clowns and an elephant act to spice up your education classes, but at least you can keep up with the local news to illustrate the points you are trying to make. People like variety; there is nothing worse than the same ol’ routine month after month. You can invest a few bucks in books that provide outside-the-box teaching guidelines and also sneak a peek into the classroom of those considered successful instructors. Hey, you might even consider contacting someone at the NAED for suggestions. In addition, consider taking notes at the next Navigator conference to reference teaching styles and coursework that you might want to copy in your classroom. And, while you’re at it, remember that not everyone is a visual learner. You might want to try teaching styles that combine the skills of visual, audio, tactile, and kinesthetic learners.

7. Find Credible Presenters
   You wouldn’t ask Karl Rove to discuss EM D protocol any more than you would ask EM D Protocol Developer Jeff Clawson, M.D., to discuss political strategy for the National Republican Committee. Well, that’s a stretch, but you know what we mean: find the people right for the topic. You can scour your department or set up a network that lets you exchange speakers among the various communications centers in your state or region (more on this later). You might also want to consider calling the NAED offices for recommendations.

8. Network
   So, you’ve run out of ideas? You’re not alone. No one said it was going to be easy to provide a stimulating continuing education program that has students begging for more. As we’ve mentioned, you might want to contact other agencies in your area to establish a network of speakers and topics. If you were really organized, you could draw up a list of topics you can provide along with a list of topics that you’d like others to give. Circulate the lists and encourage other agencies to do the same.

9. Encourage Participation
   You might have a great sounding voice but probably not for an hour of unmitigated talking. Students generally want to be part of a discussion; brainstorming among peers is how we learn and it introduces us to ideas we might not develop on our own. Raising questions during your presentation also provides some great cues: are they listening and do they understand the point I am trying to make.

10. Keep Your Eye on the Ball
    In other words, stay focused. You are in charge of the classroom so don’t let someone in your class take you in a direction you never intended. Yeah, you need to provide time for discussion but that doesn’t mean devoting an inordinate amount of time, or any time for that matter, to whether Barry Bonds could set a homerun record without the use of steroids. You might consider handing out an outline of what you plan to discuss or create a PowerPoint presentation that helps keep you on task. Instructors should get to B from A by the end of their classes.

Finally, if you are bored, so are your students. Try to keep the discussion lively and students motivated. While that’s easier said than done, put yourself in the classroom. What would work for you most likely extends to those you are teaching.
NENA ANNUAL 9-1-1 CONFERENCE & TRADE SHOW
June 7–12, 2008

REGISTER EARLY FOR SUPER SAVINGS

CONFERENCE HIGHLIGHTS

■ UP-TO-THE-MINUTE DEVELOPMENTS ON NG9-1-1
■ STAFFING and TRAINING CHALLENGES
■ DISASTER PREPAREDNESS and CONTINGENCY PLANNING
■ EXTENSIVE EXHIBIT HALL FEATURING THE LATEST 9-1-1 TECHNOLOGY

ATTEND THE BEST NETWORKING AND EDUCATION EVENT OF YOUR CAREER
www.nena.org/conference2008
The Metro Nashville Emergency Communications Center (ECC) will be celebrating its sixth birthday in July, commemorating the day Nashville consolidated its police and fire communications centers to create a “one-stop shopping” experience for 9-1-1 callers. According to the Metro Nashville ECC Web site, the consolidation meant cross-training employees to handle both fire and medical calls, including teaching them about the delivery of Pre-Arrival Instructions (PAIs). After the cross-training was complete for calltaking, the Nashville Fire Department and the ECC worked together to cross-train on dispatching. Records show 9-1-1 calls are being answered a full eight seconds faster than before and the compliance levels for Emergency Medical Dispatch have risen to over 95 percent. The error rate for the ECC is below one percent. The Metro Nashville ECC achieved its Medical ACE status in August 2000.

The ability to fully evaluate the impact of system updates helps identify and minimize negative issues that could arise before going “live” in medical 999 control rooms. Furthermore, it gives the NHS Trusts the ability to accept and deploy the latest dispatch medical science and instruction while continuing to increase the benefits of its services to UK citizens. The lab will also be used to document and roll out any new protocol versions issued by the International Academies of Emergency Dispatch®.

The successful installation of I/CAD within the Test and Deployment Lab will allow the NHS Trust A mbulance users to investigate and document any changes or advancements in medical dispatch sciences on their Intergraph system.

Shopping benefits dispatch community

The time to shop for the holidays is never too early—or too late—especially when it comes to purchasing gifts that support the dispatch community through the 911 Cares virtual catalog. The money raised from the nonprofit organization’s merchandise sales goes toward the "Supporting Everyday Heroes" campaign that recently donated $2,600 to a dispatcher who was diagnosed with cancer. In addition to mugs, water bottles, piggy banks, and casual clothes in sizes for adults and children, the catalog offers a lot of toys and pins boldly displaying your support of 9-1-1 dispatchers.

Ready For Any Emergency

Seattle University in Washington expanded its emergency notifications with the addition of the e2Campus communication system. According to a Seattle University representative, university personnel were busy during this past year bolstering the school’s emergency preparedness to coordinate response across campus.

“Since the Virginia Tech tragedy served as a sad reminder that in an emergency, rapid communication distributed through many channels can save lives,” said Tim Leary, senior vice president of Seattle University, in a prepared statement. As part of its emergency response program, the university is now using e2C am pus and offering emergency alerts and campus closure notices via mobile phone, home phone, and WiFi-enabled devices for students, faculty, and staff.

This summer the university also augmented its security and campus safety programs with simulated emergency response exercises, training for staff and faculty, updated security protocols, and communications with neighborhood groups and local law enforcement. The university also installed “enhanced emergency phone stations enabled with area-wide outdoor emergency broadcast capability.”


Industry Insider

Happy birthday Metro Nashville ECC

The time to shop for the holidays is never too early—or too late—especially when it comes to purchasing gifts that support the dispatch community through the 911 Cares virtual catalog. The money raised from the nonprofit organization’s merchandise sales goes toward the "Supporting Everyday Heroes" campaign that recently donated $2,600 to a dispatcher who was diagnosed with cancer. In addition to mugs, water bottles, piggy banks, and casual clothes in sizes for adults and children, the catalog offers a lot of toys and pins boldly displaying your support of 9-1-1 dispatchers.
Night shift linked to cancer

Like ultraviolet radiation and the inorganic lead found in storage batteries, late night work hours are now considered a probable cause of cancer, according to a recent listing of probable carcinogens by the World Health Organization (WHO). The American Cancer Society will likely follow the WHO's lead.

The higher cancer rates found in the study by the International Agency for Research on Cancer (IARC), which is part of the WHO, correlates the statistic to other physiological factors common among late night workers. The overnight work affects the production of melatonin, a hormone that maintains the body's circadian rhythm. Darkness stimulates the production of melatonin while light suppresses its activity.

Melatonin is believed to protect the body against cancer by preventing tumor cells from growing. People with lower melatonin levels may have an increased risk of developing cancer.

Researchers at Harvard University evaluated 147 women with invasive breast cancer and 291 control subjects as part of the Nurses’ Health Study. Results showed women with the highest melatonin levels had the lowest risk of cancer.

In addition, insufficient sleep can depress the immune system and make it more vulnerable to attack; a weakened immune system is less able to fight off potentially deadly diseases such as cancer.

There are companies working to develop different types of lighting that have less of an effect on melatonin production. So far, the only color that has the least effect is also the one few would find enjoyable at their workplace: red.

Nearly 20 percent of the working population, or one in every five workers, in developed countries work the night shift.

In the past 30 years, the IARC has evaluated the cancer-causing potential of about 900 likely candidates, placing them into one of the following groups:

- Group 1: Carcinogenic to humans
- Group 2A: Probably carcinogenic to humans
- Group 2B: Possibly carcinogenic to humans
- Group 3: Unclassifiable as to carcinogenicity in humans
- Group 4: Probably not carcinogenic to humans

Shift work falls under Group 2A. Melatonin supplements have become a popular therapy for jet lag and disturbances of sleep; however, no medication should be taken without the advice of a qualified medical practitioner.

Public-safety networks put to the test

Public-safety centers are always faced with disasters that require reliable communications and interoperability to mitigate those disasters. Last year’s Minneapolis, Minn., I-35W bridge collapse and wildfires in Southern California demonstrated the strengths and weaknesses of their networked systems.

