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The Emergency Communication Nurse System™ (ECNS™) satisfies the patient, responders, and providers through its logical, feasible, and economical approach to EMS.

28 | NAVIGATOR 2015
The Academy’s biggest and brightest NAVIGATOR to date took over the Paris Las Vegas Hotel the last week of April.
Doug is an attorney and founding partner of Page, Wolfberg & Strick, a national law firm focusing solely on EMS law. He has written and lectured extensively on dispatch law and liability. He was a longtime EMS provider and administrator prior to attending law school.

Sheri is the training and operations manager for Waukesha County Communications, Wis., a combined dispatch center in southeastern Wisconsin, just west of Milwaukee, a land where the beer runs freely and locals proudly stack cheese on just about everything and call it great. You can contact Sherri at 262-446-5085 or by email at stigler@waukeshacountygov.gov.

Art is a software instructor and IAED-certified ED-Q™ instructor for Priority Dispatch Corp. He has been a fire and EMS dispatcher for 18 years and works at Union County Regional Communications in Westfield, N.J. Art has been involved in 9-1-1 telecommunicator training and medical quality assurance since 1999.

From high above the Strip, Las Vegas looks vastly different than it does walking on the street, tripping over others while gazing up to find your destination. With hotels towering over you and people’s crazy antics distracting you, it can be hard to figure out where you are unless you go above it all.

So, that’s exactly what we did. On Thursday night (April 30), two co-workers, Devin Paulson and Mike Rigert, and I took the next step (or you could call it a High Roller glass-enclosed car on the world’s tallest observation wheel) and went into the air to see all that the Strip has to offer from an alternate perspective. From 550 feet—the highest point on the High Roller—it was much easier to see things more clearly.

Not being a frequent visitor to Las Vegas, I can’t give you much in the way of landmarks or provide you with directions from one must-see attraction or shop to another. That made this an eye-opening experience for me.

My co-workers and I found ourselves taking pictures while intermittently dancing to the music played for everyone’s enjoyment. There was no fear of heights among us as we stood next to the glass to view the plethora of lights beckoning us. I enjoyed not being caught up in the hustle and bustle found below us on the Strip.

It was my view from the High Roller that helped shape my experiences at NAVIGATOR. Just like I didn’t hesitate to go high in the sky, I approached some of you to learn more about your conference experiences. And you were willing to share your thoughts and let this photo-happy person snap a shot of you to share in this issue of the Journal. I appreciated learning more about your centers and your reasons for attending the conference.

And then NAVIGATOR attendees came together to hear the message keynote speaker Jason Hewlett shared during the Closing Lunch—with his entertaining high jinks—of being in your heart and not in your head. We took the next step toward getting in our heart by running around the room giving a shot of you to share in this issue of the Journal. I appreciated learning more about your centers and your reasons for attending the conference.

I hope that as you reflect on your experiences at NAVIGA-
TOR as I have, that you find yourself willing and able to take
the next step in your communication center—whatever that may be.
WE'RE HERE FOR YOU
Protecting the public in crisis comes first

Scott Freitag, IAED President

W

hen the pandemic swine flu story broke in April 2009, Dr.
Clawson pulled together experts in EMS and EMD to develop new and
updated tools for use in the emerging epidemic. So intense was his sense of
urgency that a “lockdown” work ses-

When the pandemic swine flu story broke in April 2009, Dr. Clawson pulled together experts in EMS and EMD to develop new and updated tools for use in the emerging epidemic. So intense was his sense of urgency that a “lockdown” work session was held during NAVIGATOR, and no one left until the committee had a solution that could be distributed to the world at no charge.
The result was the Severe Respiratory Infection (SRI) Tool modified from the Academy’s SRI Symptoms Surveillance and CBRN Notification pop-up screen already in ProQA®, making it more consistent with swine flu signs and symptoms. The SRI signs and symptoms checklist was made available in all then-current language versions of the MPDS.

One month later, a new protocol—Protocol 36 Flu Pandemic Virus—was added to the protocols along with an 8-page training guide that was released in ProQA® on Aug. 8, 2009, and soon after that was also available in card format at no cost.

This tool is ever evolving and improving under the watchful guidance of the CBRN Fast Track Committee, which received the Dr. Jeff Clawson Leadership Award at NAVIGATOR 2015.

That’s not all the Academy has provided at no charge to any center.

The protocol was put to test in November 2012 when Kelly Storhr called 911 because she couldn’t stop or slow her vehicle accelerating at a high rate of speed along a busy road. A cellphone or other form of encrypted or secured non-public communications would be preferable.

Jeff Clawson, M.D., and Doug Wolfberg

Dear IAED:

We had a discussion at our center regarding the topic of the Health Insurance Portability and Accountability Act (HIPAA).

The question came up: Is it a HIPAA violation if an EMD/dispatcher gives an update over the radio to the responding EMS unit that the patient is reported to have HIV/AIDS, if the caller reported this information to the calltaker?

We were reviewing the article on page 14, Industry Insider news section in the Nov./Dec. issue of The Journal. After reading it, we continue to be unsure about this issue.

Brian Baldwin
Assistant Operations Manager
North Central CT EMS/CMED
Hartford, Conn.

Brian:

Wanting the best information possible on this delicate topic, I reached out to Doug Wolfberg, one of the top EMS legal experts in the world.

Doug:

Hope all is going very well for you and the firm. I know this is probably an easy one for you, and do you have any words of current wisdom and any documents/articles we could reference for this double-edged issue posed below: HIPAA and HIV/AIDS. As we understand it, HIPAA isn’t applicable per se at 911, but the broadcasting of a patient’s condition, where in that case the patient’s condition may be identified by “Melvin Monitor” with his scanner, is very troublesome. You da man on this stuff!

