Wheel Fever
Mountain biking has its pits and falls

Rocky Mountain High
MetCom in Colorado keeps climbing

Grassroots
Campaigning for dispatch digs in

The National Academies of Emergency Dispatch

March/April 2011

The Journal of Emergency Dispatch

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Riding Out the Storm. Dispatchers brave elements to keep us safe

Scott Freitag, NAED President

The weather in Salt Lake City remains close to the expected temperatures for this time of year. January, our coldest month, has a few single-digit days and the usual run of lows near 20 but nothing close to records set 20 years ago during an extended period of frigid arctic air. Snow has been fairly light in the valley, although I’ve told snow levels in the mountains are above normal. All in all, it’s been a rather pleasant winter.

I suppose anyone living in the southern Plains through the middle and upper Mississippi Valley into the Great Lakes would prefer changing the subject. Or, at least, that I keep thoughts about weather to myself. Television news was the worst Salt Lake City came to experiencing the historic storm cruising a third of the country Jan. 31 to Feb. 2. From our side of the Rockies, we could only sympathize with the dangerous conditions heavy snowfall, icing, and bitterly cold arctic air mass created.

As the second wave “unleashed its fury” during the midday evening, as the second crippling portion of the precipitation tapered to a freezing drizzle on Monday, Jan. 31, heavy snow fell across central and northeastern portions of the state. Strong winds gusting from 35 to 50 mph produced whitewash with near-zero visibility and snowdrifts of three to five feet deep. Total snowfall ranged from 14 to 22 inches. Ice accumulations up to 1/2 inches downed trees over power lines, which resulted in widespread power outages.

Warnings to wait out the storm, rather than risking hazardous road conditions and zero visibility with whitewash, however, did not cut across all layers. Public service agencies were basier than ever, including, of course, emergency dispatchers. While getting to work was challenging, many agencies “carpoled.” Departments stepped in to shuttle responders to their jobs. Chicago dispatchers worked double and triple shifts covering for coworkers unable to make it.

Calls began piling into the Central Dispatch of Polk County (Mo.) and the 9-1-1 center on the morning of Feb. 1. An increase in emergency and non-emergency lines certainly made for a high call volume for the two dispatchers on shift.

MedStar and Polk County are long-time users of the Medical Priority Dispatch System™ (MPDS®), which undoubtedly came in handy considering the surge in medical calls relating to breathing problems, childbirth delivery, falls, and traffic accidents.

The dispatchers were also ready for the storm. Monster storms from the past were harbingers of the ant winter.

Dr. Clawson:

Charlie Summers, Deputy Director for the Division of Emergency Services in Washington County, Md., and retired Operations Commander (Captain) for the Hagerstown Police Department, wanted to know if there have been any lawsuits involving the Police Protocol? If there have been lawsuits, has either the Priority Dispatch Corp. (PDC) or the National Academies of Emergency Dispatch (NAED) offered support or testimony on their behalf?

Bardona J. Woods, ENP, Director of Communications Washington County Emergency Communications Hagerstown, Md.

In the past, there have been no lawsuits of any kind involving the use of the Police or Fire Protocols or the training associated with them.

Therefore, by default, we have not had to provide any support or testimony. The same applies to the Medical Protocol. We have on several occasions provided protocol-licensed agencies with expert help involving non-protocol related dispatch situations as a consultant, and believe they did the right things.

This is our official statement on the support matters.

PDC, as the supplier of the Protocols, QA programs, and Curricula does not indemnify—which legally means that PDC does not take responsibility for any incurred legal losses by a client or user. As such, PDC does not have the responsibility to locally defend the user since it is not, nor can it be, the legal insurer of the protocol’s use.

The protocol is rigorously studied, developed, and tested by the Academy and PDC. The Academy has over a dozen boards, councils, and expert committees that regularly meet to evolve the protocol and provide best defense against lawsuits.

Jeff Clawson, M.D.

NAED and experts associated with the Academy will stand behind the correct use of the protocol and would do everything reasonably within their power to offer support.

NAED and experts associated with the Academy will stand behind the correct use of the protocol and would do everything reasonably within their power to offer support.
there’s something just plain wrong about mobile phone service from the top of Mount Everest. Surfing the Internet and checking e-mail seem far too pedestrian and way down the list of “to-do” when striving to reach the summit of the world’s tallest mountain.

The story made the news in October 2010. A Nepalese telecom manager Nell built a high-speed phone base station at an altitude of 17,000 feet near Gorakshep village in the Everest region. Nell made the first video call on Oct. 28, 2010, at 17,388 feet. Perhaps a wireless booster might extend coverage the other 11,647 feet to the top.

Climbing Mount Everest, or Cho-molungma (Mother Goddess of the Earth) as the mountain is referred to in Tibet, is not an adventure most simple mortals strive to undertake. The journey takes years of training and, once high on the mountain, the ability to endure cold, lack of air we breathe, and— for an acrophobic like myself—the excruciatingly terrifying slopes, ice falls, whiteouts, avalanches, and hurricane-like winds that knock climbers off the mountain and into a shattered oblivion.

An acquaintance in Salt Lake City, Carol Masheter, related the summit three years ago, but not without harrowing tales from the top of the world. On the way down, the then 61-year-old climber temporarily lost her sight from the pressure of altitude on her retina. I didn’t recall her saying anything about the advantages of cell phone contact while feeling her way down in the dark. I doubt she carries one in personal life.

I’ve always admired anyone who has considering making the climb, let alone attempting the climb and summiting the peak. I’m more of the armchair adventurer. I enjoy reading books about explorers and their drive to follow the path less taken, pushing limits they don’t understand until meeting the unforeseeable. Yes, they rely on the failures and successes of explorers before them, but it’s still individual spirit pushing one foot in front of the next.

The exploration is personal. The exhilaration lies within the soul. A story told after the feat allows others to celebrate true adventure while preserving the deep sense of triumph for those willing to embark on an adventure without a beacon illuminating the course.

That’s why cell phone service on Mount Everest bothers me. A deeply personal experience becomes public. The mystery shrouding the crevasses and slopes of a terribly unforgiving and powerful mountain is stripped away. Instead of reading a climber’s story anticipating the next step, the next labored breath, or the next swing of an ice axe, a picture captured by a cell phone from the top of the world e-mailed for everyone to see and into a shattered oblivion.

I can’t blame Nell for going where no other cell phone service has gone before and for providing coverage to the Tibetans and Sherpas living near Mount Everest. I also realize that cell phone service may not be all that different from satellite communications available for years. But mobile Internet access at the top of the world while most of us can’t get decent cell phone reception in an emergency is at least. Looking at it that way, maybe the true adventure is staying at home.
Running gave me the confidence to achieve goals, reminding me of a like-minded community is invaluable to the pursuit.

The Couch-to-5K running plan stresses putting space for rest and recovery between the 20- to 30-minute sessions training to run three miles, and that’s exactly what I did to convert my once couch potato self to the fit runner I always wanted to be. The 10 weeks it was supposed to take stretched to 18 but once reaching my goal, I realized I could be a runner.

Running is a fantastic stress reliever and confidence builder, and reaching the first one—seemingly-impossible benchmark pushed me on to the next one—running a half marathon (13.1 miles) before I turned 41 in January 2011. Similar to most goals we set, this one did not happen in a straight line sometimes enormous amounts of effort, on some days more than others. My four kids were spectacular cheerleaders, urging me out the door even on those pre-dawn runs in winter when I would rather have stayed in bed. Who spends two hours running through snow on Sunday morning? As it turns out, plenty of people do—including fellow ED Q users Tammy and Michael Spath—and knowing that I had friends who were also putting in the miles (minus the snow) encouraged me to do the same.

Tammy and Michael made the ideal running companions although we live 3,000 miles apart. They started training in earnest at about the same time I did and we would rather have stayed in bed. Who spends two hours running through snow on Sunday morning? As it turns out, plenty of people do—including fellow ED Q users Tammy and Michael Spath—and knowing that I had friends who were also putting in the miles (minus the snow) encouraged me to do the same.

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New Jersey law creates integrated emergency services system

Legislation signed into law in New Jersey during late January creates a statewide public safety interoperable communications council to make such a system reality.

Under the law (A 2934), a Statewide Public Safety Communications Commission will be created in the Office of Information Technology (OIT) replacing the current Public Safety Interoperable Communications Coordinating Council. The new commission will oversee the planning, design, and implementation of New Jersey’s emergency enhanced 9-1-1 (E-911) telephone system and the state’s Interoperable Communications System.

The law will also create a Statewide Public Safety Communication Council—made up of first responders—to provide advice and assistance to the commission and OIT on these matters.

In addition, legislation creates an integrated system that allows emergency services personnel to cross communicate on all bands—data, video, and radio—across any system in the state through the use of wireless broadband.

AMBER Alerts join Facebook

Facebook users in 50 states, Washington, D.C., Puerto Rico, and the U.S. Virgin Islands can sign up to receive AMBER Alerts through a project coordinated by the social networking site, the national AMBER Alert program, and the National Center for Missing and Exploited Children (NCMEC).

An AMBER Alert bulletin is issued by law enforcement when a missing child case meets certain criteria: child younger than 18, indication of abduction, child’s life is in danger, and a detailed description of child and abductor/vehicle is available to broadcast to the public.

With an average of 200 AMBER Alerts issued nationally every year, Facebook-sent alerts are launched in mid-January display active alerts from the respective state or U.S. territory. To sign up on Facebook go to http://www.facebook.com/AMBERalert.

Dispatch critical to Silver Alert programs

Emergency communications centers are a central component in Silver Alert and similar programs assisting in the search for individuals with cognitive disorders who are missing without explanation.

For example, the Silver Alert program launched in Maryland during 2009 provides emergency alert notification to all Maryland police departments, 9-1-1 centers, and media outlets. The measure signed into law in Massachusetts last year calls for dementia-specific training of first responders and public safety officials, implementation of a reverse 9-1-1 system based on existing call centers, and media notification.

The Peninsulas County (Fla.) Sheriff’s Office Project Lifesaver includes—at the request of the family—a wristband that emits a tracking signal worn by persons with disabilities such as Alzheimer’s, dementia, and autism. If the person wanders off, 9-1-1 is called and the tracking device is activated.

While 9-1-1 coordination may be universal, the same can’t be said of activation policies in the 27 states that have a Silver Alert or similar program for finding adults with memory or cognitive disorders. Some states limit Silver Alerts to persons over the age of 65 who have been medically diagnosed with Alzheimer’s disease, dementia, or a similar disorder. Other states include all adults with mental or developmental disabilities.

Legislation (H.R. 632) recently reintroduced by Texas Rep. Lloyd Doggett attempts to close the gaps through a voluntary national system to search for missing seniors patterned on the AMBER Alert program. Under the bill, a new Silver Alert coordinator at the Department of Justice will consult with other federal agencies to develop best practices for Silver Alert programs. The bill authorizes up to $10 million in state grants for communities to develop and maintain Silver Alert programs.

Want to know more about the drugs that might be involved in the next call that refers you to Protocol 23: Overdose/Poisoning (Ingestion)? Check out The Drug Enforcement Administration (DEA) Museum & Visitors Center. It’s dedicated to presenting the history of substance abuse in America and the ongoing role the nation’s government has played in addressing the problem.

The museum introduces visitors to the history of drug use in this country beginning with America’s First Drug Epidemic from 1850-1914. The museum’s changing gallery has featured DEA, Air, Land, & Sea and Good Medicine, Bad Behavior: Drug Diversion in America. Good Medicine, Bad Behavior is still on display and showcases the use of prescription drugs introduced including heroin and aspirin in the 1890s. The museum is open Tuesday through Friday and is located across the street from the Pentagon City Mall in Arlington, Va.

For more information visit the museum’s website at http://www.deamuseum.org/index.html.

Patient views on U.K. ambulance service are now just a click away

Patients of the Great Western Ambulance Service (GWAS) now have the opportunity to rate their ride (medical care, included) or customer service experience using an online feedback system or, if no online access is available, by calling a number provided by the London-based company. The Patient Opinion website (www.patientsopinion.org.uk) is for people who have dialed 9-9-9 to comment about the treatment and care they received (after the fact). Comments from users of the program indicate patients share describing their experiences will be posted for the public to view.

Understanding the patient’s experience is critical to improving ambulance service quality, according to GWAS Medical Director Ossie Rawstorne, M.D.

“And by making patient stories visible through this website, we will be able to not only gain insight into how our service is perceived by those people that use it, but also put in place improvements in how we respond to patients,” he said.

GWAS is the first ambulance trust in the U.K. to sign-up to receive public opinion through an online feedback service. Information promoting the Patient Opinion link will include stickers on board GWAS vehicles, posters for GP (general practitioner) surgeries and hospital A&E (accident and emergency) units, and cards to hand out to patients. The new service is in addition to GWAS’ existing Patient Advisory Liaison Service.

More Londoners surviving out-of-hospital cardiac arrest

According to statistics, about 60% of people affected by Alzheimer’s will wander sometime during the course of the disease, and if not found within 24 hours, about 50% of those wandering will suffer serious injury or death.

A separate National Silver Alert online program (www.nationalsilveralert.org) provides a baseline of encrypted vital information to emergency responders and medical facilities in the event of a wandering incident or medical emergency involving a senior citizen or an individual with Alzheimer’s disease or other cognitive disorders, regardless of age. The national database is free and gathers information from its registered members.

From the London Ambulance Service

Londoners whose hearts stop beating in public are over six times more likely to survive new than 30 years ago.

Close to one in six people (15.2 percent) who suffered an out-of-hospital bystander-witnessed cardiac arrest were discharged from the hospital last year, compared to 2.5 percent in 1998/99.

The news comes from the London Ambulance Service (LAS) 2008/09 Cardiac Arrest Annual Report and the increased survival rate reflects a wide range of developments in the care and treatment of cardiac patients in the capital.