The U.S. Interstate 35 West (I-35W) bridge, which carried about 140,000 vehicles daily over the Mississippi River in Minneapolis, collapsed during rush hour.

The power to help save a life. It’s in the details.

With Automatic Crash Response, our Advisors can immediately relay crash details, such as direction of impact, which air bags deployed, and whether the vehicle rolled over. This information can help you predict the severity of injuries so you can dispatch the right people and the right equipment. It’s available on most new GM® models. To learn more, visit us at onstar.com or e-mail us at emergencieservices@onstar.com.
Aug. 1, plunging dozens of cars and their occupants into the river. An estimated 180 people were on the I-35W bridge when it collapsed, killing 13 and injuring many others, according to news reports. Multiple agencies from various cities and counties came together to respond to the disaster, said Rob Allen, deputy chief of police for the city of Minneapolis.

“Communications over our statewide 800 MHz public-safety network functioned remarkably well during and after the bridge collapse,” Allen said. “Police were able to communicate with fire and EMS, and they were all able to communicate with each other. Because our 800 MHz network is statewide, 74 agencies within Minnesota were able to communicate flawlessly with one another. The only one that isn’t on the network is our twin city, St. Paul, which switched to the 800 MHz network in October, but we work with them frequently, so communications was not a problem.” According to Allen, St. Paul agencies were cross-patched into communications channels.

However, cellular communications didn’t work well at first, with the exception

LEGISLATION

Rural Does It. Texas legislator pushes for funds to bring EMD to the outskirts of Bighorn Country

Call it a direct connection to the profession or personal interest, but whatever the reason, the result was Texas Rep. Jim McReynolds’, D-Lufkin, decision to sponsor legislation that would help protect emergency patients in rural Texas.

Rep. McReynolds was at the heart of the Rural Medical Emergency Dispatch bill, which directed the Area Health Education Center (AHEC) of the University of Texas Medical Branch (UTMB) to establish a pilot program to test the value of using emergency medical dispatchers (EMDs) in areas where rural locations require more time for the emergency medical personnel to arrive. Funds granted through the legislation were spent to assist three rural dispatch centers interested in accessing life-saving and other emergency medical instructions for individuals awaiting their arrival.

The pilot program for the Gatesville (Coryell County) Police Department, the Lufkin (Angelina County) Emergency Communication Center, and Faith Memorial Hospital (Jack County) EMD ran from June 2006 into September 2006 and ended with 400 transferred calls handled by the Montgomery County Hospital District (MCHD) EMD dispatch center. The MCHD is an Accredited Center of Excellence (ACE).

The pilot program was such a success that McReynolds went back to the legislature to request funds to take the program throughout Texas’ rural areas. Since the Texas Legislature meets every two years, and it next convenes in January 2009, the legislator is looking into other funding options to get the program at least under way in 2008.

The participating rural communications centers lauded the pilot program. For example, a letter from Lufkin Police Department Communications Supervisor Keith Bickley praises the assurance callers are receiving: “The greatest benefactor of this project is the patient. The project demonstrates that the police, fire, EMD, or EMD operator is truly the ‘first’ first responder by providing assistance and care prior to the emergency personnel arriving to the scene.” Bickley acknowledges the efforts of MCHD Communications Quality Improvement Supervisor Omar Qassom and MCHD Associate EMD Director Frank Marshall and supports the development of a permanent program throughout rural Texas.

McReynolds’ attention on emergency communications stems from his own background and family connections.

The former history professor at Stephen F. Austin State University (Texas) has worked extensively with law enforcement and fire services since he was elected to his first term in 1997. He is also the founder of Project Belize, a non-profit organization supplying doctors and support staff to travel to Central America to promote improvement of primary health care, and co-founder of East Texas Community Health Service, Inc., an indigent health care provider. McReynolds has a son, Jeff, who works in EMD with the Lufkin Fire Department.

A report to the Texas Legislature summarizing the pilot program, issued in November 2006, makes several recommendations to improve emergency communications in rural areas, including the following:

1. Establish a network of regional Emergency Medical Dispatch Resource Centers

EMDR Centers should be staffed by certified EMDs for the purpose of providing technology-supported, post-dispatch call assessment and evidence-based, quality tested Pre-Arrival Instruction protocols to support public-safety answering points unable to provide caller support by certified EMD operators due to lower operational scale, fiscal, or other constraints.
Allen noted that a lot of listeners tuned into radio frequencies used by public safety in Minneapolis, which he thinks could have affected operations by straining the channels. "M aybe this incident will create discussion as to whether there should be a shield as to who can listen in and when," he said.

W illenbring offered advice for any city that has to go through a disaster like M inneapolis did. "The quicker you call your commercial carrier and have them add capacity to enable public safety to operate, the more successful you'll be in the future," she said.

Both city officials agreed that it's unreasonable to rely on any one form of communications during a disaster of this magnitude; there must be multiple channels of communications available.

"There is so much information that needs to be out there," Allen said. "In the first 24 hours after the collapse, there were 100,000 push-to-talk activations alone by public-safety officers in M inneapolis. Voice, data, and text messages—they're all important."

"I can't reiterate enough how pleased we were with voice communications during the disaster," Allen continued. "A lot of times you hear city officials say the response from the federal government was slow or lacking. Federal response was great, and communications were flawless. We had great cooperation from county, state, and federal organizations delivering invaluable resources and assistance."

In October, a series of wildfires began burning across Southern California and were exacerbated by the Santa Ana winds. At least 1,500 homes were destroyed and more than 500,000 acres of land burned from Santa Barbara County to the U.S. - M exico border, according to news reports.

"Southern California's residents and some of the hardest-working first responders in the nation faced, and conquered, wildfires of historic scope and power. I know we are all proud of the heroism demonstrated by the firefighters, law-enforcement officials, and volunteers who risked their lives to battle these devastating fires," said Calif. Gov. A rnold Schwarzenegger in a N ov. 6 letter.

According to Officer Sandi Lehan, special projects manager for the San Diego Police D epartment's (SDPD) information services, communications worked extremely well, especially compared with the Cedar wildfires in 2003. The SDPD uses a combination of private and commercial networks—Verizon W ireless and its own network—for voice and mobile-data communications.

"We use static IPs from Verizon and put them into our private network to ensure security for our law-enforcement applications," Lehan said. "Verizon is a reliable and popular network here in San Diego and offers excellent coverage in the area. However, using cell phones to help manage the 2003 wildfires was difficult. The volume of calls from the public made it difficult for public safety to use cell phones as a tool."

But during the 2007 wildfires, Verizon was proactive and beefed up its network and already had critical infrastructure in place, she said. "During the five days of the fire, I never had one dropped call," Lehan said. "And that's working 12 to 15 hours a day at the command post. Everything went smoothly. Group text messages went through as well as e-mail, which I think helped leave the radio clear for the officers out there on the front lines working."

Source: This information was first published by Radioresource Media Group at http://www.bccmag.com. Copyright 2007.

Arizona State University receives Homeland Security grant

T he Arizona State U niversity (A SU) Environmental Technology M anagement faculty in the College of Technology and Innovation received a $1.42 million grant from the U.S. D epartment of Homeland Security to explore public emergency communications needs at campuses and universities nationwide. According to an A SU press release (dated O ctober 2007), the grant will go toward developing online multimedia emergency communications training materials for campus administrators, communications experts, other faculty and staff, state and local leaders, emergency managers, and first responders having jurisdiction over campus safety during emergencies or disasters. As part of the grant, A SU faculty and staff will develop a series of online training courses about public emergency communications, including emergency communications protocols and systems. The faculty plans to complete the first of three training programs in early 2009.
Study your MPDS protocol 17: falls are on the rise

You may find yourself increasingly turning to MPDS® protocol 17 for falling more often than in the past or, at least, it’s a possibility according to data published in September 2007 by the Centers for Disease Control and Prevention (CDC). CDC’s statistics indicate that falls, which are the leading cause of nonfatal medically attended injuries in the United States, are on the rise and coincidental to our aging population. The annual incidence is 76 episodes per 1,000 population among all persons aged 65 and over (2005 data) and 51 episodes per 1,000 population in non-institutionalized adults 65 and over (2001-2003) data.