Standing by the BatPhone …

Doug brilliantly replied:

The short answer is no, there would be no HIPAA violation by a 911 center/FPSA communicat-

Doug and Doc:

Your response is well received.

We always believed and continue to believe that it is a good practice to protect and distribute information responsibly. This response educated us on and clarified the HIPAA element. The response also validated our beliefs on this matter.

Brian

May/June 2015

The Journal

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may/jun 2015

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**S E N S I T I V E  H E A L T H  I N F O R M A T I O N**

Does transmitting patient condition over the radio violate HIPAA law?

Jeff Clawson, M.D., and Doug Wolfberg

Dear IAED:

We had a discussion at our center regarding the topic of the Health Insurance Portability and Accountability Act (HIPAA).

The question came up: Is it a HIPAA violation if an EMD/dispatcher gives an update over the radio to the responding EMS unit that the patient is reported to have HIV/AIDS, if the caller reported this information to the calltaker?

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Standing by the BatPhone …

Doug brilliantly replied:

The short answer is no, there would be no HIPAA violation by a 911 center/FPSA communicating HIV/AIDS patient information to a responding agency via radio, because, generally speaking, PSAPs are not classified as “covered entities” under the HIPAA regulations.

The longer answer is—it’s a bad idea to give this information out over the radio, and it should not be done. My reasoning for this is that first, it is contrary to other federal laws other than HIPAA (the Americans with Disabilities Act [ADA] to name one) and state laws regarding privacy rights.

Second, if the information turns out not to be accurate (such as may be the case when information is publicized over the air), the claim for invasion of privacy could be the case when info is provided out not to be accurate (such as may be the case when information is publicized over the air), the claim for invasion of privacy could be made on account of his or her condition. If the information turns out not to be accurate (such as may be the case when information is publicized over the air), the claim for invasion of privacy could be made if the information is accurate, a claim for invasion of privacy could be raised under state law, especially if the plaintiff can establish that communicating the information wasn’t necessary to their patient care. Finally, infectious precautions are supposed to be “universal,” so singling out a patient for the use of precautions that are supposed to be used in all cases could raise legal issues as well.

If a PSAP wants to give this information out, it would be against my best advice, but if they do so, they should choose a more secure means than via radio. A cellphone or other form of encrypted or secured non-public communications would be preferable.

Doug Wolfberg
Attorney, Founding Partner
Wolfberg & Winth
A project on shell recycling in the seafood industry as a means to boost pH levels in the ocean, a solar-powered multipurpose thermostat device, and a quantitative analysis of the role of mitochondria in Drosophila melanogaster lifespan are among the announced projects qualifying for the Society for Science & the Public’s (SSP) science fair that took place May 10–15 in Pittsburgh, Penn.

The pre-college participants (grades 9–12) showcasing their independent research emerge from an international field representing 70 countries, regions, and territories. Doctoral-level scientists review and judge their work, with their decisions affecting awards of more than $5 mil- lion in prizes, including the top-place Gordon Moore Award ($75,000).

At one time, the Society for Science & the Public had published a large photo of the fair on its website (https://www.societyforscience.org/international-science-and-engineering-fair) and it was a beauty to behold. Several rows of science projects adorn a large auditorium, each within a space that accommodates the young scientist, some room to move, and a table on which the project is presented.

If you do happen to be in the area at that time next year, stop by. You will undoubtedly pick up on a research fever leading to developing a poster for next year’s (2016) poster exhibit at the NAVIGATOR conference sponsored by the International Academies of Emergency Dispatch (IAED). Even better, the initiative offers an IAED™. Even better, the initiative offers an

Next year, consider presenting your research.

at the conclusion of NAVIGATOR, however, the opportunity introduces your work to an international audience. You are recognized as the person advancing solutions to a problem or, at least, beginning the discussion.

Discussion abounds in comm. centers around the country about health and wellness these days. We are inundated with information about reducing stress, getting enough sleep, eating healthy foods, and exercising more. But could we be forgetting to "take a pulse" on the condition of our relationship between the dispatchers and their leadership team? How healthy are we... really?

Who’s the boss?
Since the beginning of time, there have been bosses and there have been worker bees. There have been leaders and followers, kings and servants, chiefs and officers, coaches and players. Some people have been "poor" leaders. You may know the type. They have a dictator-type style, and they’re really good at playing favorites and keeping secrets. They shy away from showing gratitude and grace, know little about trust, and even less about empowerment.

On the flip side, some people have been great leaders; visionaries and believers who trust their underlings to do the work they do best. The good managers are often trained in the art of Appreciative Inquiry (AI) (see Editor’s Note) and servant leadership. Those that do are a catalyst for the positive flow of internal relationships between staff and management in your comm. center.

Finding and fixing the "bugs"
Everyone understands the importance of preventative medicine and it’s no different with your comm. center. It’s the same concept with epidemic proportions! How can you get your staff / management relationship under a microscope to take a peek? Here are a few ideas.

Most regularly—Inviting our center, we have a group of representatives from each of the three shifts who gather once each month with the management team to get the “real scoop” on departmental issues rather than relying on gossip or hearsay. This has been very effective and helps boost awareness levels on both sides. The one- to two-hour meeting allows for great exchange, and the minimal overtime needed is well worth it.

Learn and invest repeatedly—Life-long education is essential in our field. We need to be informed, and we need to believe in the opportunity to explain, because none of us have all the answers. Life-long learning is an asset for both management and staff. A healthy team will always foster a healthy work environment.

A healthy team will always foster a healthy work environment.