Last year the LAS community resuscitation team trained over 10,000 members of those wandering will suffer serious injury or death. According to two-stage study conducted over a 32-month period (results published Emerg Med J. 2003 Jan; 21(1): 115-8), the MPSD resulted in a 200% rise in the number of patients accurately identified as suffering from cardiac arrest.
Bikes and helmets don’t always agree

Bicycling in traffic may be considered one of the most dangerous activities in the country, second only to basketball in the number of on-court visits, according to a 2008 study by the Loyola University School of Medicine. Although a majority of injuries are not life-threatening, bicyclists wearing helmets have a far greater chance of surviving a visit to the ER following a traffic mishap than those going without head protection. In fact, in 2008, 91% of the 718 bicyclists killed in traffic—according to National Highway Traffic Safety Administration (NHTSA) statistics were without helmets; the average age of those who died was 41 years old. So, why do only 38% of bicyclists in the United States wear helmets, particularly with statistics showing that head protection has been estimated to reduce head injury risk by 85% (a figure regularly used by helmet proponents although highly disputed due to the small sampling used in the 1987 study)? Principal helmet-skeptics’ arguments published by the Bicycle Helmet Research Foundation include:

- There is no real-world evidence that helmets have reduced the likelihood or severity of head injuries among whole populations of cyclists
- Helmet promotion reduces cycling and the health benefits of cycling, less cycling increases risk for those who do cycle
- The risk of serious head injury is small and frequently overstated
- Much pro-helmet research and promotional material is flawed
- Cyclists should not be singled out for helmets when other groups, especially pedestrians, are more prone to head injury

Americans aren’t alone in their refusal to wear helmets. Only 0.1% of Dutch bicyclers wear helmets, in contrast to 15% in nearby Sweden, according to the British cycling organization CTC. The Dutch Traffic Safety Institute concluded in a report last year that helmets are an “effective means of protecting cyclists against head and brain injury,” but to advocate their use would be too controversial.

Service (PALS) and the meetings held with patient groups to discuss the issues. Great Western Ambulance Service NHS Trust provides emergency and urgent care and patient transport services across Wiltshire, Gloucestershire, and the former Avon. The trust employs more than 1,600 staff members across 33 operational sites—30 ambulance stations and three emergency operations centers—and in its headquarters. Last year (2009-10), GWAS responded to more than 256,000 emergency calls. The trust covers an area of 3,000 square miles with a population of over 2.3 million people.

Carrollton Police retire 9-1-1 badge

In September 2010, when the Carrollton Police Department (Texas) was about to issue a new badge with the number 911 for a new hire, someone thought twice. “I thought about how it would feel to wear that badge as a newly hired officer,” said Personnel Officer Wesley Rutherford. “This is a badge with an honorarium housed in a glass case in the lobby of the Carrollton Police Department. When someone is hired, someone thought twice. A new badge with the number 9 1 1 for a new Police Department (Texas) was about to issue.

Bikers and helmets don’t always agree

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New decade advances patents on protocol systems

The National Academies of Emergency Dispatch (NAED™) welcomed the new decade with a total of 15 issued patents and another 20 plus patents pending throughout the world. The most recent patent issued comes from Singapore, which issued a patent for computer software related to the Medical Priority Dispatch System™ (MPDS®) protocol. The Singapore patent—Diagnostic Interrogation Tool for Emergency Medical Dispatch—was filed in February 2008 and as customary for the patent process, issued nearly two years later. The patent is directed to computer implemented tools used to assist in the Emergency Medical Dispatch (EMD) interrogation process and includes tools to detect breathing and pulse, a pregnancy contractions timer, and a tool for monitoring compressions during cardiopulmonary resuscitation (CPR).

Patents protecting the same diagnostic tools are pending in Australia, Malaysia, Europe, and elsewhere.

The first patent application the NAED filed was in March 1997 to protect the Method and System for the unconscious or fainting protocol of an EMD system. The patent was directed to computer implemented protocols and a resultant technology was granted in January 1999 and extends through March 2017.

The right conferred by a U.S. patent grant is, in the language of the statute, “the right to exclude others from making, using, offering for sale, or selling the invention in the United States or ‘importing’ the invention into the United States.” Patent-holders can profit from their inventions by going into business for themselves or licensing the use of their invention to other companies. A patent’s life extends 20 years from application date.

Tornado shelters under dispatch control

Dispatchers in Allen County (Ky.) will have the power to open concrete shelters designed to withstand tornado-force winds under a proposal to receive disaster mitigation funds from the Federal Emergency Management Agency (FEMA).

The Allen County Emergency Management Agency requested the $610,000 in funding from FEMA to build 11 tornado-safe rooms across the county in response to the February 2008 tornado that killed four residents. The buildings would provide protection to people living in mobile homes or less-sturdily built homes close to a shelter and who hear a warning on their NOAA radios. As part of the deal, Allen County would match the grant by in-kind work that would include site preparation and assembly of the prefabricated buildings that hold up to 100 people.

According to the Bowling Green Daily News, the tornado-safe buildings would be located at county fire stations as a convenience to residents in the communities. Access via dispatch at the communications center would release the onsite responsibility of unlocking shelters at the time of an emergency.

Tornado shelters are not new to this part of the state. Neighboring Warren County has small tornado-safe rooms at 10 of its fire departments to shelter first responders who might be on call during stormy weather, according to the Bowling Green Daily News. Shortly after midnight on Feb. 6, 2008, a F3 tornado destroyed six mobile homes and three conventionally built homes and dam-aged several more buildings during the 13 minutes it was on the ground.

CDC goes Twitter

The Centers for Disease Control and Prevention (CDC) has joined the social media revolution and is accessible via Facebook and Twitter. Using your phone or computer you can receive the latest updates on a variety of featured health and safety tips including the Flu I.Q., emergency preparedness and response information, and news and events by simply joining the more than 75,000 others who have “liked” CDC’s Facebook page. Visit it at http://www.facebook.com/CDC.

CDC’s newest Facebook page is in Spanish and is accessible via Facebook and Twitter. For those who prefer Twitter, it’s all there too. Follow @CDCgov for your daily source of current, credible health and safety information or @CDCspanol for updates in Spanish. CDC also offers several Twitter accounts that may highlight specific topics you’re looking for.

Follow @CDCEmergency for information to help you prepare for and stay safe during an emergency. @CDC_eHealth helps people stay up to date with the CDC’s social media activities and offers social media tools and resources. Following @CDCFea helps you access what you’re looking for when it comes to the flu including seasonal flu activ-

ity, flu prevention and vaccination information, and free flu resources.

Don’t forget to check out the CDC on YouTube and Flicker too.

Protocol complements revamped clinical fall assessments

The American and British geriatric societies must have reviewed EMD protocols when updating clinical assessment guidelines for falls in older persons. According to the recommendations—new since the 2001 version—clinicians should ask older patients

Visits to classrooms teaching kids about 9-1-1 are making inroads, at least that’s the impression after a quick tour of the 99-block “box city” unveiled the week after Thanksgiving 2010 in Salt Lake City.

The project, aimed at getting third, fourth, and fifth graders to think about their community and the environment, combines the trappings of city living—such as public buildings, houses, businesses, churches, and even a cemetery—with the accoutrements of the outdoors—such as streams, hills, trees, and playgrounds.

The classroom contributing the public safety square prominently displayed the 9-1-1 numbers above the front door, which when viewing the entire layout only goes to show that getting help in an emergency made much more of an impression on these students compared to the tabbies of sports stars. And maybe that explains the exception, there isn’t a golf course anywhere on site.

Tiny towns made of cardboard prominently display 9-1-1 centers

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This issue of The Journal debuts the column we’re calling Bulletin Board and devoting to announcements from our 9-1-1 emergency dispatch community. We encourage you to submit brief articles—no longer than 250 words—and photos—minimum 300 dpi—about topics to include:

- Personnel: retirements, promotions, and management relating to the communications staff and the respective public service agency
- Recognition: anniversaries, awards (local, regional, national), and honors related to the profession
- Achievements: awards and honors received for accomplishments outside of the profession
- Community Service: contributions outside the communications center that benefit the community
- Remembrances

Send your stories along with your contact information (name, center, phone, and/or e-mail) to The Journal staff at editor@emergencydispatch.org.

Deb Berreth
Metro Communications
Minnehaha County, South Dakota

Thirty years, three months, and twenty-nine days is the time Operations Manager Deb Berreth dedicated to the 9-1-1 profession before deciding to retire in February 2011. She began working as a supervisor in 1980 and was promoted to Operations Manager in 1994. Many accomplishments occurred in the dispatch center under Deb’s leadership, including Metro Communications becoming the first dispatch center in South Dakota and the 45th in the world to receive the NAED™ Certification. Deb was initially hired with the start of Metro Communications in 1980. Since that time she has adapted with the ongoing dynamic changes of the 9-1-1 profession. Starting long ago in a job where an individual behind the scenes answered the phone and advised the caller help would be sent, Deb was able to leave a better recognized profession where dispatchers have become a crucial part of public safety and now provide life-saving instructions until responders arrive on scene.

Deb is commended, not only for her years of service and contributions to the demanding 9-1-1 profession, but also for the countless hours she has dedicated to the employees of Metro Communications.

EMD honored for stellar call
Saskatoon (Saskatchewan, Canada) EMD Kim Wruck was recognized at a special gathering at MD Ambulance headquarters in February for efforts going above and beyond duty to assist a young woman who had taken an overdose of drugs in an apparent suicide attempt. In July 2008, Wruck was working dispatch when she received a 9-1-1 call from a woman worried about her friend’s situation, although she did not know where the friend could be found. Ninety minutes later, Wruck, with the help of Cornwall Park Police Chief Ron Boechler, established a land location for the woman. When the chief found the young woman, she was unconscious and in life-threatening danger. See the full story in The Journal.

If they have fallen recently, frequency of falling, injuries from the fall, and symptoms at the time of fall. Determinant Descriptors in Medical Priority Dispatch System™ (MPDS)® Protocol 17: Falls are based on similar criteria, with the seriousness of injury coinciding to the level of response.

The majority of recommendations, however, centers on prevention, such as exercise to increase strength and maintain balance, cataract surgery if falls are vision related, reducing medication that affects the central nervous system, and removing barriers in the home that increase the risk of falling.

Experts in fall prevention and geriatrics developed the new guidelines, and the American College of Emergency Physicians, the American Medical Association, the American College of Surgery, the National Council on Aging, and the American Physical Therapy Association had endorsed them.

The Centers for Disease Control and Prevention (CDC) cites falls as one of the leading causes of injury among adults age 65 and older. According to statistics available from the CDC website:

- One out of three adults age 65 and older falls each year.
- Among those age 65 and older, falls are the leading cause of injury death.
- They are also the most common cause of nonfatal injuries and hospital admissions for trauma.
- In 2007, over 18,000 older adults died from unintentional fall injuries.
- The death rates from falls among older men and women have risen sharply over the past decade.
- In 2009, 2.2 million nonfatal fall injuries among older adults were treated in emergency departments and more than 581,000 of these patients were hospitalized.
- In 2000, direct medical costs of falls totaled a little over $19 billion, $7.9 billion for fatal falls and $19 billion for nonfatal fall injuries.

Fire Priority Dispatch System™ v.5
The most advanced Fire Dispatching System. Unleashed.

Highlights of v.5 ProQA® & cardsets:
- Incorporates the National Academies of Emergency Dispatch’s™ newest fire protocols
- Faster dispatch points
- New Pre-Arrival Instructions
- New protocols
- More than 40 new determinant descriptors

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

There’s No Stopping MetCom.

Each achievement opens a door to the next

By Heather Darata

Metropolitan Area Communications Center (MetCom), in Centennial, Colo., stands almost like a beacon at 5,883 feet above sea level in a state known for its mile-high panoramas.

But don’t think the great views into the world outside their mile-plus high center take precedence over the other features characterizing MetCom. This center continues to chart new heights in emergency communications.

MetCom literally sticks by its motto “Good enough, isn’t.”

Unique shift organization

For starters, MetCom has a unique shift organization. There are no rotating shifts, extended daytime shifts, swing shifts, or graveyard shifts. The 12 full-time dispatchers taking calls covering a 270-square mile area are organized into three 24-hour shift teams (A, B, and C); each team consists of three dispatchers and one supervisor.

During the evening hours, the team takes turns working and sleeping. The center was built with four individual sleeping quarters. The two dispatchers work for six hours while the other two dispatchers sleep; then they rotate. If there’s a crisis during the night, the dispatchers at rest can be up out of bed and ready to assist within 90 seconds.

MetCom’s 24-hour shifts were designed to match the schedules of its partner agency—South Metro Fire Rescue Authority. Dispatch Shift A works every time South Metro’s Shift A is on duty, and the same applies to shifts B and C.

“The scheduling model promotes team building between first responders and dispatch personnel,” said MetCom Director Paul Smith.

“The 24-hour shift has other benefits, also, including lower personnel costs, greater employee satisfaction (no one getting upset over a swing shift assignment), and a perpetual schedule giving dispatchers advance notice of their 20 days off each month.”

In addition, having four dispatchers on duty during the day gives Smith the ability to send a dispatcher to training programs and on fire department ride-alongs. These opportunities give dispatchers a more empathic insight into the lives of crews and 9-1-1 callers.

“They can see what the firefighters face each day,” Smith said. “The time in the field helps to bridge the sensory deprivation created in a dispatch environment and allows the dispatcher to create a mental image when they’re talking with callers, which is invaluable.”

Out in the field

The center is also unique in dispatch assignments, including incident response and Geographic Information System (GIS) administration. MetCom’s Incident Dispatch Team (IDT), which is in its third year of operations, includes eight dispatchers, Smith, and technical services personnel. Team members are incident command system (ICS) 400 certified.

The course provides training and resources for incident commanders and intended for those coordinating multiple agencies.

When an IDT call comes in, the dispatcher assigned leaves the center in a response vehicle equipped with bunker and wildland gear and a communications kit that includes a laptop, printer, camera, GPS, VHF radio programming equipment, internet access, weather software, a cache of ICS forms, and office supplies.

“We literally have a dispatcher that goes as part of the initial response,” Smith said. “Our team member pulls up next to the battalion chief.”

That was exactly what MetCom dispatcher and IDT member Eric Hurst did in September 2010 during a wildland fire burning precariously close to residential property. The incident commander put Hurst and a second IDT dispatcher in charge of coordinating the actions of eight fire departments arriving on scene.

“We're a benefit to incident commanders,” Hurst said. “They can look us in the face rather than talking on the radio. It simplifies things.”

The two GIS team members support the IDT by providing maps and aerial imagery accessible on scene. They also provide preplans showing floorspans and the location of water mains; the accompanying fact sheets are utilized when coordinating fire suppression activities.

“The tools provided in the arsenal allow for making better decisions,” Smith said.

IDT members respond to about 20 incidents a year, including structure fires, wildland fires, and HAZMAT calls.

View Of The World: MetCom dispatchers are on the leading edge of technology, charting new heights in emergency communications in a state known for its mile-high panoramas.

By Heather Darata

Each achievement opens a door to the next

Best Practices

There’s No Stopping MetCom.