Slipping, tripping, and stumbling are the most common causes of fall-related injuries in older adults, followed by loss of balance, dizziness, fainting, and seizure. Nearly three-quarters of these injuries occurred in or around the home, and more than half took place on a floor or level ground. Fall rates were higher for women and adults who were divorced or separated. Almost 60 percent of older adults who fell and injured themselves were evaluated and treated in emergency departments, which in 2003 accounted for 1.8 million visits and more than 421,000 hospital admissions. The total cost of these injuries was $27.3 billion in 1994 and is expected to increase to $43.8 billion by 2020.

A spate of falls and “pedestrians struck” arriving to the emergency department at New York-Presbyterian Hospital at the Weill Medical Center of Cornell University in New York, N.Y., during the week before Labor Day dramatically underscored these statistics, writes Emergency Medicine Editor-in-Chief Neal E. Flomenbaum, M.D., in his monthly column (October 2007). Most of the victims were elderly, about two-thirds were taking warfarin or other anticoagulants, and all had some form of head or facial injuries.

Dr. Flomenbaum concludes that: “It is not too great a stretch of the imagination that we are in the early stages of a silent epidemic of devastating or life-threatening head injuries from seemingly trivial trauma. If this is true, and taking into account our rapidly aging population, emergency departments and trauma centers will be facing an unprecedented demand for services and resources, accompanied by—at this point—few reliable indicators or decision rules to guide management.”

Dr. Flomenbaum is the emergency physician in-chief at the New York-Presbyterian/Weill Cornell emergency department.

RECOGNITION

Training Supervisor is Outstanding

The news article was short and entirely too much to the point: Cheryl Buchanan, senior supervisor of training for the Hanover County Department of Emergency Communications (Va.), had recently received the “Outstanding Contribution to EMS Telecommunications” award from the Old Dominion Emergency Medical Services Alliance of Richmond, Va.

That was it. There was nothing about why she won the regional award or the reasoning behind her nomination for the honor. The people nominating her were not mentioned.

So, we asked.

As it turns out, the 15-year veteran of the center is more than outstanding to the people she directly works with. Not only did her operations manager, William Perry, nominate her, but so did two people outside of her office: Lt. Larry Snyder of Hanover Fire EMS and Battalion Chief Henri Moore.

“This was quite an honor,” she said. “This is a type of job that doesn’t get a lot of notice, so it’s very gratifying to be recognized by those outside the department.”

Buchanan got into the telecommunications business by way of an amusement park. She was working toward her degree in criminal justice and took a part-time job at the Kings Dominion theme park in Doswell, Va. Soon after taking the job, Buchanan, who comes from a long line of law enforcement officers, realized that her earlier aspiration of becoming a police officer was taking a back seat to answering emergency calls.

“I caught the bug,” she said. “I felt like my work could affect the outcome. I had the ability to calm someone down until help arrived. So I’ve been here ever since.”

Buchanan left the amusement park and moved on to take part-time jobs with both Hanover County and the Virginia State Police communications centers. She earned an associate degree.

The career choice was a good one, said Buchanan.

Over the years, she has gone from floor dispatcher to shift supervisor, to senior shift supervisor, and to the quality assurance (QA) supervisor position once Hanover adopted the Medical Priority Dispatch System® (MPDS). She is currently the supervisor of training, a job she describes as nothing less than challenging.

“We take a rigorous approach,” said Buchanan in an understatement of the center’s four-month in-class training that precedes on-the-floor dispatch training.

In addition to actual training, she keeps track of N AED certification dates.

Since receiving the award, the former floor dispatcher has decided to go full circle. In addition to her plans of keeping the full-time job, she has applied for a part-time job doing what first got her into the profession: answering 9-1-1 calls.

“I want to keep up my skills,” Buchanan said. “I guess I’m a glutton for punishment.”
LAW and ORDER magazine provides timely, informative articles and product coverage which top management uses to help run their departments more efficiently. With a 20% increase in circulation, LAW and ORDER remains the only publication that penetrates 100% into every law enforcement department in the United States.

Contact:
800-843-9764
www.lawandordermag.com
By Heather Darata

Micky Fyock had no idea what kind of a day he was in for during the early morning hours of Sept. 11, 2001—the day Americans banded together while reeling from a series of coordinated terrorist attacks that took the lives of nearly 3,000 people—most of them civilians.

On that day, beginning at about 8:45 a.m., 19 terrorists affiliated with al-Qaeda used four hijacked commercial airliners to destroy the twin towers of the World Trade Center (WTC) in New York City and severely damage the Pentagon in Arlington, Va., near Washington, D.C. The first plane crashed into the North Tower at approximately 8:45 a.m., and about 18 minutes later the second airliner hit the South Tower. A third airliner crashed into the Pentagon around 9:40 a.m. A fourth plane, whose ultimate target was probably either the White House or the U.S. Capitol building, crashed into a field near the town of Shanksville in Somerset County, Pa.

Aside from the 19 hijackers, 2,973 people died as an immediate result of the four attacks, and at least one person died from lung disease as a result of exposure to WTC dust. Another 24 people are missing and presumed dead, bringing the total number of victims to 2,998.

“...we arrived at the Pentagon and saw first hand what most people only saw on TV.”

Among the dead

The New York City Fire Department lost 341 firefighters and two paramedics, while 23 New York City Police Department officers, 37 Port Authority Police...
Department officers, and 8 private ambulance personnel were killed.

The Pentagon attack killed 184 people of the total number of victims: 53 passengers and six crew members on board American Airlines Flight 77, and 125 military and civilian personnel inside the building.

America responds

Like most Americans, Fyock remembers exactly what he was doing that day when he first heard the news.

"Our center has several TVs— one is always on the Weather Channel and the other is usually on CNN," he said. "We noticed on CNN a fire in New York in one of their towers (World Trade Center) and of course this incident, for the fire-oriented personnel in the center, caught their attention. It didn’t take long before the real reason this building was burning revealed its ugly self. Then the second tower was hit, then the Pentagon, and rumors and reports of other places being hit started pouring in."

Even though the United States had been attacked without any warning, Fyock recalls the fast response of government officials, emergency workers, and civilians; no one, especially those closest to the scenes of destruction, sat back paralyzed into defeat.

"I can tell you this, while this great nation might have been stunned, angry, scared, and a little confused, we also swung into action," he said.

The Federal Aviation Administration (FAA) banned all international civilian air traffic from landing on U.S. soil for three days; aircraft already in flight were either turned back or redirected to airports in Canada or Mexico. Residents’ calls about spotting aircraft poured into communications centers like the Frederick County Emergency Communications Center in Maryland where Fyock works at as an emergency communications manager.

"I cannot tell you how many calls we received in that time period, but we were overwhelmed," Fyock

A two-acre memorial park under construction at the Pentagon will commemorate the 184 lives lost at the military complex on Sept. 11, 2001, the day nearly seven years ago that terrorists used hijacked airliners to attack the United States.

The park, located on the western face of the Pentagon and 165 feet from where American Airlines Flight 77 hit the building, will be open to the public in September 2008 after it is dedicated to the memory of those who died in the forced plane crash.

The park’s schematic shows individual memorial benches, one for each of the 184 people who died. Two pilings support each 2,000-pound bench. The names of those from Flight 77 are engraved against a background of sky, while the names of those from the Pentagon are engraved against a background of the building. Underground pipes will circulate water to individual reflection pools.

The placement of each bench figured prominently in the park’s design and the construction has been organized into nine groups, labeled A to I Section. They are arranged as a timeline of ages or “age lines,” and each bench will be given a number when it is built. Until they are installed, only a few members of the design and building teams will know what number corresponds to what name, according to an article about the monument published in The Washington Post.

A defining “age wall” on the western edge of the site will also be used to display the ages of those commemorated. The wall will be raised an inch per year in height relative to the age lines represented. The deeper a visitor moves into the site, the taller the wall grows, ranging from three inches to 71 inches above the perimeter benches. The age wall creates a barrier between the memorial park and the delivery lane that is on the site’s northwestern edge.

The memorial benches have been described as rich with practicality and beauty—a bench, a place for the inscription of each of the 184 names of the people who lost their lives that day, and a glowing light pool. The grounds were designed as a peaceful place, allowing for contemplation in the natural surroundings. Shade trees will be spread throughout the site, including paperbark Maple trees that are known for leaves that change color late in the season.

