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The Easy Route. Media tend to ignore behind-the-scenes reasons or tragedy

Scott Freitag, NAED President

Another television news program took a swing at 9-1-1 services, zeroing in on an emotionally charged 9-1-1 call by the distraught mother of a toddler strangled nearly three years ago in a backyard soccer net. Despite the mother’s urging, the dispatcher could not provide CPR instructions to her. Without standing judgment, and not excusing dispatcher negligence and the center’s inability to provide pre-arrival instructions, the program did little public good by simply pointing a finger at an individual in a communications center for a lengthy response time (eight minutes for EMS to arrive). From my own background in working with media, I can only think it was much easier and better for ratings.

I can speak to the issue professionally and from a personal standpoint. The Salt Lake City Fire Department (SLCFD) communications center, where I have worked for most of my career, is on the top floor of an operations facility built 50 years ago. Saying the building is inadequate is putting it mildly. It’s not pretty. It’s a process, and a calltaker or dispatcher shouldn’t be blamed when local authority fails to implement the proper tools—protocol, certification, and training.

As National Emergency Number Association President Craig W. Hittington wrote in the January column challenging the same news program: These implementations [practices designed to help telecommunicators save lives] are major local policy decisions involving the 9-1-1 center, the local government, Emergency Medical Services (EMS) provider, and Medical Director in order to ensure proper training, oversight, and regular audit and review. The decision to use EMD cannot be made at the discretion of the telecommunicator working in the Public Safety Answering Point (PSAP).

Walking a caller to 9-1-1 through a medical procedure, even one that may seem as basic as CPR, requires that an approved EMD training and certification provider certify the telecommunicator in EMD and that the 9-1-1 agency have an ongoing training, oversight, and regular audit/implementation of the protocols has a major impact on the first three areas, which then impacts the fourth. The protocols make sure all the right questions are asked in the proper sequence all the time. In turn, the flow of information is streamlined to the responding crews, and instructions from the calltaker back to the caller help prepare and maintain the scene. The fourth element—agency response—is left in the hands of the communications centers and the agencies they serve defined by local resources, safety, and community standards.

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We’re lucky, that is until the media plants their teeth into a case of dispatch error or a response notably inadequate for the crisis at hand. We would be dragged across the coals, so to speak. The efficient response to a mass shooting at a shopping mall three years ago, and subsequent accolades bestowed on our responders, wouldn’t matter. No one would say, “Hey, give them a break. They did such a great job in the past.”

Fortunately, I don’t anticipate media finding a call to sensationalize. The SLCFD communications center relies on dispatch protocol and earned the distinction of a Fire Accredited Center of Excellence (ACE). Standardized script provides a predictable and reproducible process for addressing a situation or event, and the use of protocol guarantees our dispatchers are certified and stay certified. Training is ongoing, considering the requirement to earn continuing dispatch education (CDE) credits. A NAED recommended quality assurance program in force means the public receives real results when making emergency calls.

“Real results” depend on four areas of communications: the information gathered, the information passed to responding officers, pre-arrival and post-dispatch instructions given to the caller, and the actual response to the emergency. Implementation of the protocols has a major impact on the first three areas, which then impacts the fourth. The protocols make sure all the right questions are asked in the proper sequence all the time. In turn, the flow of information is streamlined to the responding crews, and instructions from the calltaker back to the caller help prepare and maintain the scene. The fourth element—agency response—is left in the hands of the communications centers and the agencies they serve defined by local resources, safety, and community standards.

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What's New at NENA 2010?

What’s New at NENA 2010? For all the latest conference details and information!

Law enforcement and emergency/disaster technological innovations to the public safety community. Both, as well as our prized writers, columnists and contributors, are on the project, now, ready to deliver the same caliber of valuable information on 9-1-1 MAGAZINE.com, via email, and through all the appropriate social media channels related to our industry.

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Welcome to Navigator 2010. We hope you learn lots through the classes and events featured. Once your conference day is done, you may very well decide to spin in teacups, ride the rails of Big Thunder Mountain, capture the mayhem of pirates, or admire tigers while on a Kilimanjaro Safari. With accidents on any of the Walt Disney World Resort’s 40 rides (latest count) are fairly uncommon, you never know when misfortune will strike. Just ask the visitor who suffered a concussion in a 2007 attack stemming from line-jumping ascensions at the teacups. But in the rare event something unpleasant requires you to call 9-1-1, have no fear. The 12 dispatchers at Reedy Creek Emergency Services (RCES) are certified EMS D’s. The center achieved ACE for medical protocol in April 2008 and reaccredited in 2009.

The RCES communications center within the Reedy Creek Improvement District serves an area of about 25,000 acres (two counties) in the heart of Central Florida including its largest landowner, Walt Disney World Resort. The center receives about 450,000 calls each year. Communications Supervisor Barry Brosious Jr., said Reedy Creek is like any other communications center. It is a PSAP and calls requiring law enforcement are one button transferred to the appropriate agency. The primary service provided is fire and EMS and like any other community, they receive the myriad of calls, the difference being the daily change to the community based on the state or country origins of Walt Disney World guests.

The center is customized to accommodate the resort’s extensive holdings (four theme parks, 26 resorts, three water parks, Downtown Disney, six golf courses, and 12,000 rooms). For example, a call from a hotel property triggers a display showing the exact location of the caller (hotel name, building name and number, floor and room number) AND the number of people staying in the room and their native language. A call for medical assistance dispatches Medical Assistant Response Teams located in the theme parks and ambulances. EMR dispatchers can, of course, give Pre-Arrival Instructions while on the way.

Most of their calls are EMS related and a large percentage of the EMS calls are minor in nature; injuries that if they are in a different environment (country) they request airlift transportation to a Level 1 hospital.

The center has also had childbirths, cardiac arrests, drowning, and major traumatic injury requiring airlift transportation to a Level 1 hospital.

“It would be safe to say we have utilized every N AED EM D protocol at one time or another,” Brosious said.

The PSAP’s E9-1-1 system is a must-see attraction, and you’ll have your chance to visit the center on field trips scheduled for 1 p.m. and 3 p.m. on both Wednesday and Thursday of the conference. See you there!
BRETT PATTERSON

Brett Patterson is an Academics, Standards, & Research 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 the NAED, he spent 10 years working in a public utility model EMS system in Pinellas County, Fla.

JACI FOX

Jaci Fox has spent 10 years as a police calltaker and seven years as a police dispatcher. She is EMD, EFD, and EPOD certified. Jaci is also a certified quality assurance specialist. She serves as the co-chair of the Police Council of Standards for the International Academies of Emergency Dispatch and as the quality assurance coordinator for Medicine Hat Regional 9-1-1 communications in Alberta, Canada.

KIMBERLY RIGDEN-BRISCALL

Kim Rigden-Briscall is an emergency service consultant with nearly 20 years of experience in dispatching. Prior to establishing KRB Consulting, she worked 17 years for the British Columbia Ambulance Service as a dispatch quality improvement manager in the Performance Management Division, a paramedic (1990-2004), and a critical incident stress diffuser. She has been a certified ED-Q and EMD since 2006 and has presented at both the Navigator and ONenavigator conferences.

MICHAEL SPATH

Michael Spath began 9-1-1 dispatching more than 16 years ago. He is the senior public safety dispatcher at the Sunnyvale Department of Public Safety in Sunnyvale, Calif. Michael is a NAED-certified quality-improvement instructor for police, fire, and medical protocols. He co-chairs the NAED Call Processing board and is a member of the Q Standards Task Force. Michael and his wife Tammy own and operate EDOQIL, a quality management consulting service.

ACE ACHIEVERS

One Under the Belt. Second around proves easier for dual ACEs

By Heather Darata

Becoming a dual Accredited Center of Excellence, or ACE, is not as hard as you might think.

At least, that’s the case when a center already has an ACE in place. Although centers that have become dual ACEs, including the two triple ACEs, experienced a sticky spots along the way, the people behind the scenes agreed having already achieved one ACE gave them a leg up for the second go-around to achieve ACE No. 2.

“A lot of the skeleton was already there,” said Jim Lanier, division manager, Manatee County (Fla.) Emergency Communications Center, who took over the process from his predecessor and has since achieved both a medical and fire ACE. “It was just a matter of putting the meat on the bones.”

Ahead of the pack

Communications centers started using the Medical Priority Dispatch System™ (MPDS®) in 1979, but it wasn’t until 14 years later that the National Academies of Emergency Dispatch™ (NAED™) recognized its first-ever ACE to the Albuquerque Fire Department (N.M.) in 1993.

Seven years after the first medical ACE was recognized, the Academy released version 1 of the Fire Priority Dispatch System™ (FPDS™). The Police Priority Dispatch System™ (PPDS™) followed in 2001, creating a suite of protocols with universal calltaking benefits. Communications centers, particularly consolidated centers that dispatch police, fire, and medical calls, were waiting in the wings.

Dauphin County (Pa.) Emergency Management Agency was one of the consolidated centers that jumped at the chance to try the FPDS following its release in 2000; it had earned its medical ACE the same year. So, why not go for a second ACE, this time for fire, reasoned Keri-Ann Zeigler, assistant manager of quality assurance.

For an agency that dispatches for 17 EMS companies, 39 fire departments, 14 police agencies, and 20 police departments, it was a lot to ask. Dauphin County was an expert in applying the MPDS, but fire added a new layer of responsibility.

The easy part was the similarity between the FPDS and the MPDS. They share structure and scripted format, and the Twenty Points of Accreditation are also very similar, with only minor differences distinguishing the disciplines. For example, the fire ACE application requires documentation of the last rating from the International Organization for Standardization (ISO) (or applicable body). Point 12 specifies local fire-rescue approval of all FPDS protocols.