ACE List

ACCREDITATION

EMD

1  Albuquerque Fire Department; Albuquerque, N.M.

10  Miami Dade Police and Fire Rescue Department; Miami, Fla.

14  City of Miami Fire-Rescue; Miami, Fla.

18  Colorado Springs Police Department; Colorado Springs, Colo.

62  American Medical Response-Colorado Springs/Eld Pasco County; Colorado Springs, Colo.

63  Pennington County 911; Rapid City, S.D.

96  Tampa Fire Rescue Communications; Tampa, Fla.

116  Loveland Emergency Communications Center; Loveland, Colo.

117  Medicine Hat Regional 911 Communications; Medicine Hat, Alberta, Canada

EFD

6  Kent County Department of Public Safety; Dover, Del.

7  Medicine Hat Regional 911 Communications; Medicine Hat, Alberta, Canada
Gila Monster Bite.
Use Protocol 2 to handle monster bite

By Brett Patterson

Brett:
For patients bitten by a Gila monster, do we select Protocol 2: Allergies (Reactions)/Envenomations (Stings, Bites) or Protocol 3: Animal Bites/Attacks?

We haven’t yet had any incidents of a human bitten by a Gila monster in our area; however, our department did arrest a man recently who housed several species of snakes with venom so toxic, there’s no antidote. So, I guess it’s feasible that if we don’t encounter one in the outdoors, someone might come across an angry one in a cage one day. Which protocol do you recommend we select for these calls?

Understanding that Wikipedia certainly isn’t a medical authority, I went ahead and copied what their website states about the Gila monster. The Gila monster is a species of venomous lizard native to the southwestern United States and northwestern Mexican state of Sonora. A heavy, slow-moving lizard, up to 18 inches (45 cm) long, the Gila monster is the only venomous lizard native to the United States and one of only two known species of venomous lizards in North America, the other being its close relative, the Mexican beaded lizard. Though the Gila monster is venomous, its sluggish nature means that it represents a clinical threat by way of a toxin, not a traumatic one. Therefore, Protocol 2: Allergies (Reactions)/Envenomations (Stings, Bites) is the most appropriate protocol to use for a Gila monster bite.

If an EMD is not familiar with this animal’s threat and, instead, chooses Protocol 3: Animal Bites/Attacks, the EXOTIC Animal descriptor provides one of the many safety nets included in the MPDS.

Virginia:
Thanks for your question. It’s a good one, especially—as you point out—the prevalence of people keeping exotic animals as pets.

Protocol 3: Animal Bites/Attacks was designed for trauma with a mechanism of injury as a primary triage consideration. The protocol also handles scene safety concerns created by attacking animals. The EXOTIC Animal descriptor and descriptor were developed to provide a safety net for wild animals or animals kept as pets unfamiliar to EMDs.

Protocol 2: Allergies (Reactions)/Envenomations (Stings, Bites) is a medical protocol that addresses toxins and allergens injected or introduced into the body via a bite. The Gila monster is poisonous animal that presents a clinical threat by way of a toxin, not a traumatic one. Therefore, Protocol 2: Allergies (Reactions)/Envenomations (Stings, Bites) is the most appropriate protocol to use for a Gila monster bite.

In those critical minutes, we offer critical EMD instruction.
A slow and quiet Saturday morning at a Tucson (Ariz.) Safeway store turned horribly violent Jan. 8 may have ended quickly for the two dozen people at the Town Hall-style event but for area dispatchers the bullets fired marked only the beginning.

Within two minutes after suspect Jared Lee Loughner turned his semi-automatic pistol on the crowd, killing six and wounding 13, the calls poured into the Pima County Sheriff’s Office PSAP, overflowing into the City of Tucson’s regional communications center. Through the hours providing assistance to those on scene followed by days of investigation, dispatchers worked long shifts to coordinate multi-jurisdictional law enforcement (four police departments), EMS, and fire operations (four departments).

Their duties, however, stretched far beyond directing response and follow-up, said Tucson communications center Shift Supervisor Shail McCormick.

“We were working transportation issues, managing responses to the public, and answering calls from the press,” said McCormick, who answered 9-1-1 calls that morning because of the number coming into the center. “People on the scene were frantic, upset, and running for safety and we were taking their calls hoping all would turn out well. As you know, it wasn’t so that day.”

Tucson is the regional fire/EMS communications center and on that day, the center’s dispatchers answered the overflow of calls transferred to them by the Pima County Sheriff’s Office. The first medical request from Pima at 10:12 a.m.—less than two minutes after the shooter was tackled and his weapon taken—initiated a major dispatch of medical units including putting a helicopter on standby until further reports came in.

Arriving on scene

Northwest Fire Engine 330 and Pima County sheriff deputies arrived on the scene almost simultaneously at approximately 10:19 a.m. Within one minute Loughner was in police custody and once law enforcement deemed the scene safe to approach at 10:22 a.m., paramedics began caring for the victims.

Stuart Rodeffer, a battalion chief for Northwest Fire/Rescue District, said the scene was utter chaos. One after the other, witnesses ran up to him and EMS workers, grabbing them, urging them to move faster and faster. “People are dying here,” they cried. “Help us. Help us!” Rodeffer and his crews immediately set up triage under the covered sidewalk in front of the Safeway and identified seven patients in need of urgent transport.

Tragedy in Tucson.

Day for dispatchers starts when shooting ends

BY AUDREY FRAIZER

A slow and quiet Saturday morning at a Tucson (Ariz.) Safeway store turned horribly violent Jan. 8 may have ended quickly for the two dozen people at the Town Hall-style event but for area dispatchers the bullets fired marked only the beginning.

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The most critically wounded—U.S. Representative Gabrielle Giffords and nine-year-old Christina Taylor Green—were the highest priority.

Treat the victims
It was the speed and efficiency of responders and quick actions of bystanders that helped many of the victims survive. Prior to the arrival of paramedics, Daniel Hernandez Jr., an intern for Giffords, had applied pressure to the gunshot wound on her forehead and made sure she didn’t choke on her blood.3 David and Nancy Bowman, a married doctor and nurse who had been shopping in the store, had set up triage. The image of Christina-Taylor is something Nancy Bowman will never forget. “Just pris-tine,” Nancy Bowman said. “She was beautiful, not a mark, it didn’t seem, on her.”

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Some of the first calls to 9-1-1 came from the nearby Wells Fargo bank, where employees had locked the doors soon after the shoot start. Like others among the earliest callers, they provided the little information they knew: gunfire, a man wearing bagy blue jeans and a black hoodies sweatshirt shooting people down the line, and people lying on the ground near the tables Giffords’ aides had set up for the event. A succession of callers describe a man in his 20’s held down by other people, gun taken away. Giffords has a pulse and she is breathing, a caller reports, although there is at least one dead and multiple people shot. Another asks for more ambulances. A woman phoning 9-1-1 from inside her car apologizes for leaving the scene; another woman calls asking where her husband will be taken. “He has been shot,” she called, “I don’t know where he is.”

The dispatchers advise callers to help others to safety without getting hurt in the process and offer reassurance. Within 35 minutes of the initial call, the Pima and Tucson communications centers had dispatched 60 units to the scene—25 from the sheriff’s department and the county fire district, Avra Valley Fire District, Three Points Fire District, and Picture Rocks Fire District. The division also operates Tucson MEDS Control, a centralized medical dispatch service that also handles requests for air medical helicopters.

Northwest Fire District Communications Coordinator Jim Long credits the responding agencies for their amazing job stabilizing the scene.

Northwest Fire District Communications Coordinator Jim Long credits the responding agencies for their “amazing job stabilizing the scene.” He also lauds the Pima County Sheriff’s Department deputies, who treated gunshot victims as they waited for the scene to be cleared and secured for emergency medical personnel, using department-issued emergency kits containing military style clotting agents, compression bandages, combat gauze, a chest seal, a tourniquet, and trauma shears to stop any external bleeding from gunshot or stabbing wounds.

“Without that, more people would have died,” he said. “The kits and the training the deputies received really made the difference.”

Giffords, 40, who was hosting constituents, was the youngest and most seriously injured of those wounded. The others wounded, ranging in age from 5 to 73 years of age, were transported to local hos-pitals, University Medical Center (UMC) treated a total of 11 victims. Southwest ambulance Paramedic Transport PT38 transported Christina-Taylor, who died on scene in PT83-1 at 10:41 arriving at UMC.

The dispatch center
Geoffrey Kuhn, the Tucson Fire Depart-ment communications supervisor, rushed into the center immediately after notified. It was his fifth day on the job, having accepted a transfer as supervisor of the call center from the city’s water department.

“Our people were amazing and, for me, quite a baptism,” he said.

McCormick, who was the only shift supervisor on duty at the time of the shoot- ing, said hotlines and 9-1-1 lines lit up, pull- ing the four people in the PSAP into calls coming in on the rollover lines from the Pima County Sheriff’s Department.

The 9-1-1 crew, including McCormick, dispatched medical units from Northwest Fire District and Southwest Ambulance. They launched three air medical helicopters, managed public response, and coordinated traffic sent to the scene.

The dispatchers were the superheroes of the day, Long said.

“They behaved brilliantly,” he said. “They were the day’s unsung heroes; they were the last pins getting the information to responders on scene. I can’t emphasize enough the courage they bring to the team.”

McCormick clocked out at 4 p.m. that day, eager to muck home where she could literally let her emotions show. She spent a few hours on the phone calling dispatchers on duty that day, listening to their concerns and sharing the emo-tional strain. The outpouring of community support buoyed her spirits, and she commends a community refusing to be held hostage by the shooter’s random act of violence.

“Everybody offered up everything they had that day,” she said. “We breathe in and out and triumph over the human spirit ring- ing through.” The City of Tucson Communication Center provides 9-1-1 calltalking and dis-patching services for the Tucson Fire Depart-ment as well as five county fire districts: the Northwest Fire District, Golder Ranch Fire District, Avra Valley Fire District, Three Points Fire District, and Picture Rocks Fire District. The division also operates Tucson MEDS Control, a centralized medical dispatch service that also handles requests for air medical helicopters.

Tucson Fire Department and Northwest Fire District are long-time users of the Medi- cal Priority Dispatch System™ (MPDS®). On the day of the shooting, Tucson used a local code—34 DELTA—to report the major medi-cal event. Plans are under way to replace v1.12 flip card system with ProQA® software as part of a new Tucson CAD project. Tuc- son is also pursuing certification as a medical Accredited Center of Excellence.

A planned Pima County Wireless Inte-grated Network Bond project will include a regional public safety 800 MHz voice com-munications system and a central facility to locate the county Emergency Operations Center with the 9-1-1 public safety answer ing, communications, and dispatch operations of the sheriff’s department and the county fire districts along with a separate facility for the City of Tucson police and fire department’s PSAP as a back-up to the county facility.

Sources
9 Newsparser, March/April 2011
OnTrack

Spinning Out of Control.

Mountain biking grows in popularity as well as injury rate

By Audrey Fraizer

Okanagan Valley in southwestern British Columbia is a year-round outdoor enthusiast’s dream. The roughly 8,000-square-mile, sparsely-populated region features more than 60 provincial parks and a spectacular back-country ideal for skiing, hiking, backpacking, and mountain biking.

These same attractions, however, can become the enthusiast’s nightmare. There risk involved in wilderness adventure. Hikers and bikers can get disoriented following trails winding them deeper into unknown terrain. An accidental fall, a close encounter with a bear, or clothing unsuited to weather suddenly turning bad can turn a fun daytrip into a harrowing experience far from immediate emergency medical response.

In October 2010, a group of mountain bikers learned just how far it was.

British Columbia Ambulance Service Dispatcher Terra Valley, based in Kamloops, was in her last week of training with the Medical Priority Dispatch System (MPDS®) and working on her own when a call came in from a popular although remote section of a mountain biking trail. A biker had fallen off his bike into a ditch. “His friends said he had opened his eyes but wasn’t breathing,” Valley said.

The rider was experiencing extreme breathing difficulties due to (as it was later learned) a cervical neck spine injury suffered in the high-impact fall. Injuries located in C-1 to C-3 vertebrae may cause paralysis of the arms and legs. In some cases of traumatic cardiac arrest, the use of air medical transport may be questioned; although not futile, studies do suggest limiting the emergency flight service to only those patients having a response for a rapid resuscitation. Survival in studies focusing on prehospital traumatic cardiopulmonary arrest varies from 0.2-9.1%.

Spa of mountain and trauma

Since its inception more than 30 years ago, more and more people have been drawn to the outdoor sport of mountain biking. During the 1990s, the participation in mountain biking increased from 4.6 million to more than 10 million riders, with growth consistent throughout North America and Europe. Since then, mountain bikes have outsold all other bicycles.

Although the number of mountain biking injuries has increased in line with the sport’s growing popularity, research data regarding the severity of injury as a result of a mountain biking accident varies widely depending on the population surveyed, research design, and criteria for injury cases.

The most common mechanism of injury involves a forward fall over the handlebars, usually while riding downhill, which can result in direct trauma to injuries, contusion, and upper extremities. Head and face injuries are not always prevented by current helmet designs. In a fall involving the upper cervical spinal cord, a result can paralyze in result of all muscles of respiration. Unless the patient is exhibiting signs of obvious and irreversible death, CPR should be attempted.

Protocol and bike falls

There has been much discussion around National Academies of Emergency Dispatch (NAED) circles about which protocol best handles a call about a person who has fallen while riding a mountain bicycle. The fall could result in a fall or crash, consistent with going downhill at road speeds exceeding 40 mph, or minimal injury from losing balance while dismounting or taking a slow fall when traveling uphill. Minor injuries such as cuts and scratches from brushing against trailing vegetation are usually considered of little consequence.

Three choices are most often mentioned: Protocol 29, Protocol 17, and Protocol 30, with some of them being the correct choice. There is no protocol to 29-30. Incidents are a possibility, but as you will notice, there is no selection for bicycle. Deter- minant Descriptor D-2, HIGH MECHA- NISM, includes injury involving bicycles, but this descriptor is based upon an accident involving a collision between a vehicle and either a bicycle or motorcycle. The descriptor does not indicate an accident involving injuries from falling off a vehicle. The specifics of this descriptor take into account the considerable mechanism forces involved with the relative weight and velocity of a vehicle striking a bicycle or motorcycle.

Protocol 17 is designed to handle the mechanism of vertical falls, either from a height, or from ground level, but was not meant to address the wide range of injuries that may be encountered falling, or being tossed from a moving bicycle.

Protocol 30: Traumatic Injuries (Specific) is the most-appropriate choice. The Test Protocol does not have a special protocol pathway for accidents involving falls from bicycles or, for that matter, while skiing, bungee jumping, or snowmobiling.