The memorial is funded primarily through private donations. By May 2007, the Pentagon Memorial Fund had raised nearly $14 million of the $22 million estimated for its completion. An additional $10 million will be raised as an endowment to maintain the memorial.

A Peaceful Place The Memorial Park honors the 184 people who died from the attack on the Pentagon in a setting designed to give peace and solace to those visiting the site, which opens in September 2008 following its dedication.

Kaseman Beckman Amsterdam Studio (KBAS)
said. "I am so proud of our staff (members) for standing their post. This was one of those times when most citizens sped home to protect and comfort their families, but we as dispatchers could not do this."

That day, the relief crew arrived as usual at the end of his 12-hour shift. Shortly after leaving, Fyock, also chief of the Woodsboro Volunteer Fire Company, received a surprising call.

"I actually received a call from the 9-1-1 center that I had just left, asking me if we (the volunteer fire company) would respond to the Pentagon and assist," he said. "I will be honest with you. At first I was kind of stunned, especially after the day I had just went through."

Why the call

The search was on for a truck that could fit inside the inner rings of the Pentagon. A firefighter who works in Alexandria and lives in Frederick County told command staff about the 1956 open roof Mack ladder truck the Woodsboro Company uses. The size of the truck and its electrically operated ladder that rises some 65 feet made the vehicle perfect for the job ahead.

Although the request surprised Fyock, he didn't hesitate to make the trip. Fyock and four members of the company traveled the 50 or so miles to the Pentagon to lend the truck and their expertise to extinguish the fire still burning after American Airlines Flight 77 crashed into a portion of the Pentagon complex. Woodsboro was the only department called in from their immediate area.

Combined efforts to restore calm

After his crew was released from the Pentagon, Fyock didn't go home for some much needed rest and relaxation. Instead, he immediately reported back to his communications center to work his next shift. There was no time to unwind.

"Although I was drained, just like so many others, we reached down inside and kept ourselves going," Fyock said. "I remember that night a thunderstorm came through with lightning and thunder. The 9-1-1 lines lit up and citizens thought they were under attack again. I had a caller advise me that he and his family were hiding in the basement and to call them when it was safe again and they could come outside."

Changed his life

Fyock said Sept. 11, 2001, left a profound impact on his life and he shares the same memories most Americans continue to carry with them no matter their proximity to the tragedy on that day.

"9/11 changed America; it changed me," he said. "We are dispatchers and we as citizens must always realize that at any moment our world can be turned upside down. But I am so proud that I chose this career. I am so proud of my brother and sister dispatchers all over the world. I truly believe we make this world safer."
Full Honor. Dispatcher sounds last alarm in tribute to firefighter

The four tones of the last alarm signaled the toughest 30 seconds on radio for Sedgwick County (Kan.) Emergency Communications Dispatcher Stephanie Ricker.

“It took all I had to keep my composure,” said Ricker, who read a dedication to Sedgwick Fire Department Lt. Bryon Johnson at his funeral, held in September 2007. “I didn’t know him personally but I work with the department every day and it’s never easy for anyone when something like this happens.”

The lieutenant, who was 32 at the time of his death, was killed when a downed live electrical wire brushed his hand and shoulder while he was crossing a field after he and his partner had responded to a late summer grass fire in Sedgwick County.

The county, located in south central Kansas, has a considerable amount of open space in the 1,008 square miles it encompasses despite having the highest population of any county in the state. Nearly 450,000 people live in the county’s 21 cities, with the highest percentage centered in the county seat of Wichita.

The dispatch call on that particular Monday morning, Sept. 24, was almost routine, said Ricker: a grass fire in a semi-rural section of the county that still contains large tracts of open land zoned for agricultural purposes.

According to the initial call Ricker answered at the communications center from a construction worker, a semitruck had struck a power pole at the side of the road, downing an electrical line.

Dry weather conditions and strong winds combined, placing the county under a fire danger watch. The fire sparked from the downed wire was the second grass fire call Sedgwick County Emergency Communications had received that day. Although Johnson and his partner had taken every precaution in response to the fire, it was almost happenstance that killed the young firefighter.

“He was walking across the field and the line was picked up by the wind,” said Ricker. “He may have lifted his hand as a reaction to stop the wire from hitting him, but it happened too fast. He didn’t have a chance to do much of anything to stop it.”

Based on witness descriptions, authorities contacted a local trucking company, which reached a female driver who admitted she had been in the area of the accident yes, said Ricker: a fire danger watch. The fire sparked from the downed wire was the second grass fire call Sedgwick County Emergency Communications had received that day. Although Johnson and his partner had taken every precaution in response to the fire, it was almost happenstance that killed the young firefighter.

“This was something I wanted to do. I wanted to do something for someone who had meant so much to our community.”

The county, located in south central Kansas, has a considerable amount of open space in the 1,008 square miles it encompasses despite having the highest population of any county in the state. Nearly 450,000 people live in the county’s 21 cities, with the highest percentage centered in the county seat of Wichita.

The dispatch call on that particular Monday morning, Sept. 24, was almost routine, said Ricker: a grass fire in a semi-rural section of the county that still contains large tracts of open land zoned for agricultural purposes.

According to the initial call Ricker answered at the communications center from a construction worker, a semitruck had struck a power pole at the side of the road, downing an electrical line.

Dry weather conditions and strong winds combined, placing the county under a fire danger watch. The fire sparked from the downed wire was the second grass fire call Sedgwick County Emergency Communications had received that day. Although Johnson and his partner had taken every precaution in response to the fire, it was almost happenstance that killed the young firefighter.

“The lieutenant, who was 32 at the time of his death, was killed when a downed live electrical wire brushed his hand and shoulder while he was crossing a field after he and his partner had responded to a late summer grass fire in Sedgwick County.

The county, located in south central Kansas, has a considerable amount of open space in the 1,008 square miles it encompasses despite having the highest population of any county in the state. Nearly 450,000 people live in the county’s 21 cities, with the highest percentage centered in the county seat of Wichita.

The dispatch call on that particular Monday morning, Sept. 24, was almost routine, said Ricker: a grass fire in a semi-rural section of the county that still contains large tracts of open land zoned for agricultural purposes.

According to the initial call Ricker answered at the communications center from a construction worker, a semitruck had struck a power pole at the side of the road, downing an electrical line.

Dry weather conditions and strong winds combined, placing the county under a fire danger watch. The fire sparked from the downed wire was the second grass fire call Sedgwick County Emergency Communications had received that day. Although Johnson and his partner had taken every precaution in response to the fire, it was almost happenstance that killed the young firefighter.

“He was walking across the field and the line was picked up by the wind,” said Ricker. “He may have lifted his hand as a reaction to stop the wire from hitting him, but it happened too fast. He didn’t have a chance to do much of anything to stop it.”

Based on witness descriptions, authorities contacted a local trucking company, which reached a female driver who admitted she had been in the area of the accident yes, said Ricker: a fire danger watch. The fire sparked from the downed wire was the second grass fire call Sedgwick County Emergency Communications had received that day. Although Johnson and his partner had taken every precaution in response to the fire, it was almost happenstance that killed the young firefighter.

This was something I wanted to do. I wanted to do something for someone who had meant so much to our community.”

About Sedgwick County Emergency Communications

Sedgwick County Emergency Communications, which is based in Wichita, provides public access to emergency services for police, fire, and EMS including the Sedgwick County Sheriff’s Department, Fire Department and Emergency Medical Service, the Wichita Police Department and Fire Department, as well as outlying agencies including Andale, Bel Aire, Cheney, Clearwater, Colwich, Eastborough, Garden Plain, Goddard, Kechi, Maize, Mt. Hope, and Park City.
Navigator 2008. Can you get too much of a good thing?

Navigator 2008 gives you the opportunity to pick up some really great information from the industry's experts while networking with the pals you've made at previous Navigator conferences (and if this is your first conference, prepare yourself for a multitude of introductions).

After days full of keynote talks, learning sessions, networking, and visiting the vendors' booths, you have the evening events before you, planned as part of the conference package, AND the prospect of touring through one of our nation's most historic cities in its most eye-appealing setting.

What could be better than a mix of education, fun, and the chance to sightsee in a remarkable part of the country while talking about the things you do best—emergency communications?

That's one tall order.