Both medical and fire calls also share a “go...
A priority if this was what they wanted to pursue. Chief among their setbacks was wasting for an ISO rating while completing the Twenty Points. Included in Point 1 is the need to document the last ISO (or

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Successful use of protocol takes systems approach

By Brett Patterson

Protocol use in emergency dispatch is very popular. Produced by a limited, but diverse number of companies, protocols are being used in communications centers all over the world, and for good reason. Guiding emergency dispatchers through caller interrogation, instruction, and dispatch, protocols limit the variance inherent to individual dispatchers and standardize the communications center’s output. This standardization ensures equal care for the public and reduces the liability risks associated with variance and on-the-fly decision making. However, despite protocol popularity and obvious advantages, many agencies are struggling to make protocols work in their systems, and many others are therefore reluctant to make the switch from medically-trained freelancing to protocol-driven decision making. This article will explore the more common problems associated with protocol implementation and, hopefully, provide some needed guidance.

Perhaps the most common and destructive myth about dispatch protocols is that they constitute nothing more than a checklist for the lay dispatcher, designed to take the place of a medically-trained calltaker. This myth is used, rather successfully, to dissuade the media, ill-informed city manager, or the public, i.e., “They want you to believe that this checklist can take care of our citizens better than a medically-trained operator!”

The simple truth is that protocols provide far more than a checklist, and certified Emergency Medical Dispatchers are medically trained; it’s just that their training is specialized to the nonvisual environment. In the field of face-to-face medicine, paramedics and EMTs are trained to assess patients and the surrounding scene using all of their senses. When approaching a scene, a trained responder uses eyes, ears, and nose to rule out danger and search for clues regarding the complaint. With nothing more than an initial glance, a good paramedic can decide if a patient needs immediate intervention or if there is time for a more detailed history and exam. A quick touch of the skin and look in the eye checks alertness, pulse strength and rate, respiratory effort, and even cellular perfusion. Even the smell in the room may provide clues to clinical issues we need not mention here. And with all of those senses, paramedics are trained to seek out at least an impression of the underlying problem— if not a diagnosis—and to treat the patient, under the advise of a medical director, with the goal being prehospital stabilization.

However, take all of those senses away from a group of trained paramedics, put them on the phone with untrained, excited, and often uncooperative callers, and chances are the ensuing, greatly varied interrogations will last the length of the ambulance response and very little, if anything, will be accomplished.

In fact, much of what we know about dispatch protocols is a protocol.

Protocol implementation must be viewed not as a single practice, but as a process.

Protocol implementation begins with complete support from the management staff. EMS agencies are wise to the potential of dispatch protocol implementation, and will provide the tools necessary for success. These tools include three main things: a competent, initial training program specific to the chosen protocol; an ongoing quality improvement process that provides supportive feedback and continuing education; and a commitment to maintain a current standard of care through protocol upgrades. Without these important tools, protocol implementation is doomed to fail.

Common problems associated with protocol use are most often obvious at the on-line level, but almost always rooted elsewhere in the process. Consider the following examples.

Background for example one:

The first example takes place in a non-committed system where EMS Ds, supervisors, middle managers, and the top brass are all on different pages. Until recently, and prior to protocol implementation, calltakers with field experience were used to answering the phone, dispatching ALS ambulances and providing medical advice. A listener encountering some bad outcomes from this practice, a training officer convinced management that protocols were needed to standardize the...
quality of care. After contemplating about the cost, management conceded to purchasing a protocol and providing initial training. After training, it is obvious that many of the long-term dispatchers are resistant to the protocol. Being a little uncomfortable with the change and struggling to learn a new way of doing things, the long-term dispatchers become increasingly reluctant and long for the days when they were allowed to do things their own way.

Meanwhile, thinking that a protocol and initial training was the complete fix, upper management continues to ignore the pleadings of the under-funded training staff and denies the resources necessary to start a quality improvement process. The EMDs, now using the protocol only because they have to, experience their reluctance through their attitude and non-compliance. Then the phone rings.

Example one: A frightened husband dials 9-1-1 after his wife suddenly becomes unconscious. He requests an ambulance, but a monotone calltaker greets him with a list of questions. “Why do you keep asking me questions?” he asks insistently. The calltaker angrily replies, “It’s my job, I’m only doing what I’m told to do.”

Four or five minutes later, after fighting through seemingly endless interrogation, the dispatcher sends an ambulance. The patient later dies. The husband contacts the media, the headlines add to a list of other complaints about the local 9-1-1 system, and the ill-informed city manager fires the 9-1-1 director, scrapes the dispatch protocol, and reverts to a different outcome.

Quality Control: Removing call records for quality assurance/benchmarking and training helps to maintain a high level of care. The primary differences between these more-than-likely scenarios go well beyond the varied attitudes of the calltakers. A through both examples utilized EMDs that had excellent initial training, the first example took place in a dispatch environment that lacked strong communication and commitment to standards, while the second center stressed a clear mission, reasons to adhere to it, and quality assurance processes to achieve.

A visit to a communications center where dispatch protocols are embraced, believed in, and complied fully with a sincere desire to help people is truly a refreshing experience. When all of the pieces of the puzzle are snugly in place, the machine runs remarkably well. The public is happy, appreciative, and, surprisingly enough, more than willing to answer pertinent questions.

Protocol implementation must be viewed not as a single practice, but as a process—a system of essential components that rely on each other for success. The protocol itself must be sound. It must be based on current practice, reliable data, and the learned experience of many users. Training, both initial and ongoing, is essential. The curriculum must be relevant to the protocol and to the current performance of the EMDs.

Call review provides meaningful feedback. Reviewers must understand the protocol better than anyone else in the organization. The reviewers must also be trained to understand data sampling and the importance of randomization. They need to know how to analyze the results of their findings and how to format it in a way that employees can understand. Finally, they must be excellent communicators that can provide praise and constructive criticism in a manner that is both respected and welcomed. We can be sure that emergency communicators will continue to grow in popularity worldwide. What is more difficult to predict is the rate of failure, as compared to the rate of success. This will depend on each agency’s commitment to quality processes which, when implemented and sustained with vigor, will ensure optimal performance of dispatch protocol while avoiding the common pitfalls.

example one:
- The EMD ensures the caller that help is being sent and continues with essential questioning. When the call ends, the EMD states, “Why do you keep asking me questions?” the calltaker replies, “The ambulance is on the way, sir. If you can answer just a few more questions, we might be able to help you until the paramedics get there.” Eager to help, the calltaker cooperates and follows the subsequent CPR instructions to the letter. The paramedics arrive and treat the victim, much to the appreciation of her calm and helpful husband, and the patient makes a complete recovery. The husband contacts the media and the ensuing story prompts a refreshing experience. When all of the pieces of the puzzle are snugly in place, the machine runs remarkably well. The public is happy, appreciative, and, surprisingly enough, more than willing to answer pertinent questions.

example two:
- After training, it is obvious that many of the long-term dispatchers are resistant to the protocol. Being a little uncomfortable with the change and struggling to learn a new way of doing things, the long-term dispatchers become increasingly reluctant and long for the days when they were allowed to do things their own way.

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No Free Lunch. If it sounds too good to be true, it probably is.

By Jaci Fox

Has someone called to say you’ve won a really great prize that requires sending shipping and handling fees in order to receive your prize? Did an email message request only a small investment in return for a significantly larger gain? If it sounds too good to be true, it probably is,” rings true to the tune of billions of dollars lost each year by victims of fraud. According to statistics, between 800–1,000 of the more prevalent frauds and schemes are being practiced at any one time with all of them some sort of variation on the basic con games and updated to meet the current trends of society.

With that in mind, is it any wonder that the highest numbers occur in relation to identity theft and Internet fraud? For example, in 2009, the Canadian Anti-Fraud Call Centre (CAFCC) reported that more than 1,000 Canadians contacted CAFCC Phonebusters every month after being victimized by identify theft (a mass marketing fraud) and through June 30, 2009, almost 6,700 complained they’d lost a total of about $5.2 million.

Established in January of 1993, the CAFCC is a joint-force operation consisting of members from the Royal Canadian Mounted Police (RCMP), the Competition Bureau of Canada, and the Ontario Provincial Police (OPP). The CAFCC plays a key role in educating the public about MMF and individuals. The method of victimization for the financial services industry was most frequently the use of fraudulently obtained personal identifying information to open new credit card accounts. They were also often the victims of fraudulent loan applications. The retail industry was also victimized through the opening of new credit card accounts, as well as by the fraudulent purchase of merchandise that was later returned for cash or store credit. In the majority of the cases, the offender did not know his or her victim. The retail industry was found to be most susceptible to identity theft by their employees. Perhaps not surprisingly, in approximately half of the cases, the Internet and/or other technological devices were used in the commission of an identity crime.” It’s part of the trend in fraud. The Federal Trade Commission received more than 670,000 cases of consumer fraud in 2006; among cases where the initial method of contact was reported, 60% originated from the Internet.

According to the National Fraud Information Center (NFIC), the average individual loss from Internet-related fraud in 2005 was $1,917. Internet fraud is expected to steadily increase. According to the Internet Crime Complaint Center (IC3) annual report, dollar losses of referred complaints in the United States was at an all-time high in 2008, $264.59 million, and exceeding the record-breaking dollar loss of $239.09 million in 2007. On average, men lost more money than women. The results of the report are based on information the public provides to IC3 through complaint forms submitted online. The majority of all complaints were related to the Internet or online service.