SAY IT WITH A POSTER
Showcase your research at NAVIGATOR 2016

Tracey Barron

Taking a pulse of your employee-management relationship

Sherri Stigler

Academy Research Lean In

Health Check

Editor’s Note: For those of you who are unfamiliar with the concepts of Appreciative Inquiry, Sherri recommends David Nelson’s blog, The Human Agenda (http://humanagenda.typepad.com/) .
EVER find yourself jumping from one protocol to another, unable to decide which one’s the most appropriate? You’re “protocol surfing”—something that has nothing to do with the beaches of California or Hawaii. In this column, we’ll look at why this happens and how to avoid it.

In our call reviews, our ever-vigilant Qs are constantly reminding us to make the appropriate protocol selection. As many of you have learned, failure to choose a correct Chief Complaint Protocol is a Critical Deviation—the pressure is on. At the same time, our calls don’t always neatly fit into one protocol or another. Let’s apply a little common sense along with the performance standards that we’re all being held to (and yes, your Qs have to follow those standards as well). Since this is not intended as a remedial training article, I’ll assume that you already know all Chief Complaint selection rules found in Case Entry and elsewhere. Instead, I’ll point out a few things that aren’t as frequently considered.

In the November/December issue of The Journal, Brett Patterson, Medical Council of Standards Chair, wrote: “We have learned through outcome analysis that priority symptoms discovered during interrogation on a different protocol are generally associated with less acuity than the priority symptoms that are part of the Chief Complaint.” The protocols have been programmed to “think” this way with many combinations of signs and symptoms. For example, if you’re on Protocol 19: Heart Problems /A.I.C.D., there’s a Key Question that asks “Does s/he have chest pain?” If the answer is yes, there’s not an automatic shunt to chest pain. Why? Because if the caller didn’t mention it upfront when asked what happened and reported something else instead, such as “her heart is racing, and she can feel it beating irregularly,” then any chest pain reported after that is, statistically, less likely to be as serious than if it was reported upfront.

Another sign or symptom that frequently adds uncertainty is abnormal breathing. Abnormal breathing is often the secondary complaint, regardless of the ABCs (Airway-Breathing-Circulation). Chest or abdominal injuries, for example, can make it more difficult to breathe easily; so it’s not uncommon to have a patient with some trouble breathing even if the Chief Complaint is unrelated to the respiratory system. In most cases, selecting the Chief Complaint Protocol is best when based on what happened, and is the most logical choice. If the patient is having a seizure and isn’t breathing normally, Protocol 12: Convolusions/Seizures is still the correct choice, not Protocol 6: Breathing Problems, which assumes a respiratory issue above all else. Over time, you should build your knowledge and understanding of what certain signs or symptoms are commonly associated with other Chief Complaints even though they might otherwise be a high-priority on their own.

And remember that ProQA® is pretty smart (programmed with logic paths to make it that way). If ProQA doesn’t shunt, there might be a good reason for it. The protocols have been structured to consider what other problems are commonly associated with each Chief Complaint, and...
The collaboration links the Alert System directly to ProQA, and in the event of a cardiac arrest alert received by the dispatch center, ProQA will notify volunteers automatically by text message or by using a specifically developed app. The arrangement complements the companies’ analogous goals, as directed by Ron McDanel, PDC Vice President, Client Support: “The ProQA system brings greater awareness of the Heartsafe Living – AED Alert System to dispatch centers worldwide,” he said. “Together, we are taking a global step to improve survival rates for the victims of sudden cardiac arrest.”

National Missing Children’s Day observed in May
The U.S. observance of National Missing Children’s Day on May 25 as part of a global program to help bring missing children home.

- In 1984, one year after instituting the day of observance, the National Center for Missing & Exploited Children (NCMEC) was created by Congress as an information clearinghouse and resource for parents, children, law enforcement agencies, schools, and communities to assist in locating missing children and to raise public awareness about ways to prevent children abduction, child sexual abuse, and child pornography.
- NCMEC has assisted law enforcement in the investigation of more than 202,667 missing children since it was founded in 1984. NCMEC’s recovery rate for missing children has grown from 62 percent in 1990 to 97 percent in 2014.
- As of Nov. 3, 2014, 711 children have been successfully recovered as a result of the Amber Alert program created in 1996 and operated by the U.S. Department of Justice.
- As of October 2014, NCMEC’s toll-free, 24-hour call center has received more than 4,000,956 calls since it opened in 1984.

Dispatchers’ intuitive thinking produces winning Super Bowl ad
Running a 30-second ad during the Super Bowl costs a pretty penny, but one dispatcher’s real-life experience led to the creation of a simple, yet powerful message during football’s biggest game.

As an emergency dispatcher in Boulder, Colo., 10 years ago, Doug Ga, resident Keith Weisinger fielded a harrowing call when a woman dialed 9-1-1 and ordered a pizza. The woman, calm and quiet but with urgency in her voice, continued to ask Weisinger how long it would take for the pizza to be delivered.

Initially wondering whether the call was a prank, Weisinger asked if she understood that she had placed 9-1-1 and if she had an emergency. The woman said “yes” and Weisinger knew she had dialed 9-1-1 and ordered a pizza as a guise to report a legitimate problem.

The advertisement was made to help promote the NFL’s initiative to raise awareness about domestic abuse.

“The advertisement was made to help promote the NFL’s initiative to raise awareness about domestic abuse,” Weisinger said. “I’d love for people to understand what distances others have to go to get help.”

Larimer County is the second county in Colorado to institute a 9-1-1 texting system. It is also part of the 2 percent of Public Safety Answering Points (PSAPs) in the country who have launched texting systems.

Primarily, this technology is designed to enable residents with hearing-impaired and speech-impaired issues to have easier direct access to emergency dispatch. However, it may also be a more convenient and efficient way for residents in general to report emergencies to calltakers. The Federal Communications Commission has stated that all wireless carriers must activate the service by the end of June.