According to a study specific to mountain biking and describing patient demographics, type of injury, treatments, outcomes, mechanisms, and resource requirements associated with spinal cord injuries sustained during recreational mountain biking:

The mean age at injury was 32.7 years. Seventy-nine patients (73.8%) sustained cervical injuries, while the remainder sustained thoracic or lumbar injuries. Forty-three patients (40.2%) sustained a spinal cord injury. Of those with cord injuries, 18 (41.9%) were American Spinal Injury Association (ASIA) A, 5 (11.6%) were ASIA B, 10 (23.3%) ASIA C, and 10 (23.3%) ASIA D. Sixty-seven patients (62.5%) required surgical treatment. The mean length of stay in an acute hospital bed was 16.9 days (95% confidence interval 13.1, 30.0). Thirty-three patients (30.3%) required intensive care unit attention, and 31 patients (29.0%) required inpatient rehabilitation. Of the 43 patients (40.2%) seen with spinal cord injuries, 14 (32.5%) improved by 1 ASIA category, and 1 (2.3%) improved by 2 ASIA categories. Two patients maintained ventilator-dependent status.

On the whole, there are about 10,000 new cases of spinal cord injury each year. The majority of them (82%) involve males between the ages of 16-30. These injuries result from motor vehicle accidents (36%), violence (28.9%), or falls (21.2%). Quadriplegia is slightly more common than paraplegia.

Sources


2 Recommended by the American College of Surgeons, Committee on Trauma, for use by trauma centers.


4 Kylee B. Aleman, Michael C. Meyers, Mountain Biking Injuries in Children and Adolescents, Sports Medicine, Jan 2010.


1. The patient in the call answered by Dispatcher Terra Valley suffered traumatic cardiac arrest resulting from:
   a. cranial fracture.
   b. facial fracture.
   c. spinal spine injury.
   d. thoracic spine injury.

2. Injuries located in which vertebrae may cause paralysis of the muscles used for breathing and all arm and leg muscles.
   a. C1-C3
   b. T3-T7
   c. L1-L5
   d. S1-S3

3. Out of 100 patients, what is the estimated number of patients who will suffer a traumatic cardiac arrest resulting from significant trauma?
   a. One
   b. Two to four
   c. One out of five (20% of the patients)
   d. 25 (one-fourth of the patients)

4. Survival in studies focusing on prehospital traumatic cardiopulmonary arrest varies from:
   a. 0.2%.
   b. 3.4%.
   c. 5.6%.
   d. 10%. 

5. Growth in the popularity of mountain biking has been greater in Europe than North America.
   a. true
   b. false

6. The most common mechanism of injury in mountain biking accidents involves:
   a. colliding with another cyclist while passing on the trail.
   b. jumping hurdles in a cross-country race.
   c. forward fall over the handlebars, usually while riding downhill.
   d. swerving off the trail to avoid hitting an animal.

7. According to another study, the mean age of injury for mountain bikers is:
   a. 24.6 years.
   b. 41.3 years.
   c. 50 years.
   d. 78 years.

8. Protocol 29: Traffic/Transportation incidents has no selection for:
   a. aircraft.
   b. marine.
   c. 41.3 years.
   d. watercraft.

9. In a family abduction, the perpetrator
   a. One
   b. Two to four
   c. One out of five (20% of the patients)
   d. 25 (one-fourth of the patients)

10. In a family abduction, the perpetrator
    a. One
    b. Two to four
    c. One out of five (20% of the patients)
    d. 25 (one-fourth of the patients)

CDE Quiz Mail-In Answer Sheet

Answer to the last questions on this form. (A photocopy of this answer sheet is acceptable, but your answers must be original. WE WILL NOT PROCESS ALTERED SIZES.)

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

Clip and mail your completed answer sheet along with the $5 NON-REFUNDABLE processing fee to:
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Yes, I have answered and submitted my answers for future reference.

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A CDE-Quiz       Medical

YOU MUST BE MEDICAL CERTIFIED TO TAKE THIS QUIZ.

Do Overs Not an Option.
Enhanced Protocol 101 goes to the core of child abduction

By Jaci Fox

Child abduction is an emotionally-charged situation. Family and friends reporting a missing child—or someone witnessing a probable child abduction—are desperate and frightened and, as a result, often hysterical and uncooperative. While these types of calls to a 9-1-1 communications center are infrequent, when they do happen, the call creates an undeniably intense situation. The call-taker must take charge of an interrogation process that must be solid and absolute from the start. In the emergency communications business, there are no chances for a “do over” and the first contact in these situations can mean the difference between returning the child to safety or not.

When it becomes clear that the caller is reporting abduction and, the terms are used interchangeably in Police Priority Dispatch System ("PPDS") Protocol 101: Abduction (Kidnapping)/Custodial Abduction/Hostage Situation. Regardless, the person has been reported missing. There is no differentiation between kidnapping and abduction in the terms used when asking the 10 Key Questions (KQ).

Statistical reporting on the number of abductions occurring in the United States each year varies by organization and methodology used in compiling the statistics. The National Center for Missing and Exploited Children (NCMEC)—posts on its website figures from the U.S. Department of Justice, which are as follows:

- 797,500 children (younger than 18) were reported missing in a one-year period of time studied resulting in an average of 2,185 children being reported missing each day.
- 203,900 children were the victims of family abductions.
- 58,200 children were the victims of non-family abductions.
- 115 children were the victims of “stereotypical” kidnapping.
- These crimes involve someone the child does not know or someone of slight acquaintance who holds the child overnight, transports the child 50 miles or more, kills the child, demands ransom, or intends to keep the child permanently.

In a family abduction, the perpetrator may be a non-custodial parent taking a child from the custodial parent and moving from state to state without court permission. Parental or custodial abductions usually occur after a decision by the courts favors one parent or guardian over another. In these instances, the suspects often hide out at the homes of other relatives.

A nonfamily perpetrator generally takes a child by physical force or threat and keeps the child for at least one hour in an isolated place without parental permission.

In these cases, the perpetrator may be someone such as Brian David Mitchell who was found guilty of snatching Elizabeth Smart at knife point from her bed in the Smart family home in Salt Lake City or Bruno Richard Hauptmann, who was executed for the kidnapping and murder of Charles and Anne Morrow Lindbergh’s son. The lack of potential leads in nonfamily abductions often makes this a more frightening situation. According to statistics:

- The U.S. Department of Justice estimates 50% of victims are between the ages of 4 to 11 years old.
- More than 65% are female.
- At least 15% of their abductors are stereotypical kidnapping perpetrators.
- Most abductions occur within a quarter of a mile from the victim’s home.

In either situation—family or nonfamily abduction—the missing child case may be used as a bargaining tool or kept as secret as possible. The victim of a nonfamily abduction, however, is much more likely to be sexually assaulted and/or killed. According to the National Incidence Studies of Missing, Abducted, Runaway, and Thrownaway Children (NISMAST):

- In 40% of stereotypical kidnappings, the child was killed, and in another 4%, the child was not recovered.
- Nearly half of all child victims of stereotypical kidnappings and nonfamily abductions were sexually assaulted by the perpetrator.
- An additional 32% of victims received injuries requiring medical attention.

Working together

The National Academies of Emergency Dispatch ("NAED") worked closely with NCMEC to enhance the Protocol 101 interogation process in PPDS v4. NCMEC, in cooperation with several organizations including the NAED, created a 9-1-1 Center Partner Program, incorporating best practice standards, pre-incident planning, and resource development. The program uses the word “abduction,” rather than “kidnapping,” for family and nonfamily incidents of missing children cases.

The procedure section of the standards manual closely matches NAED philosophy and protocol style in its recommendations.
Policy protocol revisions

The changes approved by the NAEPD Police Standards Council in PPD v4, compared to earlier versions, include revised definitions, new Key Questions (KQs) targeted to the victim of abduction, additional Post-Dispatch Instructions (PDI), and enhanced resource information in the Additional Information (AI) section.

The new release does not affect the Determinant Descriptors or Determinant Codes on Protocol 101; however, DELTA 3 applies to parental/custodial ABDUCTION and DELTA 4 applies to attempted ABDUCTION, as defined in the AI section. DELTA 1 is assigned to a hostage situation and DELTA 2 is assigned to ABDUCTION, as defined in the AI section. DELTA 3 applies to attempted ABDUCTION, as defined in the AI section.

The apprehension questions, however, are only part of the investigation process. In the case of abduction, it is necessary to get the vic- tim to safety. After completion of the vic- tim’s description, the dispatcher is prompted to ask three other questions about the victim:

- What is the victim’s physical condition?
- Is he/she in need of medical or mental health care?
- Does he/she have a medical condition or a mental condition that requires special medical attention?

These Key Questions are vital. For example, understanding the victim’s medical condition can affect the call. It emphasizes the time-sensitive nature and urgency of these events.

The remainder of the interrogation provides specific information pertaining to the classification of the incident. Because most abductors are related to the victim or victim’s family, several of the KQs focus on family/custody issues. In the case of a custody classification, questions involve whether there are court/ restraining orders in place and the name of the person having legal custody of the individual.

Sheriff’s Office and 9-1-1 Call Center If you have any questions about this document, please contact us at (800) 960-6236 US; (801) 359-6916 Intl. Salt Lake City, UT 84111 USA.
CPR restores breathing to “blue” baby

By Charlene Kissock

It is 4:00 in the morning on Aug. 15, 2010. I am settling in for the last few hours of night shift thinking of going home to bed when the phone rings. I put on my dispatch hat and pick up the phone, “Fire and Ambulance. What is your address of emergency?” From the other end of the line, I hear the words that I have dreaded hearing ever since I started in emergency dispatch 2 1/2 years ago. “My baby stopped breathing and is turning blue!” The mother counts out loud with me to make her calm down us both.

The second time I have ever had to give CPR instructions to a caller during the year since my department adopted EMD protocol. This is my first infant CPR situation. The mother is hysterical but my training kicks in and I am able to calm her down to the point she can follow instructions. I begin by telling the mother to check airway and breathing status. The baby is not breathing, I give mouth-to-mouth instructions followed by CPR landmarks and compressions. The mother counts out loud with me to make sure she is pumping the chest adequately.

She experiences a “retreat effect” when she doesn’t see immediate results from the CPR. I provide extra reassurance to help calm down us both. I have never had a five minute call last as long as this one did but thankfully by using protocol to provide CPR instructions to the mom. The baby began breathing again by the time paramedics arrived.

They met on a dance floor 41 years ago and never let go, not through his career on the railroad keeping them apart days at a time or, lately, her medical problems convincing them to move from their home to seek treatment a state away.

“She’s been wonderful to me,” said Gary Fisher, 65, and a long-time resident of Fort Wayne, Ind. “She’s gotten me through a lot of things. Now it’s my turn to help her.”

Sara Fisher, also 65, has cancer of one lung and for the past year has endured chemotherapy following major surgery to remove the tumor. She was recovering at home when the inconceivable happened.

“She went into the kitchen to get a soda,” he said. “The next thing I hear is a thump.”

Gary rushed to the room, finding Sara slumped over a chair. She wasn’t conscious. She wasn’t breathing. He laid his wife on the floor and called 9-1-1. For the next four minutes, he began giving CPR. He remembered something he had never done before under the direction of EMD Melissa Smith.

Without Smith, Gary doesn’t want to think about what would have happened.

“No doubt about it, the CPR saved her life,” he said. “Her doctor said it was a miracle. My wife is one in a million.”

Smith is a dispatcher for TRAA in Fort Wayne, said Gary sounded distressed, and understandably so. He had difficulty explaining exactly the situation, pleading for an ambulance to save the life of his beloved companion.

Smith asked if he had ever provided CPR. He said “no.” Well, she told him, let’s get started. “I did exactly what I told him,” Smith said.

Gary pushed harder when instructed and opened the door for the arrival of emergency crews. He acknowledges Smith for her “fantastic” patience and compassion, although at the time all he could do was think about saving Sara.

CPR first responders/EMTs arrived six minutes into the call, about three minutes ahead of the Three Rivers Ambulance Authority (TRAA) paramedic unit. Paramedics checked her four times before transport to the hospital as part of a sequence of events Gary calls his five-hour nightmare on the evening of Sept. 5, 2010.

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“She made it through and I feel great about it,” said Smith, an advanced EMT for the same ambulance service for 10 years before transferring to the communications center in 2008. “We give instructions and try to assess what’s going on but the process is only as good as the person performing the CPR.”

“She’s been wonderful to me,” said Gary. “I was there for her the whole time.”

By Tuesday, she was able to talk. Sara couldn’t remember anything from Sunday, the evening of a cardiac arrest they later learned was due to low potassium levels associated with the cancer treatments. In 11 days, she was sent home from the hospital wearing a defibrillator. A check-up in November confirmed their hope. Her heart was performing “extremely well,” Gary said, and by January she could be shedding the medical vest.

Sara and Gary celebrated her 65th birthday in November. After the holidays, they planned a temporary move to the Chicago area for further cancer treatments. He expects to be back home in a year or less. Sara, he said, would be there, too, able to continue the ordinary events Gary will never again take for granted.

“She makes it all worthwhile,” he said. “There was someone bigger than you and me watching out for her.”

“He did exactly what I told him,” Smith said. “I am glad for my department instituted the proper training for dispatchers. She wasn’t breathing. He laid his wife on the floor and called 9-1-1. For the next four minutes, he began giving CPR. He remembered something he had never done before under the direction of EMD Melissa Smith.

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Needle in a Haystack.
Dispatcher’s instinct and know-how save woman’s life

Call it a sixth sense, intuition, or the ability to interpret the urgency of a call based on experience and a trained ear. But whatever it takes, EMD Kim Wruck has it considering the chain of events two summers ago in the outskirts of Saskatoon, in central Saskatchewan, Canada.

The call, coming in at about 2:30 a.m. on July 1, 2008, was from a woman in Meadow Lake (near Saskatoon) concerned over the tone of text messages she was receiving from a former high school buddy. The two women had casually renewed their friendship that evening during a chance meeting at a grocery store.

“They exchanged phone numbers,” said Wruck, a dispatcher for MD Ambulance Care, Ltd., Saskatoon. “That was the first they had talked in about five years.”

The text messages grew progressively distressing, according to the caller; the woman sending them was clearly more than just “down in the dumps.”

“She was in trouble,” Wruck said. “I needed to get help to her.”

But there were problems. Wruck had very little information to go on. The friend remembered a last name from their school days together. She did not know of a married name or current address. They could not trace the origin of the text messages. Wruck could not reach the woman texting the messages; she had turned off her phone.

Wruck pulled maps of all rural municipalities in a 27-mile radius around Saskatoon. By luck, she found a marked residential land location in the Rural Municipality (RM) of Corman Park matching the maiden name. The RM located around the city of Saskatoon operates a small police force.