The IC3 works in the United States in cooperation with the National White Collar Crime Center (NW3C), the Federal Bureau of Investigation (FBI), and the Bureau of Justice Assistance (BJA); the agency provides federal, state, and local law enforcement agencies with a single point of contact—a “one-stop shopping” approach—for identifying and referring Internet fraud schemes for criminal enforcement. While most complaints originate from the United States (92.4%), IC3 received a number of complaints from Canada, the United Kingdom, Australia, India, and France.

Fraud fundamentals

Fraud committed through the postal service, over the telephone, at the door, or over the Internet all have one element in common: a deliberate misrepresentation that causes another person to suffer damages, usually monetary. Fraudulent deception could involve schemes from manufacturing counterfeit credit cards, to padding up insurance claims, or making false claims to receive mortgage loans. Money is usually involved, but not always as some people perpetuate frauds for the sake of personal recognition. Consumer fraud is the intentional deception of the general public by a group of companies, a single company, and sometimes an individual.

A study in 2004 by the Federal Trade Commission (FTC) found that for all types of fraud: women are more likely to complain than men, younger consumers are more likely to complain than older consumers, and rates of complaining are lowest for consumers from 55–64 years of age. Cyberspace fraud contact primarily takes place through e-mail (74%) and Web pages (28.9%). Attempts to defraud are more likely to succeed if the con artist is not a stranger to the victim, if the contact is made in person, if the prospective victim has not heard of the particular type of fraud, and if the victim has made no attempt to investigate before responding.

According to IC3 statistics, non-delivery merchandise and/or payment comprised the highest percentage of the fraud complaints in 2008 at 32.9%. Internet auction fraud was next at 25.6%. Nigerian letter fraud, identity theft, financial institution fraud, and confidence (con man) all had a loss of about 10%. Credit/Debit fraud took the remaining 9%.
Communications center

Generally, when a fraud complaint is received in the communications center, the incident has already occurred. There are rare occasions when a check cashing company calls reporting that its employees are detaining a subject who is known to be trying to pass an illegitimate check. When the call is in progress, the calltaker must get specific information to assist the investigator who will be dealing with the complaint. Using the Police Priority Dispatch System (PPDS), the correct protocol to use is Protocol 118: Fraud/Deception. When dealing with Protocol 118, there are three definitions calltakers must understand.

1. CRIMINAL DECEPTION: The act of deceiving or intentionally misleading a matter of fact, whether by words or by conduct, by false or misleading allegiations, or by concealment of which such should have been disclosed.

2. FORGERY: The making, altering, or uttering (passing) of written instruments or documents that represent money, stamps, securities, deeds, wills, checks, prescriptions, other similar instruments, or that affect a legal right, interest, or obligation.

3. When the fraud complaint is an in-progress event, it is essential that calltakers ask the weapons and safety questions so any safety issues can be addressed. Next, the calltaker collects the suspect’s description and mode of travel. If the suspect believes that he or she is being reported to police, he or she will generally flee the scene. As such, it is important to obtain person and vehicle descriptions. This information is crucial in assisting responding officers in apprehension of the suspect.

However, the majority of the complaints are cold calls. In such cases you simply dispatch and go to Post-Dispatch Instructions (PDI) to determine the necessary information on scene. PDI-a, “Have all required paperwork (A fidalift or Forfeign)” is important to provide because having the right documentation ready and available greatly assists the investigators in their follow-up of the initial complaint.

Remember these objectives:

What can EPDs learn from this?

Remember the Four Essential Objectives of Call Processing:

• Determine what has happened.
• Assess for scene safety (caller and responders).
• Initiate an appropriate response (cold call or in-progress event).
• Process at Case Entry Questions in 60 seconds.

5. A fraud call is generally a cold call when received by a communications center.

6. Fraud committed through the postal service, over the telephone, at the door, or over the Internet all damage, usually monetary.

7. According to IC3, women in the United States lose more than men in cyberspace fraud on average.

8. Of the 72,940 fraudulent referrals IC3 processed during 2008, nearly 63,400 were cold calls, these essential objectives still apply. It remains our duty to evaluate every call for service presented to us. The protocol directs the EPD to do what is required to process a fraud call and ensures that we use the best tools to do the best possible job for every call type, be it police, fire, or EMS. Rest assured that if you follow the protocol, you can’t go wrong.

Remember, if it is too good to be true, it probably is!
Taking it to Heart. Article gives 9-1-1 profession pause for reflection

By Michael Spath

An article in the November 2009 Reader's Digest was quite critical of the 9-1-1 system. The link was posted on the National Emergency Number Association (NENA) e-mail list server and the subsequent discussion filled my inbox for most of the afternoon. I wasn’t looking for inspiration; instead, inspiration found me. At the risk of preaching to the converted, I wanted to point out this article to my fellow Academy members and voice my response. I know of many agencies struggling with the rationale supporting protocol and quality improvement. I hear arguments resisting and supporting protocol, then resisting and supporting quality improvement. I can think of no finer argument for the absolute necessity of both protocol and quality improvement than the support they ultimately provide the person who just might need it the most: the 9-1-1 calltaker.

Here’s my response:

9-1-1 dispatchers are the most often overlooked part of every emergency response—until something goes wrong, that is. Our job and the attention we receive put us in the same camp as air traffic controllers:

“You land a million planes safely, then you have one little mid-air and you never hear the end of it.”

The phenomenon is a reflection of the critical nature of our job. We expect 100 percent from our 9-1-1 dispatchers, just like we do our air traffic controllers when we are in a plane. Meeting that expectation is not a media event, but failing to meet it can be lethal and that makes the news.

For starters, does your standards-based structured call taking approach include continuous feedback and quality improvement priorities? Or, is 9-1-1 a “roll of the dice.” The level of service can depend on which 9-1-1 dispatcher at the PSAP is taking the call. Providing 9-1-1 service without standardization and quality improvement in place is dangerous.

There can also be an attitude of complacency. A manager might say “we’re getting it right most of the time, so why bother since no one’s complaining?!”— but if we are not randomly reviewing our calls for compliance with specific expectations, how do we really know nobody’s complaining? If we judge quality by the number of complaints received, we are waiting too long. If someone complains, it’s already too late, leaving us with little to do but react and lay blame. The 9-1-1 dispatcher is left with the message that punishment is based on the bad outcome and the complaint—the “luck of the draw”—rather than performance.

Getting on the right track

I believe management and line personnel who take an interest and invest in performance can make the difference between success and failure. Proper management, supervision, and training can reduce the risk of these errors. That can happen (or can fail to happen) in centers both large and small. Those who are not paying attention to the job we are doing until a mistake is made often contribute to the burned-out negative attitudes existing in many, many centers. We all lead by example—good or bad, positive or negative, excellent or negligent.

For the 9-1-1 dispatcher, the reward is getting excellent performance recognized and not in some highly abstract message (“Keep up the great work”). We can be more specific: “On that wireless call, you did a great job using the Phase II information to get responders started in the right direction while the caller looked for a landmark.” We can take notice of the calltakers are doing it right in addition to when they are doing it wrong. We can eradicate those “bad apples” referred to in the Reader’s Digest article. We don’t have to suspend or fire the individuals but, rather, train the person to meet and exceed clearly defined performance expectations. We can help them stay on target and achieve unquestionable excellence for the duration of their career with continuous objective feedback based on comprehensive performance standards.

This is why NENA 56-006 Emergency Call Processing Standard is so important. Properly implemented structured call taking protocols for ALL types of calls combined with a comprehensive quality improvement process minimize the risk of these errors. EM D was just the beginning. DOING also shows a strong interest in performance improvement and excellence on everyone’s part. It reduces subjectivity in performance evaluation (something every union can support) and builds strong risk management habits (something every manager can support).

For those who haven’t read the story, the author focused on problems in the 9-1-1 system, including mishandled 9-1-1 calls and their consequences and public misuse (such as a guy who called 9-1-1 about bracelet service at a hamburger chain). He doesn’t condemn the 9-1-1 system but argues it’s time we looked at improving the system overall, through, for example, training and public education. Here is the link for the article http://www.wd.com/you-america-inspiring-people-and-stories/911-calls-tragically-wrong/article166229.html. *
Lucky to be there

It’s a good thing a team from U.K.’s Great Western Ambulance Service (GW AS) was giving tribute at the Jan. 29 repatriation and royal visit in Wootton Bassett High Street. And, it was even better for the young band members from Essex present for the ceremony honoring two 19-year-old soldiers killed in Afghanistan.

The musicians—ranging in age from 10 to 18 years old—did not take well to the single digit (Celsius scale) temperature and heavy snow falling during the service. Signs of hypothermia had the GW AS team responding to its primary role of clinical cover, taking the dozen seriously affected members to a local estate agent and public house for hot drinks and blankets to warm them up.

The 12 band members were discharged from the scene for a return trip to Essex the same day.

John Oliver, GW AS external communications manager, said their presence wasn’t a matter of luck for the boys.

“Surely you mean careful, intelligent preparation linked to a robust deployment plan,” he said.

Each time a soldier killed in Afghanistan is flown back to RAF Lyneham hundreds of Royal British Legion veterans, shopkeepers, tourists, and residents line the streets of Wootton Bassett to pay their respects as the coffins are taken to The John Radcliffe Hospital in Oxford.

The Prince of Wales and the Duchess of Cornwall made their royal visit to the town to show their gratitude to the people showing their support for those in the Armed Forces and to formally greet those who regularly take part in the town’s spontaneous repatriation ceremonies.

Is there anyone out there?

If you want to get a good insight into the state of federal funding, check out the National 9-1-1 Office online.

The website is outdated (as of February), listing webinars scheduled for June and October 2009. The affiliated 9-1-1 Resource Center at https://www.911resourcecenter.org, which is supposed to provide an information clearinghouse and an associated national 9-1-1 profile database, is still under construction six years after the national office was established. Two questions on the FAQ page are related to the use of the resource center, and that’s it.