But instead of extolling the many virtues of attending our three-day Navigator conference—or six days depending on whether you plan to attend the pre-conference events—we'll take a quick look at some of the stuff we've spent the past year packing before you, planned as part of the conference with the Opening Gala Reception held in the exhibit hall of the Baltimore Marriott Waterfront Hotel. The evening's event takes place outside the hotel, such as the Pirate Party on The Bay Lady, we'll depart from the hotel.

What could be any easier?

Three days of pre-conference

Pre-conference events feature workshops and courses offered by communications experts and technical leaders from Priority Dispatch Corp.™ (PDC), NAED, Public Safety Training Consultants (PSTC), and the National Emergency Number Association (NENA). Not only will you have the opportunity to bone up on your data-gathering skills, but you will also have the chance to hear more about the new wave of technology affecting 9-1-1 in addition to a premier presentation about the role the 9-1-1 call taker assumes in cases of missing children reports.

Tuesday night ushers in the main portion of the conference with the Opening Gala Reception held in the exhibit hall of the (you guessed it) Baltimore Marriott Waterfront Hotel. The evening's event comes on the heels of the Seventh Annual Navigator Golf Tournament scheduled from 8 a.m. to 1 p.m. that same day at the Mountain Branch Golf Course.

A welcoming gala

The Opening Gala Reception signals the official start of Navigator. Here you can mingle with the hundreds of other attendees while talking to vendors and munching on an abundance of appetizers (many unique to the Eastern seaboard).

Is that live music you hear in the background while visiting exhibits?

Keep your eyes open for the many prize-winning raffles sure to be available.

Classes galore

This year's mix of classes highlights the many avenues of our industry.

You will find sessions that can improve your leadership skills and the management and operation of your communications center. The Special Interest sessions are bound to please the most discriminating of interests, with topics ranging from stress management and mental massage to research, data studies, and attitude adjustment. On Tuesday and Wednesday, you can sign up for courses emphasizing the proper use of the medical, fire, and police protocol. Sessions on Friday focus on public safety technology, continuing dispatch education, and quality improvement.

In all, there are 60 classes to choose from. And, be sure to pick your classes pru-
To wrap it up, you’re in for one big educational, fun event. Everything you could want is packaged into one place (check your Navigator conference schedule for all the details about exact times and locations). Who could you ask for anything more?

Before we forget

You’ve come at a great time for sightseeing. Spring in Baltimore runs from late April to early June and the weather is usually pleasant with warm days and cool nights (that’s according to the Baltimore Area Convention and Visitors Association). Activities you may want to pencil into your schedule include dining and entertainment at the Harborplace and The Gallery. The Power Plant Live! district, a block away from the Inner Harbor, offers outdoor seating for live performances. Baseball fans have their choice of visiting Camden Yards, the Baltimore Orioles Hall of Fame, or the Babe Ruth Birthplace and Museum. Other museums and cultural centers include the Maryland Science Center, the Baltimore Aquarium, and Fort McHenry.

Keynote speakers daily

Speakers this year will no doubt enlighten and humor their audiences.

Dr. Ed Racht, the opening keynote speaker on Wednesday, will talk about handling those dispatch perceptions the public carries. How do you get a handle on those perceptions and help to shape good ones? Find out firsthand from the medical director for the City of Austin/Travis County Emergency Medical Services System.

Thursday’s keynote, Dr. Marcus Eckstein, medical director for the Los Angeles Fire Department, will challenge your thinking about the present and future status of EMS. Could some of the most widely held practices in EMS actually be harmful? Can we tailor our responses based upon the information the 9-1-1 caller provides? Following his presentation, the Dispatcher of the Year, Accredited Center of Excellence (ACE) recipients, and Communications Center Managers (CCM) graduates will be recognized for their superb efforts.

On Friday, we will say our farewells as we laugh to the humor of our closing luncheon speaker Richard Lederer. The International Punster of the Year (truly, an official award and title granted by the International Save the Pun Foundation) will surely galvanize his audience with facts from his latest book, Presidential Trivia.

Wait! There’s more

Liberally sprinkled in between classes, exhibit hall hours, and keynotes are other special events. The Baltimore County Police Department K-9 Unit staff will be introducing their best friends (canines) on Wednesday in the Grand Ballroom. On Wednesday and Thursday, you will have the opportunity to meet members of both the Maryland State Police Aviation Command and the Baltimore County Urban Search and Rescue. On Wednesday night, there’s the two-hour Pirate Party dinner cruise aboard The Bay Lady.

7th Annual Navigator Golf Tournament

Tuesday, April 22
Mountain Branch Golf Course, 8 a.m.-1 p.m.

This event could be your hole-in-one and the chance to beat our most consistent winner—PDC Consultant Bill Boehly and his crew. This is one tee-off you won’t want to miss.

Baltimore – The City of Firsts

FACT: First professional sports organization in the U.S. (1743), First U.S. sugar refinery (1796), First city to illuminate streets with hydrogen gas (1816), First American umbrella factory (1828), First ice cream freezer (1848), First commercial stomach antacid seltzer (1891), First triple-combination fireboat in service (1925).

FACT: Did you know Baltimore has the oldest public water-based transportation system in the U.S.? What better way to cruise the city than to hop aboard a water shuttle to travel around Baltimore’s Inner Harbor as well as Little Italy, Fell’s Point, Canton, and Fort McHenry.

K-9 Unit Demonstration

Baltimore County Police Dept. K-9 Unit

FACT: The 29 dogs based in this unit go through 16 weeks of Patrol Training and eight weeks of Specialty Training.

Weird Science

Unique. Eclectic. And, yes, weird. At least, that’s what we’re told about Dr. Jeff Clawson’s session that takes a distinctive look at protocol from his 28-year perspective.
Here’s Your Test: Answering 10 questions correctly enters your name in drawing for fun prizes at Navigator 2008. Eight of the questions are taken from this issue of The Journal of Emergency Dispatch. The last two questions might throw you since we based them on articles from past issues of The Journal. They’re not difficult and if you’d like, ask around. There are plenty of people here well acquainted with NAED Founder Jeff Clawson, M.D., and the fire, police, and medical protocols.

Once you’re done selecting your answers from the multiple choice options, add your name and agency in the space provided (they stay confidential), tear off the page, fold it, and drop it off at the Academy Store. All entries are due by 5 p.m. Thursday. Those answering all questions correctly will be entered into a drawing and the names of 10 lucky winners will be posted at the registration desk on Friday morning. You must pick up your prize on Friday; none will be mailed.

While you’re at the booth, please take a few minutes to complete a questionnaire asking your opinion about the look and content of The Journal. We value your comments and look forward to reading what you have to say about the magazine.

1. What are the categories of this issue’s continuing dispatch education articles?
   a. Medical and Police
   b. Police and Fire
   c. Medical and Fire
   d. Fire and Ambulance

2. What does the Rural Medical Emergency Dispatch bill set out to accomplish?
   a. Establishes the value of using emergency medical dispatchers in rural areas
   b. Locates callers in rural areas no matter if they’re using landlines or cell phones
   c. Provides funds for establishing call centers in rural areas
   d. Directs communications centers to mentor dispatchers working in rural areas

3. What’s up with falls?
   a. They’re on the decline because we’re just too darn coordinated
   b. They’re only something to talk about if you’re from the Niagara Region Emergency Medical Services Communications Center
   c. They’re on the increase
   d. They’re never a cause of serious medical complications

4. Which one of the following Navigator 2008 speakers/presenters was named The International Punster of the Year?
   a. Dr. Jeff Clawson
   b. Richard Lederer
   c. Scott Freitag
   d. Ron MCDaniel

5. Public health officials around the world are currently watching the spread of a virus commonly known as:
   a. Canine flu
   b. The Great Influenza
   c. Whooping cough
   d. Avian flu

6. The long-established and time-honored Chief Complaint selection question, “What’s the problem, tell me exactly what happened?” has been changed for the release of version 12 of the MPDS to read:
   a. “Please hold. Your call will be answered in the order it was received.”
   b. “Thank you for calling. What can I do for you today?”
   c. “Okay, tell me exactly what happened.”
   d. “If this is not an emergency, hang up and dial again.”