Corman Park Constable Ron Boechler was checking in his squad car at the end of his shift when Wruck’s call came in over his radio.

“Told her this needed to be done,” said Boechler, who was recently promoted to Corman Park Police Chief. “We had so little information, but since Kim was willing to do this, so was I. I logged back in.”

Corman Park has close to 9,000 residents and the city offices that might provide any sort of lead were closed until morning. The area he would be searching was difficult to follow without knowing or seeing the local landmarks. The common last name was the best shot they had.

Wruck provided directions without visuals, except the map, while Boechler drove along unmarked country roads in the pitch dark following prompts such as turning left at the fourth precontact archaeological sites in the Optimuhw Creek valley. Phone and radio reception died, and Boechler still stalked the reaction of the farmer answering his knock on the door at 3 a.m.

“If I was here you would not have knocked on the door,” he said. “She’s very loud.”

All they could manage was the woman’s name according to the RM map. She pulled into an empty driveway. No lights were on. No one answered his knock. Wruck suggested he take down the door.

“She had such conviction,” he said. “Kim said if she was to be found, she would be there.”

Inside the house was a young woman, lying comatose on the floor, an empty bottle of prescription medication near her body. Boechler couldn’t wake her up. She had poor vital signs. Within 10 minutes, her breathing stopped. He revived her and listened. He called Wruck while waiting for the ambulance to arrive.

“It was so quiet,” he said. “I didn’t know if I had done enough. Kim reassured me and stayed the calm voice needed when the whole world is falling apart around you.”

Paramedics stabilized the woman and she made a full recovery following a long hospital stay. She met Boechler and told him how incredulous it was that he had found her alive that night. Her intentions had been serious. She had chosen her parents’ home since they were away from Corman Park on an extended vacation.

“I have no doubt she has a new lease on life,” Boechler said.

Wruck credits perseverance.

“We couldn’t drop it,” she said. “Neither of us was willing to give her up.”

Boechler credits Wruck’s ingenuity and intuition.

“I don’t know what told her this needed to be exhausted, but that’s what she did,” he said. “She was the one on the spot. Kim saved a young person’s life that night.”

Two and a half years later, on Feb. 1, 2011, Wruck, a dispatcher for 10 years, received a much delayed commendation for the call. She and Boechler met face-to-face for the first time.

“Kim is the epitome of what the award was extremely emotional,” Wruck said. “It inspires me to keep doing this.”

Boechler said the award draws attention during daylight hours.

“Dispatchers are every bit as resourceful as the people on the street,” he said. “We’re all doing something that can save someone’s life.”

Boechler returned the cell phone three days after finding the woman, relying on the same directions but this time following them during daylight hours.

From the number of hang up and, finally, the tone of the caller’s voice Susan Zepka knew she had trouble on the line.

“The woman’s voice was frantic and I could hardly understand anything she was trying to tell me,” said Zepka, a Charleston County (S.C.) Consolidated 911 Center dispatcher. “I had to calm her down.”

Two minutes into the call, there was the sound of a trunk opening. A male voice asked the caller what she was doing. All Zepka heard was her shouting but she did have the car’s description and route of travel, which she relayed to police.

The information was good. Deputies located the car north on a highway and when they stopped the car, found the caller at the wheel instead of inside the truck.

The caller, Brandy Leigh Scott, and her abductor, Jeremiah Brown, later told a county magistrate they had been arguing over money. Scott told Brown the money was in the trunk of her car, and when she went to look, he backed up causing her to fall into the trunk. He continued to lid closed before she could manage to get out. Scott took over the driving once out of the trunk under threat by Brown, she said, that he’d puncture the tires if she didn’t give him a ride home.

Brown was charged with criminal domicilious violence of a high and aggravated nature and kidnapping.

Communications Center Director Jim Lake praised Zepka’s dispatch skills, particularly since she started at the center in June, finishing a four-month training course in October, one month before answering Scott’s frantic call.

“She remained extremely calm and got the information needed,” he said. “The whole thing was truly quite remarkable.”

Needle in a Haystack.
Dispatcher’s instinct and know-how save woman’s life

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Ride of Terror.
Dispatcher sends police on 9-1-1 call made from inside car trunk

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Dispatcher views bodybuilding as work of art

An unusual intersection took Diane Mueller in a direction she, perhaps, never anticipated despite years of actually heading that way. Confusing? Yes, until you hear the story about this remarkable dispatcher for the Outagamie County (Wisc.) Sheriff’s Department.

Mueller was the youngest of seven children—five boys and two girls—growing up in a small town in northeastern Wisconsin. Times weren’t always easy but they never went without fresh meat and vegetables on the table compliments of the hobby farm the family worked hard to manage.

Her parents encouraged sports and the spiry Mueller took to cross-country running. She dedicated hours to bike riding even after an accident ruptured her spleen.

A friend’s invitation to a local gym introduced Mueller to stationary cycling. She bought a membership, kept up the cycling, and while in school studying criminal justice, she enlisted the help of a personal trainer to prep for the physical agility testing required by law enforcement agencies.

“I needed to be able to bench press two-thirds of my body weight,” she said. “At that time, it wasn’t something I could do.”

She met the goal and the rest, as they say, is the stuff slightly different from the script most girls grow up believing.

During the past four years Mueller has won an incredible number of bodybuilding championships while working her dispatch job.

Her first award was first place in the lightweight class and overall champion in the 2007 NPC Fox Cities Bodybuilding Championships. In 2009, she was the first place lightweight class and overall champion in the INBF Wisconsin Natural Bodybuilding Championships. She’s earned other first and second place titles in Illinois, Iowa, and Texas and in 2010 she was the first place and overall champion in the ABA Natural North America.

Mueller admits that she took to the stage instantly. “I was hooked the first time I took the stage,” she said. “There is no greater feeling than the moment when you are on stage and a quiet crowd begins cheering for you as you hit your poses. You know that those cheers are for you. It’s awesome.”

Don’t for a minute think Mueller depends on anything but healthy foods and a strict regime to accomplish her award-winning physique. “It’s hard work,” she said.

But, it is a life she calls routine, balancing the pressures of work and working out.

Mueller goes to the gym daily before starting her dispatch shift, lifts weights, trains to body parts, selects a diet that enhances muscle building, and works with national level bodybuilder Jennifer Abrams of Fox River Grove, Ill.

Mueller also spends time defending the sport. It’s more than taking banned substances—she never touches the stuff—and it’s nothing about looking masculine. She considers bodybuilding an art, the creation of a masterpiece in personal struggle.

Bodybuilding is a mental journey, she said, and one comparable to the weight loss goals her coworkers in the communications center were trying to achieve. During the summer of 2009, she organized a weight loss program that shed 50 pounds collectively. She hopes to bring more people into the program.

“My goal is to run the program for at least the entire Justice Center,” she said. “If I can get a large enough amount of support, I would love to open it up to all county employees.”
Audrey Fraizer
Switchboard operators never fled from an emergency

In an emergency, what do you do? You call 9-1-1, of course, and await the arrival of responders while, if necessary, following dispatch Pre-Arrival Instructions (PArIs).

Well, things weren't always that easy in generations past. Before phone lines were dedicated to emergency services, intrepid switchboard operators proved the same vital link in the line of response and were every bit as dedicated and willing to pitch in when and where needed.

A prime example is the long distance operators serving in the wake of the Long Beach (Calif.) Earthquake of 1933. The magnitude 6.4 quake killed 65 people and caused an estimated $50,000,000 in property damage. Terrors nearly wrecking the telephone exchange did little to shake the nerve of those handling the phones.

According to reports, emergency phone operators refused to leave their phones while all around them the chandeliers crashed, walls cracked, and bricks and plaster fell to the pavement two stories below. Water flooded the floors of their building in Long Beach and cascaded down the stairway leading to their room.

The 20 "girls" on duty at 5:54 p.m. on March 10 when the earthquake struck remained at their switchboards, putting emergency calls through to the hospital, police, pitals, Marines, Navy, Army, National Guard, and the press. The tottering building, however, made it necessary for telephone company supervisors to order immediate evacuation. The Long Beach chief operator refused to budge and was forcibly dragged out of the building. She managed to sneak back in later that evening. Operators, off duty at the time of the quake, apparently used "feminine ingenuity" to try to get into the building past the supervisors and, later, to keep others from entering. At dawn, the Long Beach toll center was thoroughly braced with huge timbers, poles, and boards. A family, across the street from the office, gave the company permission to use the front yard and the next morning there were tables on the porch and an "odd-looking" array of shelves, benches, tables, and telephones on the lawn. Operators sheltered by a canvas-covered framework handled the calls.

Emergency phone call installations in neighboring Santa Ana were made in a central city park. The earthquake was severe, but operators stayed at their posts, even while neighboring buildings collapsed. Operators released by their supervisors were later discovered working at other sections of the switchboard or at stations some miles distant.

If you can't beat them, join them seemed to be the rallying cry three years later in New York City. On March 3, 1936, City Mayor Fiorello Henry La Guardia ordered the entire police force of 19,000 men and their administrative staff plus thousands of other city workers to leave their posts for the "protection of life" in a borough two block rule after rule of apartment and business buildings.

The problem? An elevator operator strike was crippling the Big Apple.

Strike Leader James J. Bambrick declared 70,000 elevator operators in 6,000 buildings would be part of the walkout for higher wages, including many in the Wall Street District and most of Manhattan. According to newspaper reports, residents affected by the strike were suffering a "multitude of inconveniences and discomforts beside the labor of climbing and descending stairs." A daughter of performer Eddie Cantor declared: "no Cantor is walking that far today to get to a street." They were staying aloft as long as groceries held out.

Telephone operators at the fire station—early-day dispatchers—acted as the medium for contacting emergency workers. They were central city coordination. When an emergency call came in, phone operators contacted the necessary agencies, although little good that did for the residents living in apartments doubly troubled by a walkout of building switchboard operators. Taking calls from aggravated and stair-phobic residents, however, may have been the preferred job considering the impatience of New Yorkers and their demands on novice elevator operators.

Three months later—in June 1936—Mountain States Telephone and Telegraph operators in Helena, Mont., received a notable award from the fund commemorating Theodore N. Vail, former president of American Telephone and Telegraph, for their actions during an earthquake that crumbled walls surrounding the 11 operators on duty. Nine other operators, off duty at the time, sensing an increase of phone traffic because of emergency calls, voluntarily came in to help.

The award was well deserved.

First shocks of the earthquake downed power lines, plunging the operators’ room into darkness. Several operators were thrown from their chairs; and nausea caused by the swaying of the building swept the line of operators in waves. Despite darkness, discomfort, and bruises operators continued to connect calls and contact fire and police even during this and subsequent tremors, stepping back to the length of their headsets as the switchboard swayed with the Earth’s aftershocks.

Calmly and systematically the operators went about their work and the same could be said on the days following when the ominous and sometimes violent rumblings continued to shake the region.

"But were the operators daunted? No," declared an editorial writer for the Helena Independent newspaper: "The same state of excitement and dread on the part of the general public from the previous tremors inspired the men and women of the phone company to demonstrate the same spirit of loyalty and devotion when facing another critical public emergency.

Sources
-Henderson Herald (Henderson, N.J.), Wednesday, Mar. 10, 1933
-The Helena Independent, Helena, Mont., June 1, 1936
I knew the assignment to advance national emergency medical dispatch standards would be challenging. From my own experience at managing a city emergency dispatch center in Layton, Utah, just north of Salt Lake City, I recognized—and sometimes even understood—the variability of laws governing dispatch centers. No two emergency dispatch systems were identical. Each was a product of the time it was created and, even more significantly, each was a reflection of location and the political realities of that location. This is a profession speaking to the spirit of autonomy. Despite the obstacles, standardization was the only practical solution to a disparate system. After all, consistent regulations make sense. The public we serve has high expectations of 9-1-1 and without at least minimal requirements in place the potential of a bad outcome only increases. And, on top of that, name one other EMS profession lacking state oversight. Emergency dispatch stands alone.

National standards administered at the state level became my battle cry and, similar to any project, I approached this one systematically. Research conducted over a six-month period confirmed the inconsistency anticipated. While agencies might agree on issues affecting dispatch, very few agencies were addressing the problems at a state level. Dispatch regulation needed tending, and my resolve to do so was strong.

Under my direction the Academy created a task force of state EMS professionals to develop a model of legislation and rules and regulations that encouraged [what I considered] minimal standards of dispatch training, education, and certification. Some states with legislation at that time strengthened existing requirements, and several 9-1-1 agencies from across the country contacted me for more information. Initial results were positive and included major headway in states such as Illinois, which in 2002 enacted legislation requiring EMD training and protocol in an EMD agency. Maine now requires EMD training and certification for anyone providing emergency medical dispatch services, similar to EMD laws in Massachusetts. Those results were promising. Yet, I knew there was more we could do. The task force had done a great job of addressing the problems and developing a solution but strategy to simply contact and badger elected officials had my heels dragging and the wheels spinning without keeping the momentum going. Frustrated and at the same time energized by the results, I decided a revised plan of action was in order. What was the next step to a successful campaign? How did others grow their message? The word “grassroots” came to mind. Successful campaigns begin at the individual level and progressively merge into a single, unified voice.

Hundreds of examples exist. Putting political preferences aside, the grassroots efforts in the presidential campaign of Barack Obama won him the election. He recognized the power of social media in organizing the masses. The core of his victory speech in Chicago sent a message: “All of this happened because of you.” The presidential campaign—and similar grassroots efforts—struck a nerve or, maybe more precisely, sparked a renewed campaign to push legislation regulating those who protect the health and safety of the public we serve.

This time, I wouldn’t just go to the politicians. I would go to the people electing them. That’s where good things happen. Individuals coming together for the same cause do make a difference. A grassroots effort depends on action and support at the local level to persuade the decision-making layers to act.

For that reason, I need you and the public needs you to drive the campaign for national standards in 9-1-1 centers. These standards include training, continuing education, certification, protocol use, and quality assurance. We need to reassure the cynic that standardization doesn’t take away autonomy. Rather, standardization promotes independence; problems are resolved, allowing each agency to move forward in the eyes of their public. Let’s get the word out together.
S
o, what’s up with the grassroots campaign?

An organized movement involves a person’s desire to make a difference.

The individual isn’t a politician or someone trying to make a sale.

This is a person with a deep sense of purpose; someone eager to make a change in a situation found troubling. The person isn’t necessarily alone in his or her thinking, but, perhaps, among the first to sound the alarm.

The impetus drives the objective of the starting block, pulling like-minded individuals from the sidelines into the fold. Their voices unite to achieve a common cause.