But don’t get discouraged. Flaherty said the office anticipates going live within the next couple months, once Congress reauthorizes the funds.

The ENHANCE 911 Act of 2004 (PL 108-494) created the National 9-1-1 Office to coordinate policy across federal agencies and federal funding support to PSA Ps and related state and local agencies for 9-1-1 deployment and operations. Flaherty was a key advocate of the act.

Team creates top 10 call 9-1-1 tips

Just about everyone in the business has a story making the top 10 list for bizarre reasons someone calls 9-1-1 simply because the individual may not know better. You know the routine. A man from (name the state) calls 9-1-1 after an adult son (or daughter) refuses to clean a messy room. A woman from (name the state) calls 9-1-1 to complain about the container of milk missing from her daughter’s (or son’s) fast food order. Someone wants the city’s schedule for trash pickup, while another caller insists she needs prompt attention to remove the neighbor’s cat from underneath her bird feeder.

Well, there’s a new take on the top 10 list for 9-1-1 making the rounds, but unlike the bizarre tales, it provides the guidelines to keep the bizarre from happening. According to the list, developed by representatives of 911Lifeline, the National Emergency Number Association.
Ten Fort Lauderdale (Fla) High School seniors enrolled in a yearlong public safety, telecommunications, and fire safety class at the public affair/law magnet high school are well on their way to a career in telecommunications following graduation in June 2010. The program, now in its second year, is the brainchild of Frank DeRusso. The retired police officer and former dispatcher realized that teaching telecommunications skills offered a golden opportunity to graduating seniors. For some students, landing their first job in the field might lead to a long-term career in public safety, including dispatch, while for others, the above-average pay could fund college educations.

“We’re equipping these kids with a valuable skill,” DeRusso said. “We’re giving them a skill that’s marketable immediately when they leave high school. These kids will have an opportunity to get their foot in the door from the very beginning.”

DeRusso teaches his students the lingo of emergency communications, explains mapping, and covers tips for calming callers and handling personal stress. CAD simulators provide a quasi-dispatch environment. They visit the Broward Sheriff’s Office (BSO) for three hours each month, from January to May, rotating positions in 9-1-1 intake, Telelocate, and law enforcement and fire rescue dispatch.

As a reality check, he also plays actual 9-1-1 calls, including a call that left three of four teenagers inside the vehicle. “Their eyes were like silver dollars,” he said. “They were stunned. You really don’t understand all the emotion involved (until listening to an actual situation).”

BSO uses the Medical Priority Dispatch System (MPDS)5. It dispatches services for all unincorporated areas of Broward County, 22 municipalities, and special patrol areas including the Ft. Lauderdale-Hollywood International Airport and Port Everglades.

The rate of fatal opioid-related drug overdoses (e.g., from heroin, oxycodone, or fentanyl) has increased dramatically, with many of the deaths perhaps preventable if medical assistance could be accessed immediately. In fact, according to the research, most drug overdose related deaths occur one to three hours after the initial dose of drugs.

So, why don’t people seek help for drug overdose? Fear. A victim or bystander calling 9-1-1 faces the distinct possibility of a resulting police investigation and criminal charges. A, and that’s the very reason many states are considering Good Samaritan immunity laws to protect people seeking emergency medical treatment by calling 9-1-1.

New Mexico enacted the first such law in 2007, and similar legislation is pending in states including California, Illinois, Maryland, New York, New Jersey, Rhode Island, and Washington. New Mexico’s law and the proposals it has generated basically establish policy to shield people from prosecution for drug possession if they seek medical services when witnessing or experiencing an overdose. No legislation proposed protects people from prosecution for other offenses, including drug trafficking.

There is no shield to protect those with outstanding warrants, and law enforcement maintains its protocols to secure the scene of an overdose.

Good Samaritan immunity laws are designed to save lives by encouraging the victim or bystander to seek immediate medical assistance. If called 9-1-1, the law—considered a national model for state policy—was enacted to address a prescription drug overdose rate that, according to statistics from the Centers for Disease Control and Prevention, had increased 362 percent between the years 1995 and 2004. At the time the legislation was enacted, New Mexico had the highest rate of overdose deaths in the United States at 17.5 deaths per 100,000.

The U.S. Conference of Mayors adopted a resolution at its 76th annual meeting held in 2008 for calls to states to establish Good Samaritan limited immunity policies that protect from prosecution people calling 9-1-1 to seek immediate medical attention.

There are some calls that Joe Public just doesn’t need to hear. At least, that’s the rationale of a bill introduced in the Alabama House, sponsored by State Rep. Ronald Johnson and endorsed by the Alabama National Emergency Number Association (NENA). The bill (HB 159), drafted with the assistance of the Alabama Emergency Rescue Dispatch Association (MRDPA), the county’s main provider of emergency dispatch services, is introduced in the Alabama House, sponsored by State Rep. Ronald Johnson and endorsed by the Alabama Emergency Rescue Dispatch Association (MRDPA), the county’s main provider of emergency dispatch services.

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On the international scene, Australia has banned wireless phones in all states, although fines vary. Denmark imposed its ban in July 1998 and fines violators $60 (U.S. equiva-

lent) for infringements. A court in Pradeh, India, enforces prison sentences for violat-

ing its law and Ireland imposes a $380 fine with up to three months in prison on a third offense. D rivers caught using cell phones in traffic in New York face fines of more than $600 (U.S. equivalent).

Teens abduct stranger to cash in at ATM

A call on Christmas to find a kidnap vic-
tim proved once again why Lakesha Ham-
monds deserves her in-house nickname “Rottweiler ear.”

The Fort Bend (Texas) County Sheriff’s Of fice telecommunications operator I took the call just before 8 p.m. from someone saying his friend had sent him a text mes-
sage while lying down in the most unlikely place—the trunk of his car.

The caller knew the number of his friend’s cell phone, which was obviously in the trunk with its owner, but not the vic-
tim’s exact address and only one word from the name of the apartment complex where he lived. Hammonds named landmarks to help the caller identify the location and dis-
patched a deputy response while her part-
ner A shley Larsen tried to reach the victim by calling his cell phone number. Larsen was successful the third time and Hammonds hopped on the phone to help with the man trapped inside the trunk.

“I think he was just scared that they would hear him on the phone,” Hammonds said. “He was in the trunk and he was terri-
fied. So was I.”

While Larsen was working to ping the victim’s cell phone to the precise location, Hammonds gathered information he whis-
pered through the phone. He said they were on the way to a Wells Fargo bank, where he would be expected to withdraw money for his abductors, although he wasn’t sure which one they would select. Hammonds tuned her “Rottweiler ear” to the kidnappers arguing in the front seat to glean more information; she changed her tactic from talking with the vic-
tim to asking him questions he could answer using his phone’s keypad.

A fel lager radius search for Wells Fargo locations in relation to the victim’s apartment complex revealed the most likely location. Police were dispatched in their direction and Hammonds gave her last instruction to the victim.

“Keep the phone open,” she remembered tell-
ing him. “Whatever you do, don’t hang up.”

The victim concealed his phone, allowing H ammonds to listen to the exchange between the victim and his captors once the trunk was opened at the ATM.

The two teenagers were taken into custody at the scene without incident, confessing they had abducted the victim at gunpoint for money to buy items they hadn’t received on the holiday. H ammonds couldn’t have been more relieved that the incident—the first of this type in the area—turned out well for the victim.

“It was a big relief,” she said. “It actually brought a lot of unity to the shift and raised morale. It was an awesome feeling.”
Cathy McCormick has come across some amazing stories during her emergency communications career. Take for example, the time a coworker told her about the four-year-old who climbed out of a car seat to help her mother who was having a seizure. The child was too young to provide CPR and, of course, too young to take over the car’s controls. There was no cell phone in the car. Yet, with her help, responders arrived in time to provide on-the-scene medical help and transport to the hospital.

“What was the girl’s secret? Mom had pulled the car over prior to the seizure and her daughter had been taught what to do in case of a medical emergency while in their car. ‘The little girl pushed OnStar’s red emergency button,’ said McCormick, an OnStar Service Line Manager for Emergency Services. Help was on its way to the scene. The red button the girl pushed on the control panel below the rearview mirror provided priority connection to OnStar, a fully integrated in-vehicle safety, security, and communications system serving nearly 5.5 million subscribers in the United States and Canada. OnStar’s other buttons situated along the same panel provide 24/7 access to a comprehensive suite of services designed to provide subscribers with peace of mind while they’re on the road.

Not only had the little girl found help for her mother, but she also stayed calm while awaiting the arrival of responders. The red button is the first step in channeling a request for assistance. The OnStar advisor answering the call would connect the caller to fire, police, or emergency medical services and use GPS technology to guide responders right to the vehicle. The advisor would stay on the line until the vehicle was connected to the appropriate dispatch center.

Paul Stiegler, M.D., medical director for Dane County (Wis.) EMS, said the partnership makes sense. A person involved in a car accident can receive immediate medical assistance, which wasn’t always the case prior to OnStar’s use of MPDS unless the receiving emergency medical service call center was an MPDS agency. It was a hit-or-miss situation for the patient because so much depended on each agency and the process it had in place, Dr. Stiegler said.
“OnStar advisors want to be prepared to assist in more ways. Life happens in a car and, when an emergency happens, we need to be there to assist.”

—Cathy McCormick
No Time Like the Present.