County program reduces police response to false alarms
A study by the Community Oriented Policing Services, U.S. Department of Justice, showed that in 2002, police responded to 36 million alarm calls, with less than 10 percent of the burglar-alarm calls receiving police response. With less than 10 percent responded to 36 million alarm calls, it’s impossible to calculate the number of false alarms.

Priority Dispatch Corp. (PDC™), the world leader in emergency dispatch technology, including ProQA software, and Heartsafe Living – AED Alert System, developers of a neighborhood heart assistance program, announced a collaboration to globally improve the survival rate of individuals experiencing sudden cardiac arrest (SCA).

Heartsafe Living – AED Alert System brings neighborhood volunteers, trained in using an AED, to the scene of an SCA, putting the AED first response just around the corner from anyone, according to Heartsafe Living – AED Alert System Director Michael Wildschut, PDC’s ProQA maximizes first response at the emergency communication center through scripted Pre-Arrival Instructions (PAXs) within the Medical Priority Dispatch System™ (MPDS™).
The prospect of letting adults loose in a telecommunication display room might be one way to describe the anticipation of touring the 999 Response Centre (RC) in Kuala Lumpur, Malaysia, during Asia NAVIGATOR 2015, held March 17-19. "The tour was a great success," said Claire Ulibarri, Director, NAVIGATOR Conference Coordination. “Everyone was eager to see the innovations that Kuala Lumpur represents for all agencies in the Malaysian system.”

The fourth annual Asia NAVIGATOR, sponsored by the International Academies of Emergency Dispatch® (IAED™), drew 189 attendees from Malaysia, Jordan, Vietnam, and the Philippines. In addition, IAED President Scott Freitag presented an appreciation award to Mr. Rodzi Md. Saad, Secretary, Malaysia National Security Council (NSC), and Principal Assistant Secretary, NSC Disaster Management Division. Freitag congratulated Mr. Rodzi for his strong advocacy in advancing the protocol throughout the Malaysia emergency response system. "The NSC is dedicated to all phases of the disaster management process, and (Mr. Rodzi) recognized the significance of protocol in its application to timely and precise response," Freitag said.

999 RC Kuala Lumpur also held the spotlight because of its dedication to the protocol system and because it served as the host city for the three-day conference highlighting educational sessions in the best practices of emergency response—call triage, leadership, accreditation, and technology. IAED Accreditation Board Chair Jerry Overton lauded the Kuala Lumpur center’s accomplishments. "Kuala Lumpur was the first agency in the region to implement the Fire Protocol and, also, the first to achieve an ACE,” Overton said. IAED awarded the ACE certificate at NAVIGATOR 2015, which was held April 29-May 1 in Las Vegas. 999 RC Kuala Lumpur is one of three Public Safety Answering Points (PSAPs) under the Malaysian Emergency Response System 999 (MERS 999). The PSAPs receive all police, fire, and rescue, hospital, civil defense, and maritime calls, and process the calls using protocol for transfer to dispatchers at secondary PSAPs. 999 RC Kuala Lumpur and 999 RC Melaka answer 999 calls in Peninsular Malaysia; 999 RC Kuching answers 999 calls in East Malaysia (Sabah and Sarawak).

In 2005 Malaysia’s multiple emergency numbers were consolidated into one (999) and the government of Malaysia appointed Telekom Malaysia (TM) to build and operate MERS. The Fire Protocol was implemented throughout MERS in 2013. Asia NAVIGATOR is one of eight annual NAVIGATOR conferences the IAED presents worldwide.

The first day of working in a new building is thrilling enough, but couple that with International Academies of Emergency Dispatch (IAED™) accreditation, and you’ve achieved the package wrapped and tied with a bow. "They walked into their new control center facility and started functioning as a center of excellence from day one," said IAED Accreditation Officer Beverley Logan. "How exciting is that?" The new facility reflects the strategic plan developed for the NAS.

Middle East NAVIGATOR sets IAED stage for 2015

The fourth annual Middle East NAVIGATOR, drew 180 people to the Marriott Marquis City Center Doha Hotel. In addition to the educational sessions, an exhibit hall featured the latest in dispatch technology.

Topics presented at the conference included CPR and epidemic preparedness, creation of geographical databases, a patient’s journey through prehospital care, and the skills necessary to keep the caller on the line during various police situations. HMC Call Center Manager Sonia Bousnigh gave a presentation analyzing determinant drift to improve ambulance service resource deployment, and HMC Communication Manager Ali Abbas Parson discussed the cultural challenges encountered in implementing MPDS® and how HMC overcame differences to achieve the system’s maximum benefits. Several IAED™ instructors provided a series of dispatch leader seminars.

Control Center in Dublin receives ACE

The first day of working in a new building is thrilling enough, but couple that with International Academies of Emergency Dispatch (IAED™) accreditation, and you’ve achieved the package wrapped and tied with a bow. "They walked into their new control center facility and started functioning as a center of excellence from day one," said IAED Accreditation Officer Beverley Logan. "How exciting is that?" The new facility reflects the strategic plan developed for the NAS.

"We want to ensure that each patient’s journey through prehospital care, and the skills necessary to keep the caller on the line during various police situations. HMC Call Center Manager Sonia Bousnigh gave a presentation analyzing determinant drift to improve ambulance service resource deployment, and HMC Communication Manager Ali Abbas Parson discussed the cultural challenges encountered in implementing MPDS® and how HMC overcame differences to achieve the system’s maximum benefits. Several IAED™ instructors provided a series of dispatch leader seminars.