This is what grassroots is about,” said NAED Associate Director Carlynn Page. “There is a feeling of unity and consensus. We let go of our differences to accomplish a shared belief.”

Page is the starting block in a grassroots campaign to boost dispatch in the eyes of the public and the EMS community. The grassroots booth at Navigator 2011 built on her continuing drive to make dispatch training, education, and certification mandatory.

“What can you do to help?”

The booth at Navigator 2011 will feature demonstrations of the NAED Web page devoted to dispatch legislation. There will be a sign up sheet to receive e-mail updates of pending legislation.

Don’t wait for Page to make every move. Here are some ideas from A Grassroots Activist’s Handbook, by Jim Britell:

• Collect evidence of community support: Talk to people in your community or compile information (e.g., from the media) showing that the people your communications center serves want consistency in the way their emergencies are handled.

• Put together a presentation: Schedule an appointment with your representatives or a time at your EMS agency. Explain the universal goal and the benefits of reaching it.

• Develop talking points: Key points organized in a bulleted list summarize your message in a format that’s easy to follow.

• Throw a letter writing or making phone calls party: Group situations solve the procrastination issue and develop a network of contacts.

• Initiate a sign-on letter: A letter recommending better practices and signed by the public can actually create good public relations; it shows your agency’s concern.

• Follow-up: If contacting legislators, follow up to make sure the message has been received and considered.

• Refer people to the NAED website: The site contains everything anyone would need to become knowledgeable on the issue.

• Provide ongoing feedback: Keep everyone involved on the same page—that includes the positive and negative outcomes.

• Show appreciation: This applies to anyone promoting your cause—a representative sponsoring or cosponsoring a bill and people donating time and effort outside their work hours; saying “thank you” goes a long way in future actions.

Page recommends recruiting others, and approaching dispatch decision-making, recruitment, or growth—with the completion of each phase.

Phase 1: Research, completed over the past year, had NAED Associate Director Carlynn Page searching state code for any and all regulations governing emergency medical dispatch.

Phase 2: Database, also completed and launched, holds the results of her search in a database summarizing dispatch regulations in the states that have them.

Phase 3: Member access to the database will be demonstrated by Page at the grassroots booth in the exhibit hall of the Paris hotel during 2011. Also, members will want to update their e-mail address on file with the Academy by faxing, calling, or e-mailing to ensure they will receive updates of progress in the hopper, including ways to connect the network of advocates interested in sharing strategies in their pursuit of a common goal.

“Come watch our demo and meet others eager to regulate emergency dispatch,” Page said. “Collectively, we can make a difference.”

Grassroots Web Overview.

Those looking for information about legislation in their state regarding Emergency Medical Dispatch (EMD) need look no further than the NAED website. Simply click on the state of your choice from a map located on the page dedicated to EMD legislation and browse through the material provided. (see separate story for more about EMD Model Legislation)

The NAED tracks states in relation to legislation incorporating EMD education, training, and certification. The information collected from online code sources gives the user a better idea of what’s out there and what’s left to achieve.

But this is no stagnant system. NAED Associate Director Carlynn Page also plans to release additional information through an e-mail notification system. Proposed legislation affecting emergency dispatch will be sent to NAED members. Members can update their e-mail address on file by calling, faxing, or e-mailing the Academy.

“We want to get information to people at the local level,” Page said. “This is an opportunity for our members to get involved in the process of promoting national standards in our centers.”

The push will eventually include dispatch disciplines outside of EMD Information accessible by website regarding where states stand in EMD, EMTs, and EFC, legislation is also in the works.

EMD Model Legislation guidelines were developed to encourage a process protect in a medical emergency,” she said.

“The Model EMD Legislation, compiled by a National Academies of Emergency Dispatch (NAED) Task Force, provides a framework for legislation promoting national EMD dispatch standards for safe and efficient dispatch patient evaluation, patient care, response, Decision making, response planning, deployment of trained personnel and vehicles. The 13 essential elements are:

1. Certification of EMDs and EMD agencies
2. Recertification of EMDs and EMD agencies
3. Training and EMD curriculum standards
4. Instructor standards
5. Continuing Dispatch Education standards
6. Approval of the Emergency Medical Dispatch Priority Reference System (EMDPRS) selected by the EMD agency
7. Required use of an approved EMDPRS
8. Compliance standards for EMDPRS use
9. Quality Assurance (including random case review and performance reporting)
10. EMD program governing Policies and Procedures standards
11. Medical direction and oversight
12. Prevention of misrepresentation
13. Revocation and suspension of certification

The Model EMD Legislation Task Force even went so far as to include legislative language that can be used.
Another April rolling around can only mean one thing: Navigator. For the past 15 years, the National Academies of Emergency Dispatch® (NAED®) has sponsored what has become the premier conference for medical/fire/police emergency dispatch, taking place during the second month of spring. The number of attendees keeps growing, as does the number of certified members and the agencies accomplishing the 20 Points necessary to become an Accredited Center of Excellence (ACE). Navigator made its debut in response to a tremendous growth in the number of centers certified in the use of medical, police, and/or fire protocols. Centers qualifying for ACE have gone through the ceiling, from six total in 1996—including three international ACEs—to 106 EMD ACEs, two EPD ACEs, and 17 EFD ACEs.

The 1996 conference was divided into five days, with the last two days devoted to general and breakout sessions and the first three featuring eight-hour sessions covering leadership, management, and EMDD training and certification. The selection and titling of general session topics—such as The Super Communications Center: Medical Access Point 2001 and International Communication Structure—spoke of the time period and tone Navigator has long since embraced.

Navigator quick to apply change on all levels

The Laniers will present examples gleaned from studying the roles people assume at the PSAP and provide applicable scripts and suggestions. A blog address will be available for those wanting to continue the conversation after Navigator.

Scott Freitag, president, National Academies of Emergency Dispatch®, said the educational spotlight on dispatch makes Navigator unique to the industry.

“Good customer service leads to proper care,” Ferraro said. “We really want to focus on providing good customer service and how that will help you do the job better.”

Ferraro, however, warns his audience that participation may be required through guided interactive role-playing, which just might result in eyebrow-raising findings, group activities, and lively discussions.

Navigator Rewind for more on last year’s presentation]

The audience will get what they asked for in the second year of Why People Die in Fires. Based on the talk’s popularity last year and audience suggestions, speakers Gary Galasso and Mike Thompson are shifting their focus to residential fires. The format will be similar to last year’s look at commercial fires, which included case studies, insights into human behavior, and statistics.

Thompson is looking forward to his return trip in front of an audience.

“While commercial fires tend to result in a larger loss of life, people were also interested in hearing about residential fires,” he said. “After all, it would likely be a residential fire that affects you or me.”

John Ferraro and Ron Two Bulls will expand on this year’s conference theme—You Can Change the World—in their session Customer Service: Leading Your Center—Perspectives and Applications.

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The shift to “just in time” information by a computer was occurring, but it was not yet happening on a large scale. PowerPoint had been around since the late 1980s, although early versions favored linear formats proceeding from one slide to the next.

Speakers in the mid-1990s depended primarily on a variety of visual aids and audio-visuals, including flip charts, transparencies (clear or colored acetate sheets) displayed from an overhead transparency projector using a huge incandescent bulb, 35 mm slides, posters, audio-slide shows, and videotapes.

Document cameras, dedicated computer projection systems, and interactive whiteboards have replaced the once common fixtures in conference rooms. PowerPoint allows animated, interactive presentations combining movement and video.

NAED Curriculum Design Director Larry Latimer recalls the technological transition.

“Prior to my arrival courses were taught using overhead projectors, 35mm slide projectors, and VCRs,” said Latimer, who has been with the Academy since 1998. “That all changed in 2000 when the curriculum was placed in PowerPoint.”

Similar concepts of design recommended back in time still apply today—such as limiting each element to one message—while the hands-on graphics work involved has actually become more complex in its efficiency. Putting a presentation together could take dozens of hours and that was in addition to the hours spent gathering information.

They still do, said NAED Communications/Creative Director Kris Berg, who has been in the graphic design profession close to 20 years.

“A dispatch centerpiece Navigator draws its North American audience from each state and several provinces in Canada, and its location bounces between the eastern and western United States each year. Separate conferences are held overseas to meet European demands, although Navigator U.S. still attracts an international following.

Exceptional professionals are honored during the general session, including the new and recertified ACEs, the Dispatcher of the Year chosen from agency nominations, and graduates of the Communication Center Manager (CCM) Course. Hundreds of people at any given time mill around the exhibit hall talking to industry representatives, and the off-track entertainment varies from outings on-the-town (think Las Vegas variety) to those related to dispatch held in the conference center or offsite at a local communications center.

Keynote speakers and classroom instructors bring the present and future world of emergency dispatch into focus and the tone flawlessly moves attendees from one event to another.

Did the Academy anticipate the center-piece spot Navigator has assumed?

“It wasn’t all by chance, said Navigator Conference Coordinator Claire Colborn, who has been in charge of pulling together all things conference for four years although with the Academy for nearly nine years.

“The videos we present at Navigator take months to assemble, but the software gives us greater flexibility and creativity,” she said. “There’s always the chance technology will fail at a critical time, but the advantages far outweigh methods of the past. We’ve moved beyond the dim, fuzzy images produced by the overhead to crystal clear, high definition videos.”

Once the conference ends, the chance to listen to sessions missed has simplified. Pocket-size MP3 players have replaced bulky tape players and CD players for listening to the audio portion of a presentation. Speakers are available to answer questions in the weeks following using e-mail and blogs.

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“Navigator represents our chance to bring dispatchers together during an event strictly for them,” she said. “We’re unique in that way and we’ll continue to build on that advantage in the years to come.”
Two weeks that will change your life...

...without therapy.

The Communications Center Manager Course

Online session begins: August 22, 2011

“The CCM course is much more than a constructive learning experience for communications center professionals...it is a reaffirmation of the value of the individual as a whole and the priceless gift of an entire new network of colleagues who have now become part of my extended family.”

—Sherri Stigler, Waukesha County Communications, Waukesha, WI.

Online registration for the 2011 course to be held in Kansas City, MO, will begin November 22, 2010. Go to www.emergencydispatch.org or call Sharon Correy at (816) 431-2600 for more course curriculum and registration information.

EnRoute Emergency Systems

Booth #402, 404, 501, 503

EnRoute Emergency Systems is proud to highlight the next generation of computer-aided dispatch software, EnRoute Dispatch, which can utilize live video feeds into dispatch centers to enable a real-time view of traffic and road conditions within a customer’s jurisdiction from over 8,000 transportation department traffic cameras deployed nationwide.

EnRoute Dispatch provides access to TrafficLand’s traffic video cameras that operate on major roadways around the country. By merging TrafficLand’s live streaming video with EnRoute Dispatch, the delivery of live traffic conditions into dispatch centers is highly reliable and completely seamless. EnRoute Dispatch is built with the latest programming technology for dependability and speed. Leveraging the power of NET and SQL technology, EnRoute Dispatch delivers unmatched reliability and unlimited scalability to meet the evolving needs of any agency. New features also include text messaging capabilities for expanded emergency services, use of public maps within dispatch, more effective data sharing between local, state, and federal agencies, and highly configurable mapping with real-time data and agency-specific information. Dashboards provide an up-to-the-minute view of dispatch operation and performance, and key performance indicators help to keep all informed. EnRoute Dispatch’s reporting enables automated delivery of standard reports. Reports can be delivered in a variety of formats such as email (PDF, or HTML based on preferences). EnRoute Dispatch reports can easily utilize Microsoft Reporting Services too. Learn how EnRoute Dispatch delivers mission-critical information to help your agency save lives and WIN THE RACE AGAINST TIME® by equiping respon-
derers with vital data to maximize responder performance and safety.

For more information, visit www.enroute911.com, call 813-207-6951, or send an e-mail to info@enroute911.com.

FirstWatch

Booth #310, 409

SurfGard Public Sector’s OSSi Crime Analysis Plus application has been overhauled with a new look and added dashboard options for users. This mapping application is designed to download, view, and analyze incidents from RMS and/or CAD. CA Plus features easy-to-use navigation, analysis tools, pattern librarian, and time slice function. Featuring step-by-step instructions, design tools help users select RMS or CAD fields for viewing or analysis. Users can display downloaded results in a data grid, for example, show all accidents, traffic stops, and selective traffic enforcement inci-
dents for a particular zone. Crime Analysis Plus is an excellent tool for live COMSTAT-style briefings. It not only provides informa-
tion about crimes in particular zones but data on officer response times, officer on-scene time, and the time citizens wait for service. The module eliminates extensive preparation work that is often required to answer projected questions prior to a COMSTAT briefing. Users can also set up automatic e-mail notifica-
tions for a specific crime during a certain period, for example notify a detective when more than two burglaries occur during a twenty-four hour period within a distinct patrol zone. Once the data is retrieved, events are transformed into real-time information that can be used to create forecasts and make decisions. Tools such as hotspot analysis, color gradient polygon analysis, and predictive analysis for next occurrences equip agencies with information to indicate high activity areas, such as the number of traffic stops by patrol zone, or to project future crimes and crime areas.

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

NEW PRODUCTS

9-1-1 for Kids®

Booth #518

911 for Kids® Presenter’s Pack: The 9-1-1 for Kids® Presenter’s Pack has proven to be one of the most effec-
tive and comprehensive educational teaching tools to educate children on the three key message points when calling 9-1-1: 1) How to Call; 2) When to Call; 3) What to Say to the Dispatcher. The 16-minute award-winning ‘edutainment’ video presentation “The Great 9-1-1 Adventure” features the work of seven-time Emmy Award-winning master puppeteer, Tony Urbano, and composer/record producer, Gary Powell, who produced the original scores for The Little Mermaid, Aladdin, and The Lion King. Teaching components include: DVD or VHS presentation (English or Spanish) and instructor’s manual/lesson plan. The 9-1-1 for Kids® Presenter’s Pack is packaged in a compact and easy-to-use information brochure kit and is recommended to be used in conjunction with the 9-1-1 for Kids® Classroom Pack.

911 for Kids® Classroom Pack (PreK to K/1st & 2nd Grade—English & Spanish): The 9-1-1 for Kids® Classroom Pack includes the classroom materials to help reinforce the three key message points when calling 9-1-1: 1) How to Call; 2) When to Call; 3) What to Say to the Dispatcher. The Classroom Pack is tailored toward Pre-K to Kindergarten or 1st & 2nd Grade students. Made to serve 25 children and includes: (1) Red E. Fox classroom poster; (25) Student Activity Sheets (English or Spanish); (25) What-to-say Magnets; (25) “I’m a 9-1-1 Hero” Stickers; (25) “Emergency! Call 9-1-1” Stickers; and (25) Program Completion Certificates.