EMDs deliver when babies arrive unexpectedly

Welcome to the second installment of STORK STORIES. Presented headfirst. Six were baby girls, and one was a baby boy. The gender of two babies wasn’t told to the dispatcher. A few have made the trip to the communications center, the place where their journey began. The awesome feature our babies share is the story they will tell generations to come. Each entered the world safely because someone followed the dispatcher’s step-by-step command. From the PAIs, although she was able to pass along the queasy feeling waking her up the early morning of May 24, 2009. EMD Donna Germand took the call, but Britton, a girl, was wrapped and ready to go by the time paramedics reached their door. Neither mom nor dad has stopped singing Lewis’ praises. “My husband calls Chandra our hero,” Suzannah said. “So do I.” Britton has accompanied her mom to the communications center on at least two occasions, each time with an adoring eye on Lewis as the Heimels visited. The gifts of appreciation flow from the center on at least two occasions, each time with an adoring eye on Lewis as the Heimels have sent flowers, chocolates, and e-mails in a scrapbook Suzannah keeps for her children. They stay in touch by phone. “I feel like I’ve known Chandra all my life,” Suzannah said. “She’s a very honest, sincere person. Down to earth.” The story doesn’t end here but, rather, loops back two months earlier to a visit between Suzannah, seven months pregnant with Britton, and neighbor Dana Borda, who described an experience similar to the one that would happen in the Heimels’ future. The awesome feature our babies share is the story they will tell generations to come. Each entered the world safely because someone followed the dispatcher’s step-by-step command. From the PAIs, although she was able to pass along the queasy feeling waking her up the early morning of May 24, 2009. EMD Donna Germand took the call, but Britton, a girl, was wrapped and ready to go by the time paramedics reached their door. Neither mom nor dad has stopped singing Lewis’ praises. “My husband calls Chandra our hero,” Suzannah said. “So do I.” Britton has accompanied her mom to the communications center on at least two occasions, each time with an adoring eye on Lewis as the Heimels have sent flowers, chocolates, and e-mails in a scrapbook Suzannah keeps for her children. They stay in touch by phone. “I feel like I’ve known Chandra all my life,” Suzannah said. “She’s a very honest, sincere person. Down to earth.” The story doesn’t end here but, rather, loops back two months earlier to a visit between Suzannah, seven months pregnant with Britton, and neighbor Dana Borda, who described an experience similar to the one that would happen in the Heimels’ future.

Almost Instinct

EMD Nick Dougan went into automatic drive to help a couple deliver their baby presenting in footling breech.

Two homes separate two babies born two months apart

Flowers, chocolates, and e-mails have greeted Chandra Lewis at the communications center in a tale of the unexpected that all began over the telephone.

“It was an awesome, awesome experience,” said Lewis, an emergency medical dispatcher for DeKalb County Fire Rescue, Ga. “‘T was thirteen years of experience and this was my first delivery.”

The gifts of appreciation flow from the call Lewis answered on Aug. 3, 2009. The third child of Suzannah and William Heimel decided not to await the drive to the hospital and was crowning by the time Lewis launched into the childbirth Pre-Arrival Instructions (PAIs). Dad remained calm and Britton, a girl, was wrapped and ready to go by the time paramedics reached their door. Neither mom nor dad has stopped singing Lewis’ praises. “My husband calls Chandra our hero,” Suzannah said. “So do I.” Britton has accompanied her mom to the communications center on at least two occasions, each time with an adoring eye on Lewis as the Heimels have sent flowers, chocolates, and e-mails in a scrapbook Suzannah keeps for her children. They stay in touch by phone. “I feel like I’ve known Chandra all my life,” Suzannah said. “She’s a very honest, sincere person. Down to earth.” The story doesn’t end here but, rather, loops back two months earlier to a visit between Suzannah, seven months pregnant with Britton, and neighbor Dana Borda, who described an experience similar to the one that would happen in the Heimels’ future.
Twofortheroad

The Journal

Two for the Road

Baby arrives in SUV

EMD Molly Jones may never meet them, but the phone call they made not only gave her celebrity but also the chance to help someone else in the same situation.

It was a strange coincidence,” said Jones, a calltaker/dispatcher for Gurnee (Ill.) 911 Communications.

The first part of the story begins with a call that came into the center on a chilly September evening. A passenger in a Ford Explorer that was stopped on the side of a busy Chicago suburb interstate was about to deliver a baby and Jones, who took the call, could barely understand what the distressed male caller was saying. Communication was lost (cell phone dropped), forcing Jones to return the call (a wireless enhanced 911 system) while her dispatch partner, Joseph Zak, dispatched the Gurnee Fire Department ambulance.

This time, Jones got the grandmother on the phone—because she was too anxious and wanted to ask questions—passed the phone to the new mother. Guided by Jones, the mom completed the work yet to be done before paramedics arrived, leaving her holding a four-pound baby with a shoelace tying off the umbilical cord, which the paramedics cut when they reached the side of the busy interstate six minutes later.

“She was amazingly calm.”

From local accounts, expectant mother Ashley Guzman felt contractions while shopping with her boyfriend, Daniel Harris, and her mother, Charmaine Barnes. They packed into Barnes’ SUV for a trip to the hospital, but hadn’t even reached the exit before realizing Guzman wasn’t going to make it. Barnes called 9-1-1.

The story made the local news and, oddly enough, a short time later a second baby entered the world in a vehicle parked on the side of the highway in suburban Chicago. Although Jones wasn’t there to help, her Pre-Arrival Instructions for post-delivery—a previously broadcast in connection with the SUV birth story—were.

“The caller had connected to a 9-1-1 center without EMDs, so he wasn’t given the instructions for tying off the umbilical cord,” said Jones. “He remembered the story that was on the news and did what I had told the mom.”

The name was the brandchild of people who would like to come out, as yet haven’t. Current, popular names like “Emma,” “Olivia,” or “Abigail” just wouldn’t do next to the announcement penned on a whiteboard at the back of the center.

So, they did the next best thing. Coworkers named the infant after EMD Molly Jones provided PAIs to deliver one baby directly and another from instructions heard on the news.

The single mother of two girls, nursing student, and dispatcher was going through childbirth/delivery instructions in a delivery that could have turned traumatic for Dentina.

It is (the caller’s) girlfriend who was having a baby, and the baby was crowning but not coming out,” said A. From the example shown above, we can see that the data is well structured and formatted. This makes it easier to read and understand. The text is written in a clear and concise manner, with proper sentence structure and punctuation. The use of examples and analogies helps to illustrate the points being made. The text is well-organized, with each section building upon the previous one. Overall, the text is a good example of how to write clearly and effectively.
Baby arrives in less than a minute

By Kim Rigden-Briscall

“My wife’s in the car; she’s having the baby in the car!”

Richard Sinclair’s panicked words greeted Calltaker Allison, a 14-year veteran dispatcher and control supervisor at Toronto EMS. After answering a 9-1-1 call, she immediately called for help.

“Told him, ‘the baby’s coming right now,’” Allison recalls feeling a bit panicked at first. “I told him, ‘the baby’s coming right out’” and stood the call up to take over the care of mom and baby and to make sure everybody is safe.”

Allison made sure everyone was OK before quickly moving through Case Entry and Key Questions since it was obvious the baby was ready to join the world. And a good thing too, since dad announced “the baby’s out” about 20 seconds into the call.

“Got the baby out!”

The baby was born in the front seat of the family car. A very calm sounding dad found a blanket and followed Allison’s instructions to dry off his newborn baby daughter before placing her in her mother’s arms so he could take out his shoelace and tie it tightly around the umbilical cord.

Allison made sure everyone was OK and that the needs of both her patients, mom and baby, were addressed. She stayed on the phone with Sinclair for six minutes until the Toronto EMS crew arrived to take over the care of mom and baby and transport them to Humber River Regional Hospital. Then Allison moved on to answer another call for help. But this call had just begun.

“It is one of the few good calls you get,” Allison said.

A lil’ towed baby delivery per year average: ½ baby is breathing. Carson disconnects once the baby is breathing. Carson spent the nearly seven minutes that the call lasted reviewing the call and discussing its training points—not questioning the integrity of the caller, the use of customer service and calming techniques; and we debated the inherent imperfections of an arguably perfect Pre-Arrival Instruction (PAI) case. Later that afternoon, we played it for Dr. Clawson and the rest is history. He has since described the call as "one of the greatest PAI calls" he has ever heard.

What really happened at the scene?

The field responders can be heard on the tape a few minutes before they actually arrive at "the patient." This is due to the size of the apartment complex at which the call took place. "Traffic calming devices" and two long flights of stairs made the move to structured calltaking protocol was not an easy one for her. Nevertheless, she persisted, conscientiously taking on identified training needs and, as is typical of most emergency dispatchers I know, downplaying every attempt at positive reinforcement and recognition. This call came in after several years of dedicated hard work on her part—and it paid off in the saving of a life. As of this writing, Carson continues to work hard at doing the best job she can, providing that foundation of excellence in her abilities as an EMD.

Call Makes History. Baby save became part of instructor curriculum

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Made of Iron. Dispatcher finishes rigorous Hawaii Ironman in just under 14 1/2 hours

By Heather Darata

Bill Greineisen has the tenacity to accomplish anything he sets his mind to. It doesn’t matter if it’s working as a dispatcher with the Pacific Area Communications Center or finishing the Ironman Hawaii World Championship—a grueling 140.6-mile test of endurance.

The Ironman Triathlon, held annually in Hawaii since 1978, is the premier distance race combining a 2.4-mile swim, a 112-mile bike ride, and a 26.2-mile foot marathon. Athletes are given 17 hours from a 112-mile bike ride, and a 26.2-mile foot marathon. Athletes are given 17 hours from

The former marine was introduced to Ironman Hawaii several years ago when on assignment to photograph the event. The athletes so inspired him, he set his sights on competing in the event the following year. Greineisen, no novice to athletics, increased the duration of his time in motion—sometimes up to five hours a day—and found two coaches—one for swimming and the other for the running and biking stages. They also helped him modify his diet for optimal endurance training and performance.