Middle East NAVIGATOR sets IAED stage for 2015
HALL AMBULANCE SETS THE STANDARD
Owner and staff driven to stay on top

Audrey Fraizer

Harvey L. Hall commands respect. And he also gives it back. His employees refer to the company owner as “Mr. Hall.” Others from Bakersfield—at least during the past 14 years—generally address him as “Mayor Hall.”

“Mr. Hall is a modest man,” said Jennifer LaFavor, Manager, communications division. “He simply believes in investing in his community and his people.”

He’s not the center stage type and prefers to keep his lights out and focusing on the results of the company motto: “Doing things the Hall way”

So what does that mean for his employees?

Hall laid a foundation of expectations 44 years ago that is still followed today, said Mark Corum, Director, media services. “Each of us strives to meet or exceed it every day, which makes us better in our respective areas of responsibility.”

Hall Ambulance has never stopped thriving since it opened for service on Feb. 10, 1971, with an ambulance that Hall purchased with a $10,000 loan.

The first ambulance—which Hall parked and dispatched from home—was the first of two ambulances serving a city of 75,000 residents. In the past 44 years, his fleet has grown to 86 ambulances and an air rescue helicopter operating out of 22 locations in Kern County, including Bakersfield (county seat), to serve a population of 864,000.

And its people, their success is keeping a close account of customer and employee satisfaction and keeping up with the state of the industry. They also establish and reach goals, setting them apart from a run-of-the-mill operation.

The service’s communication center adopted the Medical Priority Dispatch System™ (MPDS®) in 1982 and achieved a medical Accredited Center of Excellence (ACE) in 2013, re-accrediting in 2014. A $300,000 makeover in 2014 upgraded the center’s technology—software, radios, touch screens—and comfort level for the 18 EMDs.

“Everything is ergonomic,” LaFavor said. “To perfect your craft, your design must be perfect.”

The annual recognition day, held on Feb. 10, identifies the top employee from each division; the winning communication specialist goes to NAVIGATOR.

Selection is based on specific job responsibilities, such as calltaking response, the amount of time the individual has worked in the company’s dispatch center, and work habits. Every employee wears a uniform, and no one shows up wrinkled, dog-haired, or wearing a splash of yellow from a breakfast egg.

Customer service figures highly in the employee’s rating, Corum said, and the calculation is derived from surveys sent to every patient they transport. Hall, who splits his day between the mayor’s office and his administrative office, reviews the surveys and makes sure any complaints—down to a bumpy ride—are resolved. Once investigated, a member of his management team follows up with the customer about their concern with a phone call. In 2014, 66 percent of respondents stated that Hall Ambulance provided exemplary service across their five measurements of success, with a total combined customer satisfaction score of 95%.

While Hall does keep his finger directly on the pulse of business, he’s not heavy-handed in his management style; LaFavor said, “He trusts my leadership,” she said. “He invests in his people and what his employees need to succeed.”

LaFavor started with the company 25 years ago, grouping her among the 300 employees—of a total 390 employees—to reach at least 10 years of service. Nearly 50 percent have celebrated the five-year mark. Hall Ambulance Communications Technology Specialist Ed Smith started at the company 44 years ago. He was hired in May 1972, and in 1975, he completed the first paramedic program in Kern County.

Three years ago, Hall presided over a ceremony held to honor Smith’s 40th anniversary, reminding that he “was blessed” to have his service for so many years. Mr. Hall treats us like family,” LaFavor said. “No one gets lost in the shuffle.”

At the annual Christmas party in 2014, Hall praised the communication staff for their skills, dedication, compassion, and longevity. “We had zero turnover in 2014,” she said. “With short staffing being the No. 1 issue in Kern County, it’s almost embarrassing when I’m the only one standing at meetings to say we’re not hiring in dispatch at this time.”

LaFavor rarely fills in on a shift because of consistent full staffing, so she was able to complete the Twenty Points of Accreditation. Carol Dean, Reports Analyst, who has worked for the company for over 20 years, was a vital link in the accreditation process.

LaFavor said the “Type A” personalities dominant in the profession and certainly Hall’s dispatch center employees were on board from the start. It’s their competitive nature, she explained. They are driven to be better than everybody else.

To avoid the burnout that is common among dispatchers, LaFavor also tries to encourage her staff to maintain a balanced work and home life.

During their standard 12-hour shifts, she rotates them through dispatch and calltaking positions every four hours, stresses the importance of taking their 15-minute breaks, and encourages them to take lunch off grounds. Her scheduling pattern for dispatching staff alternates weekends. This allows for the employees to have every other weekend off.

There is little mandated overtime to cover an open shift.

A community spirit of “giving back” is essential to the balance, said Hall, who serves on the boards of four organizations and is a past member of 11 other boards. Each year, Hall Ambulance participates in community events to inform the public about emergency medical services, out-of-hospital care, healthy lifestyles, and injury prevention.

Employees carry the banner to give back in projects that include the Gifts for Seniors drive that in 2014 collected enough donations to fill the stockings of the county’s LSH residents of skilled nursing facilities. Hats, gloves, and scarves were the ornaments on the Christmas tree set up in the company’s business office.

So, what’s not to enjoy about working for Hall Ambulance Service?

“You have to like what you do—have a passion for helping others,” said Corum, who has worked either directly or indirectly in media promotions for the company since 1996. “You realize that it makes Mr. Hall’s day when he sees his employees coming to work smiling.”

Hall’s career choice story is classic. He tried something because of a friend’s dare, and the experience worked so well in his favor that his life took an abrupt turn at that very instant.

On, at least, as the story goes, after he talked to his mom about accepting the dare. “She said give it a try,” Hall said. “So, I did.”