For more information, visit www.911forkids.com
New World Systems

BOOTH #304

Aegis Decision Support & Dashboards—A stone’s-throw Information for Supervisors & Command New World Systems’ latest Public Safety Solution enhancement, Aegis Decision Support, is an intuitive and effective solution designed to enhance decision making for public safety supervisors and command staff, and improve organizational performance and emergency response planning. It pulls accurate, actionable intelligence from within an agency’s public safety software to report, trend analyze, and view with easy-to-understand dashboards.

Aegis Decision Support improves the use of the vast amount of information captured in New World’s Public Safety solution by leveraging technologies many agencies have already invested in. It utilizes Microsoft SQL Server technology, best practice data warehouse design, and Microsoft’s Business Intelligence technologies to deliver the right information in the right format quickly.

Decision Support provides law enforcement officials with a view of developing crime trends, helping improve resource allocation and planning of crime reduction initiatives. It helps agencies easily perform detailed analysis and evaluate response times to coordinate a more efficient emergency response. Decision Support also offers tools to quickly and easily analyze and report on bookings, releases inmate details, and more for correctional facilities.

For more information, visit www.newworldsystems.com

OnStar

BOOTH #406, 505

Announced last year at the 2010 Navigator Conference, OnStar is approaching the one year anniversary of providing Emergency Medical Dispatch using MPDS Protocols.

OnStar EMD-Certified Advisors provide emergency medical dispatch instructions to OnStar Subscribers until first responders arrive. We are proud to work with you to help save lives. In an emergency, an OnStar Advisor bridges the call for help to an EMD Certified OnStar Advisor, then calls the PSAP. Advisors can also bridge the call from the PSAP to the vehicle if the PSAP desires. OnStar EMD Certified Advisors are trained and certified by the National Academies of Emergency Dispatch (NAED) using the MPDS protocol. The service has seen great success as a result of our strong partnership with the first responder community.

For more information, visit www.onstar.com/publicsafety

Priority Dispatch

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

Priority Dispatch releases v6 of the Fire Priority Dispatch System protocols in ProQA and cardsets. Priority Dispatch Corp. (“PDC”) recently released a new version of its fire dispatching lineup 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®) v6 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 v6 products are available to new clients.

FPDS v6 protocol highlights include:

- Addition of a new protocol addressing bomb threats/suspicious packages
- Protocol 70—apparent 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 calls to: tunnel fires, trench collapses, confined space entrants, and suspicious packages (suspected contamination) and bomb threats/potential explosives
- Protocol S3—Citizen Assist/Service Call—allows agencies to add locally-defined service calls

For more information or to watch an online streaming demo of FPDS ProQA software, visit www.prioritydispatch.net or call (900) 383-9127

111 Inc.

BOOTH #603

QuickResponse is a Next Generation ready, IP based call handling solution that features multimedia capabilities including VoIP, text messaging, photos, and video. Most importantly, it is highly reliable, easy to use, and is supported by 9-1-1 software experts rather than your local “telephone guy.” The networking capabilities for the IP based system also allows for networking and backup options between PSAPs. QuickResponse uses open standards-based technology in a highly integrated, simple-to-use (3-compliant system that gives PSAP call takers the freedom to focus on saving lives and ensuring first responder safety. With all of the features you can expect from an advanced call handling software system, QuickResponse is also simple to use, with an intuitive user interface. At the heart of QuickResponse is a powerful suite of Next Generation applications that dispatch centers can leverage to improve the quality of their emergency services. As with all 9-11 Inc. solutions, QuickResponse integrates with all CAD, radio, Telco, and VLR companies. With QuickResponse, we have created a scalable system that seamlessly supports centers of every size, from single-seat local PSAPs to regional or statewide operations with thousands of positions.

For more information, visit www.911-inc.com

Sungard Public Sector

BOOTH #513

Sungard Public Sector’s OSSI Crime Analysis Plus application has been overhauled with a new look and added dashboard options for users. This mapping application is designed to download, view and analyze incidents from RMS and/or CAD. CA Plus features easy-to-use navigation, analysis tools, pattern recognition, and time slice function. Featuring step-by-step instructions, design tools help users select RMS or CAD fields for viewing or analysis. Users can display downloaded results in a data grid, for example, show all accidents, traffic stops, and selective traffic enforcement incidents for a particular zone. Crime Analysis Plus is an excellent tool for live COMSTAT-style briefings. It not only provides information about crimes in particular zones but data on officer response times, officer on-scene time, and the time citizens wait for service. The module eliminates extensive preparation work that is often required to answer projected questions prior to a COMSTAT briefing. Users can also set up automatic e-mail notifications for a specific crime during a certain period, for example notify a detective when more than two burglaries occur during a twenty-four hour period within a distinct patrol zone. Once the data is retrieved, events are transformed into real-time information that can be used to create forecasts and make decisions. Tools such as hotspot analysis, color gradient polygon analysis, and predictive analysis for next occurrences equip agencies with information to indicate high activity areas, such as the number of traffic stops by patrol zone, or to project future crimes and crime areas.

For more information, visit www.sungardps.com

TriTech Software Systems

BOOTH #302, 401

New VisiNet Advisor Module Revolutionizes How You Dispatch

TriTech Software Systems is proud to have its VisiNet Advisor module Selected as APCO’s 2010 “Hot Products” (Based on Reviews from Public Safety Communications Professionals). VisiNet Advisor concisely prioritizes and displays information and suggested actions in a clearly formatted window, so the dispatcher can immediately execute or clear the recommended action without leaving the Advisor window. Through a simple-to-use configuration wizard, agencies can set up their notifications, distribution groups, trigger rules and commands to be executed based on their own business rules. This highly-configurable module for computer-aided dispatch serves as an invaluable resource in providing information management and decision support tools for dispatchers.

In 2010, 53 companies submitted 66 products for consideration in the Hot Products review. An anonymous team examined the products during the APCO Conference in Houston and based on the reviewers’ experience and comments, the editors selected 20 products from 20 companies to make the 2010 Hot Products list.

Reviewers enjoyed the ability to be notified of important information without the need to shout across the room and the real-time ability to prioritize responses. According to one reviewer, “This would be my choice for a CAD system.”

Visit TriTech Booth #302/401 for a demonstration of our new EMS solutions designed to help your agencies operate more efficiently.
Watson Dispatch

BOOTH #102, 201

Watson Dispatch™ Offers New Console Compatible Storage Partner

Watson Dispatch introduces 2D™ Storage, launched in the Fall of 2010. Developed by Watson as a cross platform storage offering, 2D provides much needed curio storage to console consumers.

2D is a comprehensive line of agile storage that efficiently organizes people, spaces, and tasks. Combined with Watson Dispatch’s Synergy™ consoles, 2D provides space-saving file, wardrobe, locker, and book solutions for the communications center. 2D components are available in a variety of sizes that may be selected for height compatibility with consoles and desks or in heights that vary the landscape. Mobile Peds continue to be the workhorse of the 24/7 shared task environment, providing ready and moveable access to tools and reference documents. For space division, facilities may consider the 2D Doc™. The Doc’s ergonomic design allows adjacent workstations to share from back open or closed storage. All 2D storage may be specified to match new or existing Watson Dispatch color schemes. Watson Dispatch has been developed with the environment in mind. 2D is built from wood board that is 100% recycled industrial by-product from local milling operations located within our Pacific Northwest region. The wood board contains 90-95% recycled content that in turn may be recycled again. Boards are finished with GreenGuard™ certified laminates to surfaces using water-based, non toxic and low VOC emitting adhesive. 2D’s steel legs have recycled content of over 80%, and are 100% recyclable.

For more information, visit www.watsondispatch.com or call 1-800-426-1202

First-In by Westnet

BOOTH #512

Westnet, Inc.’s First-In Fire Station Alerting System is a state-of-the-art system designed for use in small, large, civilian, military, ARFF, career, or volunteer fire stations. The First-In Fire Station Alerting System can be activated using a department’s CAD, IP, network, radio system, or pager. First-In is used to assist departments in meeting NFPA 1221, 1710, and 1720 by monitoring alerting functions, lowering on-scene response times, improving firefighter health and safety, and providing critical information to responding crews. First-In features include pre-alert tones and Automated Voice Dispatch, selective alerting by company assignment, Dorm Remotes for individual dorm room alerting, heart-friendly ramping tones, Video Messengers for displaying call information on the station television set, automatic gas shut-off functions, and red safety lighting to ensure safety throughout the firehouse. First-In’s Dynamic Audio Technology automatically adjusts the speaker audio levels to accommodate fluctuating noise levels that occur throughout the day in the firehouse.

First-In is modular, providing departments with affordable equipment options and system expansion at any time. First-In can be installed in new or existing fire stations. For more information, contact Westnet, Inc. at (800) 807-1700.

For more information, visit www.FirstInAlerting.com

Xybix

BOOTH #510, 609

Xybix’s patented Rollervision® is a multiple computer monitor focal depth adjustment technology. Paired with Xybix’s ergonomic dispatch furniture and PACS medical consoles, this focal depth adjustment tool adds to the many ways in which Xybix is the true leader in ergonomic height-adjustable furniture for the 24/7 operation. This unique technology provides an advantage for anyone who seeks to adjust ALL workstation monitors with one single motion. The patented design moves all monitors forward and backward to achieve optimal focal depth and reduce eye strain. The monitors are located on a movable platform which is attached to an arched metal frame on which six or more computer monitors may be attached. Ball bearing polyurethane wheels are located under the surface of the platform and allow the entire apparatus to move in one fluid motion. There is a small knob located on the front of the platform, which allows users to make the necessary adjustments with a simple “push” and “pull” motion. Xybix prides itself in being the industry leader in ergonomic furniture. The announcement of this patent affirms that Xybix shows great promise to its customers as it continues to innovate for better Form, Function, Health, and Performance.

For more information, visit www.xybix.com, or contact Xybix at info@xybix.com or 1.800.788.2810

EnRoute Emergency Systems

BOOTH #402, 404, 501, 503

With over 25 years of public safety industry expertise and dedication, EnRoute Emergency Systems, an InfoTech company, provides reliable dispatch and records management applications trusted by agencies everywhere. In addition, EnRoute provides solutions for mapping/tracking, mobile data computing, and web-based status management, as well as custom interfaces to third party applications. We are also a proud ProQA® certified provider of fire, police, and medical dispatch protocols.

Act now to learn how EnRoute Emergency Systems maximizes responder performance and safety, minimizes duplicate data entry, and preserves data integrity to help your agency WIN THE RACE AGAINST TIME.

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

Priority Dispatch

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

Priority Dispatch Corp.® (PDC®) is the leader in multi-service 9-1-1 dispatch calltaking solutions and is endorsed by the international Recognized Agencies of Emergency Dispatch®. While many have attempted to provide products and training for communications center calltaking, PDC is the only company to take a comprehensive systems approach. The Priority Dispatch System® has been in use for over 30 years with substantial, frequent updates. Historical data shows the system reduces the risks to field responders, lowers the cost of emergency services and liability for local governments, and increases the priority of public service and citizen satisfaction.

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

For more information, e-mail info@prioritydispatch.net, call 800-363-9127, or visit us at www.prioritydispatch.net

Sponsor Profiles

Priority Solutions Inc.

BOOTH #417

We distribute and support a unique, patented software product known as PSIAM®, which integrates into a single call center platform the most widely used nurse triage algorithms and the most widely used emergency ambulance dispatch protocols and pre-arrival instructions software ProQA®. Priority Solutions® is a joint venture corporation established by two of the world’s most respected and experienced companies in the field of health care access management: Clinical Solutions, LLC, and Priority Dispatch Corporation® (PDC).

For more information, e-mail info@prioritysolutionsinc.com, call 877-355-3270, or visit us on the Web at prioritysolutionsinc.com

TriTech Software Systems

BOOTH #302, 401

TriTech Software Systems is the leading provider of innovative, comprehensive public safety solutions for law enforcement, fire and EMS agencies. As more public safety agencies are looking to improve services—whether it is minimizing response times, disaster recovery and continuity of operations, or regionalization and consolidation—our products and services are unmatched in helping our clients achieve their strategic goals.

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

911 Cares

BOOTH #517

911 Cares is the heart-beat project of PSTC. We support everyday heroes through everyday heroes. Supporting everyday heroes is a variety of approaches and emotional support projects. Come by our booth to see amazing 9-1-1 and dispatch specific items you can get to boost morale within your center. Come nominate a co-worker for our everyday heroes award or sign up for a drawing to win some great prizes.

Thanks for supporting 911 Cares! 911 CARES is proud to be a Gold sponsor at this NAVIGATOR conference!

For more information, visit www.911cares.com

Emergencydispatch.org

March/April 2011

The Journal of Emergency Dispatch

The Journal of Emergency Dispatch

March/April 2011

50

March/April 2011

The Journal of Emergency Dispatch
Public Safety Training Consultants

Booth #418

PSTC is America’s most popular and best in-service training provider. We bring the training to your region and hosts receive free tuition! Come by our booth and see our new DVD training program. We are taking the principals of Gordon Graham and producing daily video training for emergency communications professionals. All of our classes count towards your NAECD™ continuing dispatch education training! Stop by our booth and get your first training DVD absolutely free with no strings attached! PSTC is proud to be a Gold sponsor at NAVGATOR!

For more information, visit www.pstc911.com

OnStar

Booth #406, 505

OnStar, the leading provider of in-vehicle safety, security and communication services, is exhibiting to educate the 9-1-1 community about the vital and life-saving information OnStar can provide to 9-1-1 Centers. OnStar provides services to nearly 6 million subscribers in the U.S., Canada and China, and is available on most GM models for 2011. OnStar offers a comprehensive portfolio of safety services, including Automatic Crash Response, Injury Severity Prediction, Emergency Medical Dispatch, Stolen Vehicle Slowdown and Remote Ignition Block. Working together we can help to save lives and keep our roadways safe.

More information about OnStar can be found at www.onstar.com/publicsafety

TeleCommunication Systems

Booth #502

TeleCommunication Systems, Inc. (TCS) is a world leader in highly reliable and secure mobile communication technology. TCS infrastructure forms the foundation for market leading solutions in E9-1-1, text messaging, commercial location, and deployable wireless communications. TCS is at the forefront of new mobile cloud computing services providing wirelesss applications for navigation, hyper-local search, asset tracking, social applications, and telematics. Millions of consumers around the world use TCS wireless apps as a fundamental part of their daily lives. Government agencies utilize TCS cyber security expertise and professional services.