Qualifying for the World Championship Ironman Hawaii is achieved through placement in one of the 24 Ironman races held throughout the world or finishing a race and winning a lottery position. Greineisen didn’t make the qualifying cut the first time; the second time was a charm.

“I finished second in my age group,” he said.

Communications Center Supervisor Terri Murphy finds Greineisen’s commitment commendable.

“He works really hard at being all that he can be,” she said.

Greineisen acknowledges Murphy for her support and his fellow triathletes for their sportsmanship during an event, he said, that’s more of a personal competition rather than a race against the other athletes at the starting line.

“If you can accomplish that (the Ironman) then there’s nothing in life that you can’t,” said Greineisen, who’s now looking forward to adding a second triathlon to his growing list of athletic endeavors. The Ironman World Championship begins at 7 a.m. with a 2.4-mile swim in Kailua-Kona Bay. The competition has taken place in Hawaii annually since 1978.

Once Bill Greineisen completed his swim he jumped on his bike for 112 miles across the Hawaiian lava desert to Hawi and back. The competition has taken place in Hawaii annually since 1978.

1. And They’re Off

2. Cycling Machine

3. Racing to Finish

By Heather Darata

By Heather Darata

By Heather Darata

By Heather Darata

By Heather Darata

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By Heather Darata

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People might say Ronna Waller is someone difficult to pin down. After all, when not supervising the Cy-Fair (Texas) Volunteer Fire Department communications center, she could be anywhere, from sitting in a stadium watching NASCAR races at the Texas Motor Speedway in Fort Worth to sitting at her kitchen table designing the next page of a family scrapbook.

Waller's love of creating things has always been a part of her so when she tried her hand at scrapbooking it’s no surprise that the craft she picked up stuck with her. In fact, she has such a knack that her first submission featuring photographs taken of Hoover Dam while she and her coworkers were visiting Nevada in conjunction with Navigator 2000 held in Las Vegas garnered attention.

“I didn’t think I had a chance of getting it published,” Waller said. “When the phone rang and I saw the caller I.D., I nearly freaked out!”

After she beat out thousands of others to be included in the first edition of Becky Higgins’ Creative Sketches For Scrapbooking series, all she could think about was sharing her news and getting her hands on a printed copy.

“Scrapbooking has absorbed my life,” she said.

“I just like everything does, once Waller catches the bug...”

The Journal is interested in hearing stories about what you and your coworkers do after hours (within reason, of course). The stories can describe one-time events, such as special fundraisers; athletic events, such as the Ironman; or hobbies and special interests. Send us an e-mail to editor@emergencydispatch.org with the story (no more than 500 words, please) or simply provide us with contact information and we’ll write the story.
Once Upon a Time. Disney's dream creates magic for generations

By Audrey Fraizer

Years before creating Mickey Mouse, Walt Disney used colored pencils to draw a horse he named Rupert.

The horse, unlike the mouse, was not a cartoon invention created from his imagination. Rupert was a real horse and its owner paid Disney to draw the horse's portrait. Disney was eight years old at the time, and his sketch brought him the first artist's fee of his career—five cents.

At least, that's the story Diane Disney told to reporter Pete Martin for a feature about her famous dad published in the Nov. 24, 1956, edition of The Saturday Evening Post. The story—the second in a series of eight installments—came a little more than a year after Disneyland opened to the general public on July 18, 1955. Walt Disney World would open 16 years later on Oct. 1, 1971.

A deal to draw attention to the park might seem a reason Disney granted his permission for a magazine series. But, as the story goes, that wasn't exactly the case. Disney turned over the $150,000 offer for an exclusive interview to his younger daughter Diane. She and her husband Ron Miller, then a rookie offensive end on the Los Angeles Rams, wanted to build a home for their growing family and the story told from her point of view would mean the money they needed for construction. The Post agreed to interview her. They paid her $75,000 and Disney, who had all his money tied up in the theme park, had what he wanted to say about his life splashed before a curious public.

Diane provided a chronology of her sensational father's life: when and where he was born (Dec. 5, 1901, Chicago), the age he entered art school (14), and his early animated cartoon project called Laugh-O-Grams. Too young to enlist in World War I, he went to France as a Red Cross driver in an ambulance he used as a model for his later cartoon illustrations. Alice in Cartoonland, the first of Disney's 13 popular Alice Comedies series, was not enough to save his company from bankruptcy although it did help open the door to later fortunes in animation. The series, which blended live-action and animation, always told a story about a little girl escaping into the world of cartoon characters either by accident or through a dream she had.

Maybe Disney didn't need a magazine to promote his amusement park. Maybe the name was enough to promote his venture. More likely, The Post needed him to boost its readership. At the same time the stories ran, the Wall Street Journal reported net profits of more than $2 million for Walt Disney Productions over a six-month period. Disneyland was responsible for about one-tenth of the monthly revenue. Attendance at the Magic Kingdom in Anaheim, Calif., during its first year of operation was close to four million, nearly one-quarter of the $17 million it took to build. Average expenditure was $2.37 per person, including parking, admission, rides like the all-time favorite Jungle Cruise, and, a Disneyland souvenirs.

Incidentally, $2 million in 1956 has the same buying power as $13.8 million in 2009. The Consumer Price Index (CPI) inflation calculator shows average per person expenditure at $18.69 in 2009, using a risky venture: one that would surely sink because the man at the helm was breaking all the rules.

Disney developed a unique business plan. He found corporate sponsorships to subsidize costs and brought in outside vendors to sell food and souvenirs. Once the park started earning money, he purchased the rights and kept the revenue internal. Buying up the rights and putting profits into park expansion didn't make Disney a rich man, at least during the park's first few years of operation. He put all his money into his own projects. He had no outside investments and kept personal expenses to a minimum.

"The truth is," according to Diane in her Post interview, "he's strapped for cash most of the time. The lack of cash reportedly irritated his better half, Lillian Disney, who at the same time understood there wasn't any way that was going to change. He'd spend a fortune on an idea to make it come true and, like The Post agreement, look for ways to make it happen for others close to him.

Maybe that's why Disneyland and Disney World draw millions of people from all around the world. We want dreams to come true. We want to restore our faith in the belief of what one person can do. Disney had a dream—of creating a place that brings people together for a shared adventure. Once upon a time—the vision of one—becomes the magic of many. Navigator 2010 is right at home.
Take the Wheel.

Navigator presenters driven to share experiences and lessons learned

By Heather Darata

Navigator 2010 boasts 77 jam-packed sessions taught by those passionate about the journey and ready to ignite a path that leads their audiences into further exploration.

Take Corinne Begg for instance. The British Columbia Ambulance Service (Canada) quality improvement coordinator decided that her love of education combined with personal job experience would play a big part in her second Navigator experience, this time at the head of the classroom. Grant Rinaca, Sarasota County (Fla.) Sheriff's Office 911 training coordinator, hopes he can provide an eye opener into areas that have grabbed his attention. DuPage (Ill.) Public Safety Communications Deputy Director John Ferraro entered the pack once persuaded by his friend Ron Two Bulls.

Despite differences in how they got there, they have one thing in common. They are determined to enlighten audiences in some aspect of their devoted professions. “If I can help even just a handful of people that’s a handful of people that can make a difference in the outcome of a patient or caller,” Begg said.

The next step—Recognizing a keen desire to share their knowledge and passion on a relevant topic in front of peers is only the first step speakers take. The second is submitting a proposal for the following year’s Navigator via the National Academies of Emergency Dispatch’s® (NAED™) Call for Presentations online proposal form. The form requires a title of the proposed session, a 50- to 100-word description of what attendees can expect to learn by attending the session, the name of the speaker (and up to one co-speaker), and contact information including agency name, title, business address, phone number, and e-mail.

Sessions can fall under any of the tracks—Leadership, Management and Operations, Special Interest, Medical, Fire, Police, Quality Assurance, Technology, and CDE—offered to attendees.

Last year more than 134 proposals were submitted for Navigator 2010; 77 were selected for this year.

Once selected—The common starting point—the one pivotal to acceptance—is choosing the right topic. For the most part, these speakers considered interests, first-hand experiences, problems that have cropped up at their centers and nearby agencies, and hot topics and trends relating to the profession. And, they don’t discount a topic that’s been previously covered; they just find a new angle.

One of Begg’s interests is stress disorders, something she has found some might feel embarrassed to talk about in the company of fellow workers. “I think that’s one subject in our profession that’s the red-headed stepchild,” she said. Not only has she experienced stress herself, but a recent situation drew her attention. It was the plight of a 9-1-1 operator who was denied worker’s compensation benefits for the stress she suffered following a call from a young witness to a murder. She was told the call wasn’t traumatic enough and such incidents should be expected in her line of work.

Like Begg, Ferraro and Two Bulls are borrowing from first-hand experience. Their talks related to management and team building stem from brainstorming ideas while attending Navigator 2009. They found what was missing or what might need further elaboration. For example, Ferraro is a big believer in teamwork, a dynamic he stresses at his center in Illinois and a subject that he says never seems to get enough notice. “We have to incorporate team work in every thing we do,” Ferraro said. “I’m a really team-minded person.”

Rinaca wants to give other agencies a leg up based on two public education issues his center has faced: the why behind the questions dispatchers ask and how to reestablish an agency’s image following a stumble brought to the public’s attention by the media.

Preparation time—What happens once speakers are given NAED’s green light? Greg Scott, dispatch consultant for Priority Dispatch and oft-returning Navigator presenter, begins by asking how he can make the most impact in a session typically one hour long.