Hall was a young adult at the time, working as an orderly in a Bakersfield, Calif., hospital. He was at the bus stop on his way home when a friend from high school approached him. The friend drove an ambulance, and when they were talking, he dared Hall to come on a run.

Two days later, one day after the ride, he was working for the company. After ten years, and learning every facet of the business, he embarked on his dream to build the best ambulance company in America.

Whether he wears the mayor’s hat or his ambulance service hat, there’s one clear objective.

“I am driven by perfection,” Hall said. “I am driven to make every day better than the day before.”

Hall Ambulance Service provides 90 percent of paramedic patient transports in Kern County, and both ground and air critical care transport services. According to the dispatch statistics:

• Number of calls dispatched per year—70,000
• Number of calls dispatched per year—364,000
• Number of calls dispatched per year—100,000

The communication center also provides dispatching for another EMS provider, Liberty Ambulance, which covers Ridgecrest and Lake Isabella, Calif.
TWO CASES: WHICH PROTOCOL? Callers’ complaints lack specificity

Brett Patterson

Brett: Need your advice on these two cases. Case 1: When this call was answered, the caller was heard saying “sit down before you fall down.” The caller then repeated this phrase several times while the address and phone number were being obtained and verified. It sounded as though the patient was either unable or unwilling to listen to the caller’s instructions. When the EMD asked “OK, tell me exactly what happened,” the caller said, “I don’t know; she said she’s feeling pretty bad and has been sick for a long time. She’s crying.” The EMD attempted to clarify this answer by asking “What kind of symptoms is she having now?” The caller answered “What kind of symptoms is she having right now?” The EMD asked “OK, tell me exactly what happened.” Our EMD chose Protocol 25: Psychiatric/Abnormal Behavior/Suicide Attempt if Protocol 25: Psychiatric/Abnormal Behavior/Suicide Attempt may have been the right choice if Protocol 25: Psychiatric/Abnormal Behavior/Suicide Attempt was the addressed the latter issue first.

Case 1: Callers state, “I have recently been diagnosed with Deep Vein Thrombosis, and I’m having pain with deep breaths.” Our EMD chose Protocol 6: Breathing Problems: When she got to the prescribed inhaler question, the caller answered “yes.” When the EMD asked her if she had used it yet, the caller said, “No, I’m not having shortness of breath; I am having pain with breaths.” First Law of Chest Pain: “Hurts to breathe” is not considered difficulty or abnormal breathing. Because of this rule, we are wondering if Protocol 10: Chest Pain may have been an acceptable, or even more appropriate-choice in this case. Thoughts?

Paul: You are correct regarding Case 2, even though the problem may actually be in the lungs. The caller should clarify where it “hurts to breathe.” Most likely, this will come out as chest pain. Please remind your calltakers that the protocol does not attempt to diagnose but rather determine what sort of evaluation and instructions the patient needs. In this case, ALS is appropriate. Regarding Case 1 I think the EMD did the right thing. “Anxiety” is really a caller diagnosis, and “sick” was the predominant Chief Complaint. The attempt to obtain a better Chief Complaint was good, but I would encourage simply asking “Tell me exactly what happened?” a second time, which normally works best as it focuses the caller on the more recent events. If that doesn’t work, “What prompted you to call right now?” often does. Hope that helps.

Brett A Patterson
Academics & Standards Associate Medical Council of Standards Chair

Brett: A calltaker is using cardiac/heart problems for blood pressure issues and, according to MPDS®, I am under the assumption that sick person with the priority complaint of blood pressure abnormalities would be the right choice over heart problems.

Ashley Partridge, TC08 ED-Q™
Macoupin County Sheriff Department
Carlinville, Illinois, USA

Hi Ashley:

Your question is rather common, as there is some confusion regarding what sort of complaints are appropriate for Protocol 19: Heart Problems/AICD, and there is also a tendency to relate or diagnose some complaints, like blood pressure abnormalities or “heart attack” to this protocol. Let’s address the latter issue first.

If a caller provides a diagnosis in response to “Tell me exactly what happened?”, i.e., “He has high blood pressure” or “He’s having a heart attack,” it is most appropriate to simply ask the question again in order to solicit a sign, symptom, or circumstance relating to the Chief Complaint, i.e., the reason for the call. This is because the MPDS Chief Complaint Protocols are sign, symptom, or event based, not diagnostically based. There are two important exceptions, however. Without reading the next sentence, can you name the two Chief Complaint Protocols that are actually named after a diagnostic? Short pause here... I’ll assume you thought of Protocol 13: Diabetic Problems and Protocol 28: Stroke (CVA)/Transient Ischemic Attack (TIA) Nice job! These “exceptions” are quite purposeful because data shows us that laypersons generally get these right. Friends and family members of diabetic patients know the signs and symptoms of diabetic problems, and laypersons, in general, know the signs and symptoms of stroke. Although they often don’t call us soon enough.

Anyway, back to your question. If the caller provides a specific diagnosis such as high blood pressure, or even gives you a numeric blood pressure reading, but offers no accompanying symptoms, you are right to use Protocol 26: Sick Person [Specific Diagnosis], rather than assuming the problem is related to a heart problem. Note the definition of Sick Person in the Additional Information section of Protocol 26, which reads: “A patient with a non-categorizable Chief Complaint who does not have an identifiable priority symptom.” And, in your case, and as you correctly mentioned, there is a specific code on this protocol for such cases, 26-A Blood pressure abnormality (asymptomatic). I would add, however, that it is always appropriate to clarify that the numeric abnormality is the only reason for the call, i.e., “I understand that her blood pressure is high. Is she having any symptoms?”