To learn more about emerging and innovative wireless technologies, visit www.telecomsys.com

Urgent Communications

Booth #102, 201

Urgent Communications magazine is an electronic resource center for managers who plan, design, operate, and maintain mobile communications. Urgent Communications delivers real-world, practical information needed by dealers, private radio and wireless systems operators, large volume commercial, industrial, and public safety communications endusers.

For more information, visit www.urgentcomm.com

Active USA

Booth #506

Today staffing shortages and increased workload of all public safety dispatch personnel have made it progressively more difficult to maintain the foundation of an effective communication center. Trying to provide essential services such as Quality Assurance and Continuing Dispatch Education (CDE) have often taken a back burner never to be implemented. Protocol Support provides training and support services that allows communication centers to provide a cost effective way to maintain Quality Assurance measures within call auditing and allows your supervisory staff to focus on quality improvement measures. If you are ready to become a Center of Excellence or are striving to maintain that prestigious recognition through the National Academies of Emergency Dispatch®, please allow us to help you maintain your foundation by providing quality assurance support services along with continuing dispatch education classes.

We can:• Increase performance in protocol compliance • Provide a better understanding of Medical/Fire/Police Protocol • Allow for better floor support from current supervisors • Allow for better, easier, focused, and consistent qaqy measures • Show a significant return on investment • Protocol Support continues to help agencies to achieve and maintain ACE standards. We can help you achieve your goals.

For more information, visit www.activeusaicl.com/protocolsupport or call us toll free at (866) 883-3375
What a concept! A new standard has been set. Beautiful colors, Concept Seating's Intensive and ergonomic comfort. Available in many design and engineering guarantee durability. Wisconsin-based manufacturer of 24/7 Intensive Seating was developed in collaboration with the FAA for air traffic controllers and has been providing Function, Design, and Value since the 1960s. Intensive Use Chair models are available in 300, 500, and 750 pound weight capacities. Each is warranted for 5 years from Head-to-Toe, giving our customers the best in value, year after worry-free year. Nurturing seating that provides comfort and adjustability from shift to shift? Don’t worry, “We’ve Got Your Back.” For more information, visit www.domorelux.com.

For more information, visit www.AlertPublicSafety.com

EVANSONLINES.COM

DoMore24/7 Seating by Scope Technologies, Inc.

Evans Consoles is the leading international design, engineering, and manufacturer of award-winning control room solutions for technology centers and mission critical applications. Since 1981 Evans has offered specialized design-build services and guidance to clients, integrators, engineers, and architects around the world. With over 7800 installations worldwide, Evans successfully serves the control room needs for several Dispatch9-1-1 projects including New York 9-1-1, Amtrak Police Dispatch, Chicago 9-1-1, Ontario Provincial Police, and USAF Fire and Dispatch. Evans Consoles provides its clients with the experience and expertise to design and build command and control rooms, advanced technology, and 24/7 centers with confidence.

For more information, visit www.evansonline.com

The Denise Amber Lee Foundation is a non-profit initiative of Nathan Lee whose wife was kidnapped, raped, and murdered in 2008. Despite knowing that no other family has to endure this type of pain and suffering again. The Denise Amber Lee Foundation is dedicated to helping families focus on the fact that the loved one is never dispatched. Denise leaves behind a loving husband and two small boys. Nathan, determined not to have Denise die in vain, is partnering with the 9-1-1 industry and using the powerful emotional ammunition of this tragic event to drive change to public policy. The Foundation seeks legislative changes to funding, training, certification, and technology so that no other family has to endure this type of pain and suffering again.

For more information, visit deniseamberlee.org

Eventide Voice Loggers empower thousands of public safety agencies worldwide with advanced recording connectivity, exceptional incident management tools, and outstanding Linux-based system reliability. Eventide is actively involved with Next Generation 9-1-1 via the NENA Next Generation Partner Program, and as a member of the NENA ICE-B (Recording and Logging) Planning Committee.

For more information, visit www.eventide.com

ESRI represents Equators a Unified Communications Intelligence (UCI) platform that automatically captures and archives Email, Chat, Voice, Video and Web interactions. We are 9-1-1 Dispatch Improvement Specialists helping emergency centers gather, analyze, and use information to reduce risk and increase their quality of service. Public Safety Next Generation 911 ready today—COMPLIANCE GUARANTEED! Be prepared today, and avoid an expensive forklift upgrade in the future.

For business and contact center environments we provide a single solution for archiving and analyzing all internal and external communications while lowering implementation and management costs, thereby providing a better ROI.

For more information, visit www.taps.com

ESRI & Bradshaw Consulting

Geographic information system (GIS) software from ESRI enables public safety personnel to capture and create an integrated picture of information in the form of interactive maps and reports on the desktop, laptop, handheld, or in the emergency vehicle. From deciding where to build new fire stations, to monitoring disasters as they happen in real time, from mapping wildfires tens of thousands of acres in size with GPS equipment and a helicopter, to picking up the pieces after a major earthquake. GIS is making emergency management a faster and more accurate means of helping people cope.

For more information, visit www.esri.com

Executive Communication Systems

ECS represents Equator a Unified Communications Intelligence (UCI) platform that automatically captures and archives Email, Chat, Voice, Video and Web interactions. We are 9-1-1 Dispatch Improvement Specialists helping emergency centers gather, analyze, and use information to reduce risk and increase their quality of service. Public Safety Next Generation 911 ready today—COMPLIANCE GUARANTEED! Be prepared today, and avoid an expensive forklift upgrade in the future.

For business and contact center environments we provide a single solution for archiving and analyzing all internal and external communications while lowering implementation and management costs, thereby providing a better ROI.

For more information, visit www.taps.com
First-In® by Westnet

Booth #512

First-In® Fire Station Alerting is a patented alerting system that reduces response time and firefighter stress. This cardiac kind comprehensive system features automated voice dispatch, Dorm Remotes for selective bedside alerts, and Video Messengers for displaying call info on the TV.

For more information, visit www.FirstInAlerting.com, email kmgeorge@westnet-inc.com, or call (714) 548-3500

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Grassroots Council

Booth #311, 313

Follow NAED’s very own Carmen Sandiego arch nemesis at Navigator as she transports you to different U.S. destinations to explore the state of emergency dispatch legislation. The “Carmen” in this case, of course, is Associate Director Carlyn Page and she’s not the villainous thief featured in the media franchise but the agent of change; the inspiration behind a grassroots campaign to bring regulatory control to emergency communications. Stop by her booth for a glimpse of the campaign’s most recent adventure: a map NAED members can access online to learn more about current and pending EMD legislation in their states.

For more information, visit www.icisf.org

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Ideal Seating

Ideal Seating specializes in Intensive use, 24 hour, Barstools, Office, Task, Medical, and specialty seating products. Our customers include Police, Fire, EMS, and Public safety centers across North America. We also have several customers such as Conoco Phillips that understand chairs are more than chairs. Ideal Seating located in White Pigeon, MI, was formed to accommodate the need to design, manufacture, and market specialty seating products. Our skill in design and manufacturing has allowed Ideal to become one of the top 24 hour, Intensive use chair manufacturers in North America.

For more information, visit www.idealseating.com

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Future Concepts

Booth #702, 801

Future Concepts I.S., Inc. is a SBA (8a) certified company incorporated in 1995. Future Concepts designs, develops, and manufactures complete, engineered systems for disaster management and mitigation. Incorporating advanced technology for interoperability, situational awareness, and scene management, the Future Concepts system, Antares x, is a combination of independent software and hardware that provides the user with multiple forms of data, both audio and visual. The Antares x system can be integrated within many platforms, from Mobile Command Vehicles and Command Posts, to Department Operations Centers, as well as portable units.

For more information, visit www.futureconcepts.net

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InterAct Public Safety Systems

Booth #514

Founded in 1978, InterAct Public Safety Systems provides integrated multi-agency, multi-jurisdictional public safety and homeland security systems technology. The InterAct Connections Framework™ is the foundation upon which customized 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 e-mail info@interact911.com, or call (336) 397-5200

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Keystone Public Safety, Inc.

Booth #613

Keystone Public Safety has been in the public safety market providing dispatch software applications to meet the needs of police and fire departments nationwide since 1988.

Keystone’s staff is 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 authorizes its application software products using knowledge gained first hand from each new client and installation, and with continuing input from our active users associations.

For more information, visit www.keystonepublicsafety.com

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Logistics Systems INC

Booth #705

LogSVS is an innovative leader within the public safety community. As a trusted developer of software solutions and working with Law Enforcement, Fire, and EMS, our goal is to provide a more efficient decision making process for dispatch and records management.

For more information, visit www.logistics-sys.com

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National Academy of Emergency Dispatch

The NAED is a non-profit, standard-setting organization promoting safe and effective emergency dispatch services worldwide for 30 years. Comprised of three allied Academies for medical, fire and police dispatching, the NAED supports first responder-related research, unified protocol application, legislation for emergency call center regulation, and strengthening the emergency dispatch community through education, certification and accreditation.

For more information, visit www.emergencydispatch.org
For more information, visit www.newworldsystems.com

For more information, visit www.missingkids.com

The National Center for Missing & Exploited Children (NCMEC), is a private, (501)(c)(3) nonprofit organization which was created in 1984. The mission of the organization is to serve as the nation’s resource on the issues of missing and sexually exploited children. The organization provides information and resources to law enforcement, parents, children including child victims as well as other professionals.

For more information, visit www.newworldsystems.com

New World Systems

For 28 years, stable ownership and vision has allowed New World Systems to thrive and become a leading provider of mission critical software for public safety agencies nationwide. More than 1,500 agencies trust New World Systems’ Aegis® Public Safety Solutions and experience to meet their demanding Police, Fire, and EMS requirements. It is a fully integrated multi-jurisdictional suite of applications built from the ground-up on advanced technology with embedded GIS mapping capabilities and robust reporting features. New World’s easy-to-use solution for Dispatch, Records Management, Mobile Computing, Field Reporting, Corrections and Data Sharing increase officer safety, decrease response times, reduce data entry, and streamline reporting.

For more information, visit www.newworldsystems.com

Plantronics

Powered by a 50-year obsession with perfecting headsets and backed by a worldwide network of services and support, Plantronics audio devices have earned a solid reputation in mission-critical applications. Plantronics holds the exclusive contract with the FAA for ATC headsets, and is a prime supplier for E911, NASA, DoD, the Armed Forces, emergency dispatch services and first responders. We design headsets for day-to-day wear in demanding environments and our expertise is used to ensure that every product we build meets the highest standards of quality and reliability.

For more information, visit www.plantronics.com

RevCord

RevCord voice and multimedia records are the most economical full-featured voice loggers available anywhere. NGO-11 NENA ICE tested and ready. Free screen recording, quality monitoring, comprehensive reports, and more are all included at no additional cost. No charge trade in to VoIP! Import/mixing or SIP Invited within one year. Normal delivery is within one week ARO. Nationwide 24x7 help desk, support and maintenance with multiple options are available.

See the demo at www.revcord.com. Contact: Guy Churchouse, gchurchouse@revcord.com or (713) 367-9781

Schedule Express by Informer Systems

Schedule Express addresses the complex scheduling problems facing emergency services. Unlike other “calendar” solutions, ScheduleExpress not only allows you to build and maintain shift-based schedules, but it also uniquely automates the absence, trade, overtime, training, and special assignment processes—from request through approval—effectively eliminating paperwork, man-power costs and substantially reducing errors, omissions, and abuse.

ScheduleExpress is completely Web-based so there is no hardware to buy or maintain, and no applications to buy or install. You are up and running in a few days, not weeks or months.

Case studies prove many agencies are choosing ScheduleExpress for all their scheduling needs!

For more information, visit www.informersystems.com

SunGard Public Sector

SunGard Public Sector, a proven leader in government information technologies, provides integrated enterprise-wide software solutions to nearly 2,500 utility companies, government offices, public safety, and municipal agencies. Our innovative software and services solutions enable government and public sector departments, citizens, and businesses with critical information and services.

SunGard Public Sector software suites include OSSi, for the Windows® platform, NavLog, for the IBM® System i™ platform, and ONESolution. The comprehensive ONESolution product line includes public administration, public safety, and justice and citizen services solutions that are available as either an enterprise-wide solution or as individual, stand-alone product suites.

For more information, visit www.sungard.com

VisionAir

VisionCAD, VisionAIR’s Computer Aided Dispatch system, has ProQA® Certified Interfaces for Emergency Medical Dispatch (EMD), Emergency Police Dispatch (EPO), and Emergency Fire Dispatch (EFD). This level of integration is one of the best in the industry and indicates that all of the functionality of an Operative and Integrated solution has been completed. VisionAIR also offers the Public Safety Suite™—an open, integrated software solution. This proven solution includes CAD, Law and Fire Records Management, Law and Fire Mobile Data, Inmate Management, Field-Based Reporting, GIS, Learning Management System, and Web-Based Data Sharing.

For more information, visit www.visionair.com

VoicePrint International

VoicePrint International is a leading developer of mission-critical call and radio recording solutions. Since its inception, VPI has been dedicated to expanding the capabilities of digital voice recording. Public safety and government agencies benefit from VPI’s nonproprietary, flexible, software based design. Designed around the familiar, intuitive Microsoft NT2000/XP operating system and constructed of Commercially Off the Shelf (COTS) hardware, upgrades and maintenance are simple. VPI is dedicated to providing its clients with the industry’s most reliable and flexible voice recording solution, saving them precious time, money and, most importantly, giving them peace of mind.

For more information, visit www.VPI-corp.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. Rescuetel is the only fully integrated information management system that allows fire and EMS organizations to manage critical information for maximum performance. Gather and centralize information, and link the entire pre-hospital chain of events into a single system. RescueNet offers the quickest, easiest way to improve your business and clinical operations.

For more information, please visit www.zoll.com
Maximizing Responder Performance and Safety

EnRoute’s advanced emergency systems seamlessly deliver Priority Dispatch protocols to immediately and accurately equip your responders with the critical data that helps save lives. Agencies coast-to-coast using EnRoute Emergency Systems are benefiting from:

- Incremental seconds gained in the communication of vital information.
- Flexible display of emergency call detail within dispatch, configured to specific agency requirements.
- Live traffic cams and public maps accessible within the dispatch application.
- Industry-leading partnership with Priority Dispatch for unmatched integration.

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EnRoute Emergency Systems
Proud ProQA Certified Provider for Fire, Police, and Medical Protocols

VISIT US ONLINE AT ENROUTE911.COM OR CALL US TODAY AT 813.207.6951