Ferraro and Two Bulls develop an outline, identify their objectives, compile their research, and then design group exercises to get their points across effectively. Ferraro presents the material at the junior college where he teaches, applying students’ feedback to hone the Navigator session.
Begg begins with what she knows, then expands her base by turning to neighboring centers before hitting the books and surfing the Web. In her goal of fully prepared and ready for any question when in front of her audience.

Keeping them interested

Once you have the stage, how do speakers keep their audience’s attention? Scott suggests including multimedia such as new clips from the popular press or data from federal agencies. Rinacca and his co-presenters look for calls to play during their presentation, especially calls the audience might find humorous and in good taste. This, he said, allows the audience to “open up” and talk about issues familiar to the whole. The high energy and humor Ferraro and Two Bulls provide make them among Navigator’s popular speakers. They always incorporate group activities to spark discussion in a roomful of relative strangers.

“I think that we make them feel comfortable,” Ferraro said. “Once that ice is broken people are really willing to share what they know.”

The duo also makes sure the room is arranged to suit their session. For instance, round tables and chairs are much better for group discussion compared to chairs arranged in long rows. Begg occasionally plays the role of devil’s advocate.

“I love trying to present a different perspective,” she said.

Things happen.

Most speakers will admit the obvious: not everything goes smoothly. A scheduling snafu derailed International Academies of Emergency Dispatch® (IAED®)’s annual meeting, leaving two hundred and fifty people scrambling. Sometimes a speaker’s idea gets lost in the translation. Begg occasionally plays the role of devil’s advocate.

“I think that we make things happen. People will always find some error in the presentation,” he said. “When things turn a bit sour, our job is to be the tail-end of the education instead of the start of it.”

One speaker, former NAED College Fellow Steve Carlo, found himself with an argument in front of his ETC class. Page agreed and found herself going along with a story of indiscretion so convincing that it upset a student.

“Two, this is totally inappropriate,” Page recalled the woman saying. “You need to take this outside.”

It was no different for the team of Bradford and Rutschman for an instructor review workshop. Rutschman pretended to show up class inebriated, as an example of behavior instructors must certainly avoid. Rutschman did such a good job that people complained afterward about his inappropriate conduct.

Other times, technical issues wreak havoc. A glitch in the television system caused the alarm to sound on and off throughout a day of conference held at The Aladdin hotel in Las Vegas, making it difficult to concentrate during the sessions.

“Everybody was ready to scream by the end of the day,” said NAED A creditboard Chair Brian Dale. “The noise certainly got on our nerves.”

For Navigator 2010, the first time through,” Freitag said. “In the beginning, it’s got to be your best effort and they’re full. Just remember, you don’t get a second chance to make a good first impression. It’s got to be your best effort the first time through.” Freitag said.
the opening gala reception, oversees conference brochure production, and—in a gigantic-sized nutshell—pulls together every piece of the Navigator puzzle befitting the conference theme. The ideas Berg formulates on site are a framework that carries the theme over to every part of the project. To see the work on display is every designer’s dream: the “Once Upon a Time” emphasis of Navigator 2010 at Disney’s Coronado Springs Resort opens with a story of a princess (played by 2004 Miss America contestants and from that create the designs “in action” once assembled at the conference center. “The process is exciting,” he said. “We start with an idea and from that create a framework that carries the theme over to every part of the project. To see the work on display is every designer’s dream.”

The princess, who for this show wears combat boots on stage, might decide to become a dispatcher someday, making her dream something better than any prince could provide. “Helping others is always the icing on the cake,” she said.

Not all stories end as well in real life, a point made through a video highlighting use of the fire, police, and medical protocols scripted by Salt Lake City Fire Department Deputy Chief Logistics/Support Brian Dale. The film, scheduled to play as part of opening day presentations on Thursday, April 29, takes the audience through the dispatch ropes of responding to calls involving a drowning, a hostage situation in a busy city, and a car fire trapping its occupant in the front seat. Without spoiling the endings—and not all happy, remember—Dale said he wrote the scenarios for Protocol in Action keeping reality in mind. “Not all responses go the way dispatchers would like them to,” he said. “But by using protocol we can at least provide the greatest amount of help available before responders actually reach the scene.”

NAED multimedia designers Erwin Bernales and Mishael Ulibarri captured the incidents on video, with acting credits going to office staff not shy in front of the camera. Ulibarri estimates three weeks to a month to produce a video that lasts about 20 minutes. But to him, the filmmaking and special effects are among the highlights of his job.

“We’re able to use our creativity,” he said. The opening ceremonies would never be complete without the behind-the-scenes efforts of Berg, Boud, and the designers, and the events’ corporate sponsors. The Dispatcher of the Year Award, sponsored by EnRoute, includes a trophy Boud orders and a video presentation featuring all of the dispatchers nominated for the award. Acknowledgment of Accredited Center of Excellence (ACE) achievers and those graduating from the Communications Center Management (CCM) course is on tap following the showing of Protocol in Action.

NAED Associate Director Car lyn Page devotes the better part of her job to screening the ACE applications for approval, reviewing the nominations for the annual dispatcher award, and meeting CCM students. This year, she also added a new serving to her already crowded plate: a new NAED government affairs division.

The addition is something Page has long wanted to develop. Throughout the years, she has pulled together legislation from each state regarding dispatch certification, training, and continuing education. The information, currently available on the NAED website, keeps the Academy and its membership apprised of the direction states are moving when it comes to recognizing dispatch as a profession. The recently-added adviser hat allows Page to take the task one step further.

“We’re going to our grassroots,” she said. “We’re making an appeal to dispatchers to get their states on the ball. We want a ground swell pushing for legislation to assure the public that dispatchers are properly trained and supervised.”

She said to look for more information at Navigator.

Liberally sprinkled in are, of course, the educational sessions, exhibit hall booths, and special events like the pool party at Typhoon Lagoon and a field trip to Reedy Creek Communications Center. The closing luncheon will feature the Dr. Jeff Clawson Leadership Award. NAED President Scott Freitag will be on hand, giving introductions and concluding remarks. If you happen to glance at a group sitting around a table looking dazed but with big smiles on their faces, consider giving them a big thumbs up.

“It’s probably my crew,” Berg said. “Tired but ready to start on Navigator 2011.”
EmFinders

EmFinders EmSeeQ is an emergency response solution designed to work in conjunction with law enforcement officials and the 9-1-1 community to help immediately locate adults or children with cognitive and developmental disabilities, including those with Alzheimer’s disease and autism. The solution utilizes a watch-like wearable device and cellular network-based U-TDOA technology to provide unparalleled tracking information in emergency situations. The solution dramatically reduces the time needed to locate an individual and recovering wandering individuals while saving valuable human resources and tax dollars.

Upon realization that the person has wandered, the caregiver must first call 911 to report the device holder lost and request that the police file a missing person’s report. The device can only be used to locate a person who has been officially reported lost.

Once the device is activated, it dials 911, provides a message on behalf of the impaired individual, and is responded to by the PSAP in the same manner as any other 911 call involving a person in need of emergency assistance. Because it relies on the U-TDOA location system and not GPS, the device is designed to work indoors as well as outside. The EmSeeQ is a water-resistant device that is designed to be worn 24/7 and is designed to be worn in a standard band or a secure stainless steel two-handed clasp.

For more information, please visit www.emfinders.com

FirstWatch

FirstWatch, chosen by agencies in 90+ metro areas across the US & Canada, is a commercial off-the-shelf software system that, once configured to work with an agency’s respective data sources, will allow authorized users to secure detailed situational awareness charts, graphs and maps) via email, pager, SMS (short text message) or fax. Alerted personnel can use the real-time FirstWatch information system to determine the nature and significance of the occurrence, and take appropriate steps to warn and protect the public (as well as first responders), if necessary.

FirstWatch is currently providing Public Safety (and Public Health) agencies with automated real-time surveillance and situational awareness information by monitoring 9-1-1 (Police, Fire and EMS) data sources such as Computer Aided Dispatch (CAD) and algorithmic call screening software ProQA, as well as Paramedic Field data (ePCR data), Hospital ED data, Nurse Call Triage data, Hospital Diversion data and Poison Control Center data.

FirstWatch is designed to allow aggregation of data from multiple Public Health & Public Safety agencies (with similar or disparate data sources) to provide authorized users with a true real-time, regionalized perspective across geopolitical boundaries and operational areas.

See real world examples of usage and case studies at: www.firstwatch.net

OnStar

OnStar has expanded its Automatic Crash Response service to help emergency responders better identify and locate vehicle occupants being severely injured in a crash. Called Injury Severity Prediction, this enhancement helps first responders provide appropriate care for injured occupants by assisting dispatch in determining what emergency personnel and equipment may be needed before they arrive on scene.

OnStar’s Injury Severity Prediction was developed in conjunction with a CDC (Centers for Disease Control and Prevention) expert panel. Using an algorithm based on critical crash details, such as the severity and direction of the impact force on the vehicle, air bag deployments, and whether there were multiple impacts or a vehicle rollover, an OnStar advisor can relay crash details to the 9-1-1 operator and indicate if there is a high probability of severe injury to vehicle occupants.

OnStar’s Automatic Crash Response service and Injury Severity Prediction are available on most 2007 and newer GM vehicles with active OnStar systems.

For more information, visit www.onstar.com
**Priority Dispatch**

**BOOTH #610, 612, 614, 709, 711, 713**

Priority Dispatch releases v5 of the Fire Priority Dispatch System protocols in ProQA and cardsets

Priority Dispatch Corp. (“PDC”) recently released a new version of its fire dispatching line of products, training, and services. This version update includes the gold standard ProQA® dispatching software, cardset, and support products. All of the updated products and training incorporate the newly released National Academies of Emergency Dispatch® (NAED) “v5 Fire Priority Dispatch System” (FPDS®) protocol. This protocol represents the most up-to-date, thorough, and essential fire dispatching protocol available and teamed up with PDC products and training is a huge leap forward for 9-1-1 communications centers.