Let me briefly clarify the first point I made above. When should the EMD use Protocol 19: Heart Problems/AICD? When you think about it, “Heart Problems” is actually a caller diagnosis, much like “Heart attack.” So, if the caller simply states “heart problem” or “heart attack,” the EMD needs to clarify by repeating “Tell me exactly what happened?” in an attempt to obtain a sign or symptom that can be categorized. This protocol was developed for signs or symptoms clearly related to the heart, namely heart rhythm complaints such as fast or slow heart rates, fluttering or skipping of heartbeats, or similar issues.

Protocol 19 was developed for signs or symptoms clearly related to the heart, namely heart rhythm complaints such as fast or slow heart rates, fluttering or skipping of heartbeats, or similar issues that can be felt or sensed and that often alarm patients. It is also used, as mentioned in the protocol’s title, when there is an issue with an Automatic Implanted Cardiac Defibrillator, i.e., single or multiple firings. Please do not hesitate to contact me directly with any additional MPDS inquiries, and I’ll try to be brief next time.

Brett
Everyone has a role—EMD, bystander, and prehospital and hospital providers.

"Think big but start small—make little changes within your center," he said. "Start to measure things. Use assertive and aggressive dispatcher-assisted CPR—do it in larger systems and with as much geography as you can cover. Celebrate successes and do a better job of getting feedback back to dispatchers."

Editor’s Note: Brett Patterson, Chair of the Academy’s Medical Council of Standards, added: “Version 130 of the MPDS® will contain a ‘Compressions Only’ pathway for victims of OHCA. Medical control will contain a ‘Compressions Only’ pathway for patients with a known respiratory etiology, i.e., drowning, suffocation, etc., as well as children, should receive ventilations in conjunction with compressions, as is directed in the current Ventilations 1st and Neonate/Infant/Child pathways. In either case, quality improvement efforts need to focus on assertive CPR instructions, rapid hands-on-chest times, and quality CPR. A new Fast Track feature in v130 enables this objective by linking Case Entry directly to PAIs when presented with an obviously not breathing, suspected medical arrest. The ProQA® software will provide real-time feedback to EMDs regarding their hands-on-chest times."

A bystander’s willingness to follow the directions can be the difference between life and death in an Out-of-Hospital Cardiac Arrest (OHCA). "Everyone has a role to play—dispatchers, bystanders, hospital and prehospital providers," said Douglas F. Kupas, M.D., Commonwealth EMS Medical Director for the Pennsylvania Department of Health during the “When Time is the Enemy: Perfecting Dispatch-Assisted CPR” session at NAVIGATOR 2014.

"Dispatcher CPR saves lives," he said. "Many dispatchers feel like they’re going through the motions when giving people CPR instructions. We need dispatchers thinking every time they give CPR instructions that it’s an opportunity to get a survivor."

"And there’s no taking ‘no’ for an answer," he said. "The dispatcher must be assertive," he said. "We’ve moved away from the era of ‘I can help you do CPR—do you want to try?’ Dispatchers must be fully engaged in the idea that if they are assertive in telling people ‘here’s what you’re going to do’ and not taking ‘no’ for an answer, the rate of bystander CPR in their community will increase. It makes a big difference, and that’s a mindset in the person.”

Kupas has a few suggestions.

As a medical doctor and a paramedic with 30 years’ experience, Kupas understands firsthand the sense of urgency involved in cardiac arrest situations. He also knows dispatchers have a critical responsibility when taking a cardiac arrest call and providing the step-by-step CPR instructions.

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An EMD’s proper use of the Medical Protocol and a caller’s or bystander’s willingness and ability to follow the directions can be the difference between life and death in an Out-of-Hospital Cardiac Arrest (OHCA).

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Dr. Douglas F. Kupas, M.D. - Pennsylvania Department of Health
Regional Emergency Medical Services Authority (REMSA) nurses were the first line of defense for many patients reeling from the fever, body aches, and cough due to a flu strain made even more troublesome because of a vaccine that did not fully meet the target strain.

While they never met a single one of their patients face-to-face, they were ready and able to get them to the right level of care through an over-the-phone assessment and triage process that benefits everyone involved.

REMSA’s medical communications center is an Accredited Center of Excellence (ACE) and among the first centers in the U.S. to offer safe and effective pre-hospital care through the Academy’s Emergency Communications Nurse System™ (ECNS™). REMSA is an emergency medical service based in Reno, Nev.

The comprehensive nurse triage system—comprising more than 200 symptom-based algorithms, taking into account gender, age, and previous medical history—has far surpassed expectations in combination with a 10-digit Nurse Health Line, said Elaine Messerli, registered nurse, Manager, Clinical Operations, REMSA.

“We are amazed at the call volume,” she said. “This was a needed resource in our community, particularly for people who don’t know how to maneuver the health care system.”

Nurse triage

A hand in navigating at REMSA begins with a call to the 24/7 non-emergency Nurse Health Line. The registered nurse—there are eight on staff—answering the call assesses the patient’s illness or injury.

The Nurse Health Line averages 2,100 calls a month; the nurses complete an ECNS protocol on about half of these callers.

The Emergency Communication Nurse (ECN) uses the ECNS LowCode™ software, which integrates with ProQA®, to triage the caller/patient’s symptoms, provide further assessment, and determine the level of care appropriate for that patient. A patient with a critical, life-threatening condition surfacing at any time during the conversation is transferred to a REMSA EMD. In this case, an ambulance is sent immediately and the caller is directly and seamlessly transferred to the 9-1-1 Public Service Answering Point (PSAP) and certified emergency medical dispatchers (EMD).
The registered nurses do not offer advice for definitive treatment. Messerli said: "They rely on proven protocols when giving instructions to the patient; although, as with an EMD, the ECN offers recommendations for managing symptoms until a primary care provider sees the patient, and the patient is diagnosed and prescribed treatment."