7. Which of the following communications centers achieved a world first as a triple ACE (accredited in police, fire, and medical)?
   a. Mecklenburg E.M.S. Agency
   b. Medicine at Regional 911 Communications
   c. Kent County Department of Public Safety
   d. Salt Lake City Fire Department

8. What’s a belly slough?
   a. A collapse caused when a large mass of soil falls from the side of a trench and leaves a large overhang
   b. A medical emergency relating to abdominal pain and obstruction
   c. The result of excavated earth placed too close to the lip of the trench
   d. How you may think your belly looks following the holidays

9. William Shatner was a featured speaker at the second annual NAED conference held in 1989. What was Shatner’s connection to emergency services?
   a. As the former star of the TV show Star Trek, the show’s use of a script, especially during crisis situations, qualified him as a person who could learn scripted questions in emergency situations
   b. As a television personality, he had a great stage presence
   c. He was then hosting the popular dramatic reenactment series Rescue 911 and, consequently, was familiar with the work of dispatch
   d. Being typecast as Captain Kirk made it difficult to find work, so he often agreed to appear at conferences to dispel the image

10. What is the name of the group within the NAED established in 1990 that maintains the standards and integrity of the Priority Dispatch System (PDS) protocol?
    a. College of Fellows
    b. Team PDC
    c. Board of Emergency Communications
    d. Academy of Curriculum and Accreditation

Name: __________________________________________
Agency: _________________________________________
Two weeks that will change your life

without the monthly membership.

The Communications Center Manager Course
Sept. 14-19, 2008 · Nov. 9-14, 2008

“I've been involved in this profession for almost 20 years. During that time I've attended multiple National and State APCO and NENA Conferences. The CCM course was hands down the BEST learning experience that I have ever experienced. I recommend attending, in fact I plan on having every one of my management staff attend the class.”

— Tom Ling, Johnson County Central Dispatch

Now accepting applications for the 2008 course to be held in Kansas City, MO. Online applications begin August 11, 2008. Go to www.emergencydispatch.org or call 1-800-960-6236 for course curriculum and registration information.

Presented by Fitch & Associates on behalf of NAED

NENA has approved this course as credit toward recertification for the Emergency Number Professional designation.
EnRoute Emergency Systems is proud to introduce EnRoute I-STATUS (Intranet Status Account) applications that quickly display current call information in an easy-to-evaluate graphical format. Our EnRoute I-STATUS applications for Ambulance, Fire/EMS, and Law Enforcement integrate with EnRoute CAD Systems providing real-time web access via Internet Explorer to current call status information and available resources.

With this dynamic technology, key personnel can monitor operational status and activity at anytime without being in the communications center. Both active and historical CAD activity may be viewed. EnRoute I-STATUS delivers this information to a hand-held device keeping field personnel current.

Security is tailored to your agency’s requirements at various levels, allowing personnel to take control without sacrificing data integrity. User access to filtered information is controlled through a profile table, and access is restricted at the server and/or user level.

User profiles are defined to your specifications for exact control over which areas within the EnRoute I-STATUS application may be viewed. Further restrictions can be placed on notes and other sensitive data to ensure exclusion from public access. By facilitating restrictive access through user profiles, the requirements for remote facility access to information can also be satisfied. Data access delays can be user-defined and implemented to assist emergency responders in arriving on scene before public reporting of data.

Visit us in Booth #402 at the Navigator conference to learn how EnRoute I-STATUS products rapidly deliver critical information, enabling your agency to WIN THE RACE AGAINST TIME®.

For more information, visit www.enroute911.com

Priority Dispatch
BOOTH #610, 612, 614, 709, 711, 713

ProQA® Police dispatching software helps guide 9-1-1 police dispatchers in asking the right types of questions in the appropriate sequence when citizens call for help. The software incorporates the internationally recognized and approved Priority Dispatch System® Protocols from the National Academies of Emergency Dispatch™.

ProQA increases the ability of dispatchers to quickly and correctly identify location, the Chief Complaint, evaluate scene safety issues, and choose the most appropriate emergency response. Because the right questions are being asked, crucial scene information is streamed immediately to the responding officers—real time—through CAD including: the descriptions of the vehicles, people, and weapons involved; scene safety alerts, the whereabouts of suspects, caller safety, and much more.

ProQA also decreases liability, since proven quality practices are documented, and helps reduce costs through appropriate resource allocation. The use of Pre-Arrival Instructions allows for immediate emergency care whenever appropriate including: what a caller should do when he or she is in danger, what to do if a bomb is suspected, and many other situations that benefit from prompt over-the-phone instructions while the caller is waiting for officers to arrive. It also creates a multi-agency environment where dispatchers can seamlessly move calls through police, fire, and medical as needed.

For more information, email info@prioritydispatch.net, phone 800-363-9127, or visit us on the Web at www.prioritydispatch.net
TriTech Software Systems

BOOTH #302, 401

TriTech Software Systems proudly announces the addition of VisiNet Law RMS, a full featured records management solution for law enforcement agencies, to its product suite. With the addition of Law Enforcement RMS, TriTech’s enterprise solution suite is now complete—Anchored by its flagship products, VisiCAD Command™, a feature rich multi-agency, multi-jurisdiction computer-aided dispatch system that offers embedded mapping; VisiNet Mobile™, a wireless PC-based mobile fleet application that seamlessly extends CAD to in-vehicle computers and VisiNet Browser™, a private-access online viewer to oversee operational activity in real-time.

By utilizing a true .NET Framework within an n-Tier Architecture, VisiNet Law offers advanced customization and workflow right down to its record-level. It’s “plug & play” technology enables effortless integration with third-party solutions (databases, applications and networks) in multi-vendor environments and reduces downtime for enhancements, upgrades and new product installations. Its robust feature-set helps law enforcement agencies improve their security, interoperability and reporting capabilities with real-time access to mission-critical data.

“VisiNet Law RMS utilizes emerging technologies such as a true .NET Framework and n-Tier Architecture to help law enforcement agencies enhance their ability to fight crime, solve cases and protect the community. The latest solution in our suite is built for agencies that are technology driven and require real-time access to data to increase their capabilities,” said Chris Maloney, president and CEO of TriTech Software Systems.

For more information, visit www.tritech.com or call 858-799-7362

Xybix Systems Inc.

BOOTH #218

Xybix Systems Inc, a designer of highly customized, height adjustable ergonomic workspaces, today announced that they have created a new solution that allows end users to easily add monitors to existing RollerVision monitor arrays.

The modular design of RollerVision with QuickStack allows users to reconfigure quantities and sizes of monitors to meet changing needs on the fly without complex or costly installation.

“As more technology enters the 24 hour dispatch center, dispatchers are required to watch over these new systems and services”, said Barry Carson, President, Xybix. “RollerVision with QuickStack is a cost-effective solution that allows agencies to add or subtract monitors as needs change, while maintaining good ergonomics for their mission critical first responders.”

The new RollerVision with QuickStack solution is comprised of add on stack-on bars which allow monitors to be added to the workstation while maintaining ergonomically correct positioning for better health and performance. RollerVision with QuickStack stack-on bars do not require a Xybix installation crew and can be shipped immediately.

For more information, visit www.xybix.com
EnRoute Emergency Systems
BOOTH #402, 404, 501, 503

With over 20 years of dedicated public safety customer service, EnRoute Emergency Systems (an Infor® company) provides reliable Computer-Aided Dispatch (CAD) and Records Management System (RMS) applications that you can trust. In addition to CAD and RMS systems, the EnRoute product line provides mapping/routing, mobile data computing, and field-based reporting software. We are also a proud ProQA certified provider of medical, fire, and law enforcement dispatch protocols.

Visit us in Booth #402 at the Navigator conference to learn how the EnRoute suite of products minimizes duplicate data entry and preserves data integrity to help your agency WIN THE RACE AGAINST TIME®.

For more information, visit www.enroute911.com, call 813-207-6951, or email info@enroute911.com

Priority Dispatch
BOOTH #610, 612, 614, 709, 711, 713

Priority Dispatch Corp.™ (PDC) is the leader in multi-agency 9-1-1 dispatch calltaking solutions and is endorsed by the internationally recognized National Academies of Emergency Dispatch. While many have attempted to provide products and training for communications center calltaking, PDC is the only company to take a comprehensive systems approach. The Priority Dispatch System™ has been in use for over 29 years with substantial, frequent updates. And historical data shows the system reduces the risks to field responders, lowers the cost of emergency services for local governments, while increasing the quality of service and citizen satisfaction.

The Priority Dispatch System is available in ProQA® software, which interfaces with most CAD and phone systems, as well as in a cardset format. We also offer AQUA quality assurance and improvement software, training, consulting, and Academy accreditation support.