FPDS v5 products are available to new clients.

 FPDS v5 protocol highlights include:
- Addition of a new protocol addressing bomb threats/suspicious packages
- Protocol 70—train/raid-incident—has been split into two: fires and derailments/collisions
- Safety questions on Case Entry have been replaced with incident-specific safety questions on individual protocols
- Dispatch points in Key Questions have been moved to earlier in the interrogation sequence and new dispatch points have also been added for faster dispatching
- Pre-Arrival Instructions (PAIs) have been added for callers trapped in tunnel fires, trench collapses, confined space entrapments, and those encountering suspicious packages (suspected contamination) and bombs/potential explosives
- Protocol 53—citizen assist/service call—allows agencies to add locally-defined service calls

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ESRI & Bradshaw Consulting

Booth #512, S14

At Domore 24/7 Seating, “We’ve Got Your Back.” We have been providing seating solutions since 1922. Our Intensive Use Domore 24/7 Seating was developed in collaboration with the FAA for air traffic controllers and has been providing Function, Design, and Value since the 1960’s. The Intensive Use Chair models are available in 300, 500 and 750 pound weight capacities. Each is warranted for 5 years from Head-to-Toe. 1960’s. Intensive Use Chair models are available in 300, 500 and 750 pound weight capacities. Each is warranted for 5 years from Head-to-Toe. 1960’s. Intensive Use Chair models are available in 300, 500 and 750 pound weight capacities. Each is warranted for 5 years from Head-to-Toe. For more information, visit www.esri.com

Eventide

Booth #202

Eventide has provided advanced digital call recording solutions for more than 30 years. Thousands of public safety agencies worldwide rely on Eventide fault-tolerant systems for their mission-critical record- ing needs. Eventide’s latest IP-enabled multimedia recording products are designed to capture voice calls, PC screens, radio calls, IP video, and data. Advanced replay capabilities include incident playback with a graphical time line view, as well as secure export and portable replay of recorded incidents. Eventide MediaCoach™ web-portal QA software helps agencies evaluate, report, and improve the quality and conformance of their call taker and dispatch operations.

For more information, visit www.eventide.com

First Contact 911

Booth #214

First Contact 9-1-1 specializes in training first responders, with Instruc- tional Services including Basic Call-taking skills, Managing Crisis Callers, Customer Service, Incident Dispatch, Coping with the effects of 9-1-1 Stress, and 9-1-1 Ethics and Liability. We also have courses available for Communications Training Officers, Supervisors and PSAP Managers.

Our Instructors are experts in their field, who take time off from their regular Dispatch duties to come and teach for you and your team. They have the passion for teaching, and the experience to make your class both special and unique. Courses may also be custom designed to fit your particular needs.

For more information, visit www.firstcontact911.com

FirstWatch

Booth #406, 505

FirstWatch Dashboards provide real-time views and drill-downs into ProQA, CAD, ePCR and RMS data for situational aware- ness, data intelligence as well as performance & operational measures, all based on user-defined criteria. Once volumetric trends or geographic patterns are detected, FirstWatch automatically alerts user-defined personnel. FirstWatch seamlessly interfaces with ProQA (for EMS, Fire & Law Enforcement), CAD, Patient Care Report (ePCR) data, RMS data and Hospital ED data. FirstWatch can aggregate data from multiple agencies with disparate (or similar) data sources to provide a true real-time, regionalized perspective across geopolitical boundaries. Now LIVE in 91 States & Provinces: www.firstwatch.net.

For more information, visit www.firstwatch.net

ID Networks

Booth #504

ID Networks is a veteran software company, serving public safety agencies for over 20 years. We offer highly advanced CAD and MDS systems, with map-centric capabilities for every user. And that’s just where our experience begins. Our public safety products were built from the ground up, with all the latest technologies during the past 3 years that offer tight integration to our entire suite of public safety software solutions. Our goal is to provide scalable technology solutions for any size agency along with superior performance, service and support.

For more information, visit www.idnetworks.com

InterAct Public Safety Systems

Booth #506

Founded in 1975, InterAct Public Safety Systems, provides integrated multi-agency, multi-jurisdictional public safety and homeland security sys- tems technology. The InterAct Connections Framework™ is the founda- tion upon which customer comprehensive public safety solutions are built and presently used by more than 800 government agencies and private enterprises globally.

For more information, visit www.interact911.com, email info@interact911.com, or call (336) 397-5300

Keystone Public Safety, Inc.

Booth #613

Keystone Public Safety has been in the public safety market provid- ing dispatch software applications to meet the needs of police and fire departments nationwide since 1988. Keystone’s staff, a technically oriented group of professionals who understand the complexities of automating public safety agencies. Clients range in size and scope of application uses, from sites integrating only a few systems users in a single location, to large multi-jurisdictional, multi-agency sites with numerous remote locations. Keystone authors its application software products using knowledge gained first hand from each new client and installation, and with continu- ing input from our active users associations.

For more information, visit www.keystonesafety.com
Moducom

**BOOTH #110, 209**

Modular Communications Systems Inc., better known in the communications industry as Moducom, has been a leader in innovative dispatch technology since 1978. Moducom, a long-time leader in dispatch control systems, has a rich history of technical innovation. Pioneering the all-digital console; the first to introduce 100% user programmability; and in the forefront with a working VoIP solution.

The Moducom system, unlike competitors, is not an assembly of older proprietary systems but a state-of-the-art all digital Windows system with IP technology. This has enabled a system that is far more flexible, more reliable and above all more cost-efficient.

For more information, visit www.moducom.com

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Plantronics

**BOOTH #213**

Plantronics, Inc. is a global leader in call handling software, including state and local government, utilities, transportation and transit, airport and aviation, and public safety.

We distribute and support a unique, patented software product known as ProQA®, 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®.

See how we protect your investment. Phone 1-877-355-3270 or visit us on the Web at prioritysolutionsinc.com

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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

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Nibble AIC

**BOOTH #719**

Nibble AIC is a technology consulting and engineering firm, focused in mission critical infrastructure industries, including state and local government, utilities, transportation and transit, airport and aviation, and public safety.

RCC Consultants

**BOOTH #311, 313**

RCC Consultants, Inc. (RCC) is an independent telecommunication, wireless, and information technology consulting and engineering firm, focused in mission critical infrastructure industries, including state and local government, utilities, transportation and transit, airport and aviation, and public safety.

For more information, visit www.rcc.com

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With Tiburon MobileCOM you can receive dispatch information, send status changes, run queries, and display maps from your vehicle. Tiburon MobileCOM helps ensure your critical mission gets done safely and more efficiently.

For more information, visit www.tiburoncom.com

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For more information, visit www.valorsystems.com

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For more information, visit www.valorsystems.com
Verint Systems is a leading global provider of actionable intelligence solutions for an optimized enterprise and safer world. Our offerings include Impact 360° for Public Safety powered by Audilog®, a workforce optimization solution designed to help public safety organizations achieve today's mission-critical, next-generation 9-1-1 requirements. The solution brings together a set of functionality to assist public safety agencies in achieving high quality and accuracy in their call handling and dispatching; liability reduction; immediacy of incident data and efficient incident-based recording retrieval; citizen surveys; and training to help maximize resources, heighten staff retention, and prioritize development. More than 10,000 organizations in over 150 countries rely on Verint solutions to perform more effectively and enhance the security of people, facilities, and infrastructures.

For more information, contact 1-800-4VERINT or info@verint.com, or visit www.verint.com

Voice Print International

Voice Print International provides public safety and government agencies with mission-critical call and radio recording solutions for regulatory, liability, quality assurance and training purposes. Voice Print systems offer unmatched reliability, extensive search parameters, unlimited scalability, and simple installation and maintenance.

For more information, visit www.VPI-corp.com

Wavelength

Wavelength magazine is the official publication of the Association of Public Safety Communications Officials (APCO) Canada, whose foremost goal is to foster the development and progress of the art of public safety communications. Wavelength is an important element in achieving this goal. Members of APCO include workers in 9-1-1 communications for police, fire, and emergency medical services; in emergency management/disaster planning and search and rescue; and in private call centers. Wavelength is the vehicle by which APCO Canada members communicate with each other to stay current on information regarding the association; to learn about advances in equipment and services; to keep up with government initiatives; and to share their stories.

For more information, visit www.andrewjohnpublishing.com or www.apco.ca

xwave

xwave has over 20 years of experience delivering solutions for police, fire, and emergency medical services. Our xwaveCAD™ solution offers a multi-service (Police, Fire and EMS) and multi-jurisdiction Computer Aided Dispatch (CAD) suite of applications that includes an in-vehicle mobile component (ROADS®) and handheld mobile solutions (OnPatrol® and OnRescue®).

For more information, please visit www.xwave.com/publicsafety

Xybix Systems, Inc.

Xybix works with its customers to design, build, and implement ergonomic height adjustable 911 dispatch furniture and height adjustable table systems for their public safety/homeland security environments. With 911 consoles, tables and desks deployed across the country, we utilize ergonomic standards and years of customer feedback to create innovative ergonomic desks, dispatch tables and furniture solutions. Our public safety ergonomic 911 dispatch consoles and tables include everything you need to get into the productivity zone and stay there, including dual height adjustable work surfaces; cable management; acoustic paneling; focal depth adjustment; task lighting, and more.

For more information, please visit www.xybix.com

ZOLL Data Systems

ZOLL® 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.

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