For more information, email info@prioritydispatch.net, call 800-363-9127, or visit us on the Web at www.prioritydispatch.net.

TriTech Software Systems
BOOTH #302, 401

TriTech Software Systems provides highly integrated CAD, mobile data and RMS solutions that deliver command and control, deployment, logistics, and decision support to law enforcement, fire and EMS agencies worldwide. From small towns to major metropolitan cities, TriTech’s flexible and configurable solutions will enable your agencies to streamline operations to minimize response times and maximize resources. The company is one of the largest public safety companies with more than 850 installations in the United States, Canada, Mexico, Australia, New Zealand, United Kingdom and Ireland.

For more information on TriTech, please visit www.tritech.com.

911 Magazine
BOOTH #303, 305

Features provocative issues and major incidents. Come by booth #303 & 305 for your FREE, three-year subscription. Manages emergency communications for PSAPs, dispatch and field communications for EMS, fire, law enforcement and emergency/disaster management.

Provides valuable information in all aspects of the public safety communications community. Product-related technology and operations, and coverage of skills, training, and equipment.

For more information, visit www.9-1-1magazine.com or email info@9-1-1magazine.com
NENA is The Voice of 9-1-1™, the leading non-profit organization dedicated solely to 9-1-1 emergency communication issues. NENA serves over 7,000 members in 47 chapters, through policy advocacy, technical and operational standards, certification and education.

For more information, visit www.nena.org or call 800-332-3911

OnStar, the largest telematics service provider with 4 million subscribers, is exhibiting to educate the 9-1-1 community about the vital and life-saving information OnStar can provide to 9-1-1 dispatchers. Working together we can save lives and protect property.

For more information, visit www.onstar.com

PSTC is America’s most popular and best in-service training provider. We bring the training to your region and hosts receive free tuition!

Come by our booth and see our new DVD training program. We are taking the principals of Gordon Graham and producing daily video training for emergency communications professionals. All of our classes count towards your NAED continuing education training! Stop by our booth and get your first training DVD absolutely free with no strings attached! PSTC is proud to be a Gold sponsor at this NAVIGATOR conference!

For more information, visit www.pstc911.com

For over 35 years, first responder organizations nationwide have placed their trust in PlantCML, the leading provider of mission-critical communications solutions for the call center environment. From emergency call taking to dispatch to incident/records management, PlantCML continually sets—and upholds—the standard for innovation and customer service. The company delivers telecommunications functionality through flexible, scaleable solutions, covering wireless, Computer Telephony Integrated (CTI), Computer Aided Dispatch (CAD), records management, mobile data, digital logging/recording, Voice over IP (VoIP), NG9-1-1, emergency notification technology and more.

To learn more about PlantCML, visit www.plantcml.com, call 951-719-2100, or email info@plantcml.com today.

For over 25 years, agencies have trusted New World Systems’ seamlessly integrated public safety software solution: CAD, Records, Mobile, Justice Link and more.

For more information, visit www.newworldsystems.com

911 CARES is the heartbeat project of 911 CARES. We support everyday heroes through a variety of appreciation and emotional support projects. Come by our booth to see amazing 9-1-1 and dispatch specific items you can get to boost morale within your center. Come nominate a co-worker for our everyday heroes award or sign up for a drawing to win some great prizes. Thanks for supporting 911 CARES! 911 CARES is proud to be a Gold sponsor at this NAVIGATOR conference!

For more information, visit www.911cares.com
ACTIVE USA LLC

ACTIVE will showcase its innovative emergency demand analysis and management system—Total Solution Mapping™, designed to give public safety providers control over demand and a better understanding of the citizens they serve.

For more information, visit www.activeusallc.com

Alert Tracking Systems, Inc.

Alert Tracking Systems is a company built to address the demands and ever-increasing needs of public safety. AlertTS has designed, developed, and implemented a state of the art software solution which allows data sharing at the highest levels of interoperability. With a focus on quality products and customer service, Alert Tracking Systems proud to provide software that streamlines the day to day tasks of agency staff so that they may focus on serving their community.

For more information, visit www.alertts.com

Center for Domestic Preparedness

The Center for Domestic Preparedness (CDP) is charged with training state, local, federal, private and international public safety personnel and organizations including elected and appointed officials to deter, prevent, respond to and recover from threats or acts of terrorism. The Center is the only federally chartered training center that provides advanced hands-on training in a toxic agent environment to civilian emergency responders.

For more information, visit https://cdp.dhs.gov

Concept Seating, Inc.

Concept Seating, Inc. is a Waukesha, Wisconsin-based manufacturer of 24/7 Intensive Use chairs and seating. Sophisticated design and engineering guarantee durability and ergonomic comfort. Available in many beautiful colors, Concept Seating’s Intensive Use Chairs pay for themselves by elevating productivity. A new standard has been set. What a concept!

For more information, visit www.conceptseating.com or call 800-892-5563,

DataTech911 Software Solutions Inc.

DataTech911 Software Solutions Inc. seamlessly integrates with existing public safety hardware and software systems to provide unique multi agency communication, alerting and data management solutions to the emergency response industry. By integrating with existing public safety systems, with out interrupting normal day to day activity, DataTech911 Software Solutions Inc. products reduce liability, improve efficiencies, and lower cost.

For more information, visit www.datatech911.com
DialogCoach LLC

“DialogCoach: A one of a kind Role Play Simulator, using a scientific method of cognitive recall in a cyclical learning environment. Dispatchers interact with virtual officers and civilians, who listen and respond based on what is said. Helps develop skills around your best practice in DialogCoach rather than practicing on emergency callers. Don’t miss the latest updates in this innovative training solution!

Go Beyond Role Play to DialogCoach! Come by our booth for a demonstration.”

For more information, visit www.dialogcoach.com/cms

Dispatch Products Company

Dispatch Products was organized in 1991 to design and market heavy duty furniture to the Public Safety Market. All furniture systems are designed to meet ADA and B.I.F.M.A. standards and to follow the recommendations of ANSI/HFS 100 and BSR/HFES100.

Furniture types include modular bolt together steel assemblies with integral sloped front turrets. Non lift workstations with ergonomic keyboard, Corner lift workstations with a vertically adjustable corner surface and fixed side surfaces. Total lift workstations with a large single platform for displays and an attached articulated keyboard platform.

Dual lift workstations equipped with two separate and independently adjustable platforms.

For more information, visit www.dispatchproducts.com

DoMore 24/7 Seating by Scope Technologies, Inc.

DoMore 24/7 Seating by Scope Technologies, Inc. has been providing the best in Intensive Use Seating since 1968. This product was developed in conjunction with Air Traffic Controllers from the FAA. Our unique and time proven coil spring seating system stands up the rigors of 24/7 use. The coil spring seating system allows for constant air-flow and easy change in position. Combined with our patented cast aluminum mechanism and 3/8” bar stock steel arm bars and back bars, it gives you a chair that stands up to the intense environment it’s used in.

For more information, visit www.domorelux.com

Eventide

Eventide’s newest generation of purpose-built recorders feature the Linux OS for rock-solid reliability and networkability, offer up to 32 simultaneous client connections, and almost five channel years of recording by way of dual 250 GB RAID-1 hard drives. The VR778 offers from 8 to 192 channels, and dual hot swap power supplies. The VR615 offers from 8 to 48 channels in a compact 2U chassis, featuring an optional 320x240 color LCD display. The VR725 offers from 8 to 96 channels, an optional 7” TFT color touchscreen control, dual hot swap power supplies, and an optional 1 TB hot swap RAID-5.

For more information, visit www.eventide.com
National Communications System

Booth #403

The National Communications System (NCS), part of the Department of Homeland Security’s Cyber Security and Communications Directorate, offers priority communications capabilities to national security and emergency preparedness (NS/EP) personnel at the federal, state and local government levels to ensure ongoing communications during crisis situations. These priority services include Government Emergency Telecommunications Service (GETS), Wireless Priority Service (WPS), and Telecommunications Service Priority (TSP). The NCS also provides coordination, information sharing, and other programs to support NS/EP efforts under all circumstances. NCS leads national communications efforts in critical infrastructure protection and in coordinating key government and industry entities for the nation’s well-being.

For more information, visit www.ncs.gov

Positron Public Safety Systems

Booth #510, 512

Positron Public Safety Systems, a division of IPC, is a leader in fully integrated, end-to-end public safety solutions for call handling and dispatching. Established in 1970, Positron has more than 36 years’ experience delivering indispensable applications and over 23 years of developing public safety solutions. With nearly 400 employees in offices throughout the world, Positron’s global footprint extends from the United States and Canada through Europe, Africa, Latin America, Australia, Asia and the South Pacific.

Find out more at www.positron911.com

Priority Solutions Inc.

Booth #417

Priority Solutions™ is a joint venture corporation established by two of the world’s most respected and experienced companies in the field of health care access management: Clinical Solutions, LLC™ and Priority Dispatch Corporation™ (PDC).

We distribute and support a unique, patented software product known as PSIAM®, which integrates into a single call center platform the most widely used nurse triage algorithms and the most widely used emergency ambulance dispatch protocols and pre-arrival instructions software ProQA®.

For more information email info@prioritysolutioninc.com call 877-355-3270 or visit us on the web at prioritysolutioninc.com

SAVE Corporation

Booth #617

SAVE Corporation provides state of the art emergency telecommunications training simulators. Two decades of involvement with public safety has kept them in the forefront of developing and providing a superior class of 9-1-1 related simulators. The ability to pace the escalating need for technological advancement in communications equipment training is unequaled. Think of the time, money and lives you can save.

For more information, visit www.911simulators.com

Select Advantage

Booth #609

Select Advantage uses cutting edge technology to reveal what truly makes the difference between worker outcomes. Our assessment is a detailed system of surveys designed to evaluate candidates for the position of Dispatcher/Call Taker. This assessment measures applicants against a management and peer-established behavior standard and determines who has the right mix of work sense, values and habits to excel at the job. The assessment screens for job compatibility and focuses on those innate qualities which are so vital for success in each job and so difficult to train or teach.

For more information, visit www.selectinc.net
Tiburon, Inc.
BOOTH #513

Public safety and justice personnel are on the front line and need to know information that is critical to protect and save lives. Tiburon, Inc. is the industry leading provider of automated solutions to meet the demanding and complex needs of law enforcement, fire & rescue, corrections and justice agencies. Tiburon provides fully integrated solutions including Computer Aided Dispatch, Records Management, Mobile Data System, Field Reporting System, integrated mapping, analytics and integrated justice systems. In a world where rapid response is critical, our solutions provide greater information intelligence for making safer and more confident decisions.

For more information, visit www.tiburoninc.com

VisionAIR
BOOTH #411

Drawing on extensive industry experience, VisionAIR has developed one of the best integrations in the industry, according to Priority Dispatch criteria. These will assist in the successful use of VisionCAD™ with the ProQA™ certified interfaces for EMD, EPD and EFD.

Enhancements to the EMD interface include auto-updating of Complaint Types once pre-arrival instructions are complete and the ability to clone a call when trigger questions recommend additional resources and to more effectively utilize standardized call-taking.

As a Microsoft® Gold Certified Partner, VisionAIR enables public safety agencies to improve the communities’ quality of life by strengthening emergency response and enhancing productivity.

For more information, visit www.visionair.com

VIXXI Solutions
BOOTH #204, 206

Completed and launched in the early 2nd quarter of 2007, VIXXI’s national IP-based E911 solution, the VIXXI Geospatial E911 Routing System™, truly represents a processing breakthrough for the emergency network system. Composed of the EG200™ and VIXXI-Link™ service, this solution meets the recently passed U.S. House 911 Modernization and Safety Act.

The VIXXI EG200 arrives at the PSAP location completely configured requiring only a broadband connection, and a few minutes of time. VIXXI-Link includes a web portal for end user registration, total ALI management with MSAG validation and ERDB functions, and emergency call routing.

For more information, visit www.vixxisolutions.com

Voice Print International
BOOTH #210, 309

VPI’s PRIORITI Interactions Suite allows public safety and government agencies to securely capture, retrieve, evaluate, and improve their mission-critical voice and data interactions. By enabling efficient sharing of crucial interactions, the recreation of entire events, and communication with personnel in real time, VPI solutions can make a significant impact on an organization’s effectiveness—mitigating risk, ensuring regulatory compliance, optimizing processes, and boosting productivity. With VPI’s PRIORITI Interactions Suite of recording and call taker quality assessment solutions, public safety agencies can finally focus on what really matters—their core responsibilities.

For more information, visit www.VPI-corp.com, call 800-200-5430, or email info@VPI-Corp.com
Watson Dispatch

BOOTH #502, 601

Watson represents a significant leap forward in console furniture design for Public Safety, Security and Emergency Communication Centers. Encompassing the industry’s most resilient console furniture for 24/7 environments and a groundbreaking Total Comfort System, Synergy is a complete family of products designed to enhance the entire Emergency Communication Center.

Synergy consoles combine unparalleled structural integrity, full sit-to-stand ergonomic adjustability, easy technology access, and simple, effective wire management. Tested for 40,000 up-down cycles (the equivalent of 10 years of daily 24/7 activity), Synergy features independent electronically adjusted monitor and keyboard platforms, and available in numerous configurations.

For more information, visit www.watsondispatch.com

Xybix Systems, Inc.

BOOTH #218

Founded in 1991, by Dave Carson, Xybix Systems, Inc. has earned an enviable reputation as the industry leader in manufacturing ergonomic furniture for 24/7 mission critical environments.

As a member of the HFES (Human Factor and Ergonomics Society) canvass committee for the newly approved ANSI Ergonomic standard, Dave Carson’s passion and knowledge of ergonomic solutions for mission critical work environments is reflected in the new national standard.

Xybix’s expertise in design and ergonomics combined with a company’s processes and functionality requirements unite to create a state of the art workstation that empowers productivity by aligning form and functionality for better health and overall performance.

This company’s user-friendly, highly-customizable workspaces help employees get into their productivity zone and stay there.

For more information, please visit www.xybix.com.

ZOLL Data Systems

BOOTH #602

ZOLL Data Systems offers the RescueNet suite—computer-aided dispatch, billing, field data collection, records management, crew scheduling, and mobile data software for fire and emergency medical services organizations. RescueNet is the only fully integrated information management system that allows fire and EMS organizations to manage critical information for maximum performance. Gather and centralize information, and link the entire pre-hospital chain of events into a single system. RescueNet offers the quickest, easiest way to improve your business and clinical operations.

For more information, visit www.zolldata.com.
YOU PROVIDE YOUR COMMUNICATIONS PERSONNEL WITH THE BEST TRAINING, EQUIPMENT AND RESOURCES.

NOW PROVIDE THEM WITH THE BEST INFORMATION.

No other public safety emergency communications magazine carries more articles per issue, articles that help in our work like -

- Mission Critical Dispatch
- Maintaining Moral on the Dispatch Floor
- Homeland Security Exercise Achieves LMR Interoperability
- Communicating Through Crisis

Your peers, in a survey conducted by an accreditation organization, have ranked 9-1-1 MAGAZINE NUMBER ONE as most read and as most valuable and credible!

$29.95 for nine issues (one year)
$89.95 for 27 issues (three years)

SUBSCRIBE TODAY!

Send an Email to
subscriptions@9-1-1-magazine.com
with Subject “NAED Discount Subscription Form”

Through a special agreement between National Academies of Emergency Dispatch and 9-1-1 MAGAZINE, you will receive a 30% Discount off the Regular Subscription Price.

One Year @ $20.95
Three Years @ $50.95
ARM THEM
WITH THE PROTOCOLS THEY NEED

The more they know and the faster they know it, the better the outcome of any call. Armed with information from EnRoute’s advanced emergency systems that can be seamlessly integrated with Priority Dispatch’s protocols, your responders receive the all-important data they need with efficiency, accuracy, and instantaneous speed. And that can help save lives. EnRoute systems help ensure that your EMS, fire, and law enforcement personnel and citizens get the protection they count on from you.

For more than 20 years, EnRoute (formerly Geac) has armed public safety agencies with fast, reliable emergency data systems. Let us do the same for you. Call us today at (813) 207-6951.

- Computer-aided Dispatch
- Records Management
- Mobile Data
- Field-based Reporting

EnRoute Emergency Systems
401 East Jackson Street • Suite 1500 • Tampa, FL 33602-5204
www.enroute911.com

WIN THE RACE AGAINST TIME®

Proud ProQA Certified Provider for Medical, Fire, and Law Enforcement Protocols