"This is an evidence-based program," Messerli said. "The nurses are depending on their experience and a results-driven program to provide health care benefits to our community."

REMSA has also started to implement the OMEGA Determinant Descriptor, a group of codes within the Medical Priority Dispatch System™ (MPDS®) that provide an evidence-based guideline for determining the most appropriate type of care for patients calling 9-1-1 with a request that is not an urgent medical emergency.

The Omega codes allow very low acuity 9-1-1 calls to be transferred out of the EMS system to an alternate, more appropriate level of care. This protocol does not result in a "non-response" but, rather, leads to an alternative avenue of care for the patient. A service directory of available health care resources generated for the community serves provides addresses, phone numbers, and directions to the selected health care resource nearest the patient.

The advantages so far, Messerli said, have been huge in terms of patient care and cost savings.

According to the protocols, a patient referred to an alternative out-of-hospital setting, such as the primary care physician's office or urgent care facility, is at far less risk of exposure to infections acquired in the hospital. EMS resources are reserved for the more critically ill patients, and the same applies to a hospital's emergency department.

"When people don't know what to do, they call 9-1-1," Messerli said. "This gives them options and gets them to the right level of care."

A similar program has been offered in the U.K. for the past 12 years, and several other centers in the U.S., Australia, and Africa have introduced nurse triage. But in the next example, it's not a one-size-fits-all process.

Louisville Metro EMS (LMEMS)

Finding alternatives to sending an ambulance and the subsequent ER visit for patient care was a priority for LMEMS. The decision to look at what was available was based on practical analysis. The patient population was growing and wasn't going to stop, so it came down to either asking the city council for funding to buy more ambulances or taking a step back to evaluate what else they could do.

"We knew we had to look at options for managing the non-emergent patients," said LMEMS Chief of Staff Kristen Miller. "We put a premium on identifying pieces of the pie, and ECNS had the clinical judgement we wanted. It's a well-thought-out system."

EMDs in the MetroSafe Communications Center are first in line to process LMEMS' low-acuity calls. There isn't a seven- or 10-digit number to call. A patient assigned an OMEGA code or a subset of selected ALPHA codes during EMD interroga-
tion is transferred to the EMD for further assessment.

The thought of talking to a nurse when calling 9-1-1, however, was not an immediate success for most patients. People didn't know what the EMD meant when asking, "would you like to speak to a nurse" after assigned an OMEGA or subset ALPHA code. They generally said "no," preferring the ambulance response expected when calling 9-1-1.

"We were asking for permission," Miller said. "The EMD now explains that the caller is being transferred to a nurse for further assessment."

The strategy empowered callers; patients learned ways to self-manage care from a registered nurse who listened and engaged in actual conversation. The interaction also brought a new perspective regarding frequent callers or callers whose conditions were non-emergency.

"A lot of folks don't know where to turn," she said. "They are not intentionally misusing the system. They need help and don't know their options so the safest way to get help is by calling 9-1-1."

As one of the first medical emergency services of its kind to offer prehospital care, REMSA uses nurses' expertise and proven protocols to instruct patients.

Satisfaction levels have since gone through the roof, Miller said, and ECNS has opened their eyes to a whole new world of alternative care.

"We looked at ECNS as a means to an end," she said. "This was the solution. But instead it opened our eyes to many more alternative care ideas, programs, and projects we can offer to our community."

ECNS

ECNS is the fourth pillar of pre-hospital care offered by the Academy, alongside the Medical Priority Dis-
patch System™ (MPDS™), Fire Priority Dispatch System™ (FPDS™), and Police Priority Dispatch System™ (PPDS™). Its objective, however, goes beyond providing instructions while callers await response by EMS, fire, or law enforce-
ment personnel.

ECNS defies the idioms of putting the cart before the horse. The "you call we haul" tradition is rapidly changing. ECNS was developed as a logical, feasible, and economical approach to EMS re-
source allocation. The higher the acuity, the further the patient is pulled along the continuum toward a more immediate response, such as ambulance transport if the patient's condition deteriorates dramatically over the course of conversation. ECNS is not a substitute for the MPDS—the closest allied protocol system. ECNS complements pre-hospital care that begins with the 9-1-1 caller seeking emergency medical assistance.

"ECNS is a single component of a comprehensive system," said Mark Rector, Director—New Business, Priority Dispatch Corp.™ (PDC™). "It adds an additional tier of resource allocation."

He also mentioned that ECNS is an important element to an integrated Mobile Healthcare-Community Paramedic program.

A nurse in the comm. center

In addition to the upfront elements—such as the symptom-based algorithms—there's a lot going on in the background. ECNS incorporates the skills and experience of registered nurses into EMS, and that brings an overlay of professional care relatively new to the system.

"My position at Priority Solutions offers the best of both worlds," said Gigi Marshall, RN, ECNS Program Administrator. "It has allowed me to use my nursing care skills and my experience in education."

Marshall was an emergency room nurse for more than 20 years, taught nursing stu-
dents in the academic setting for the past decade, and then decided to take on a multifac-
ted role that combines her professional background into pre-hospital nurse triage.

ECNS pairs her skill of "thinking like a nurse" to the multiple steps she met daily on the floor. She is a critical thinker. She is logical and systematic. She applies reasoning as her guide to clinical decision making to ensure safe nursing practices and quality care.

"Nurses approach a problem with the idea of what we hope to accomplish on be-
half of our patients," Marshall said. "We develop the pattern of recognition and ap- propriate responses over the course of our work. We know what needs to be done for patients and direct their care."

This skill set can be expanded in stages of performance information gathering, fo-
cusing, remembering, organizing, analyz-
ing, generating, integrating, and evaluating. They are the same skills inherent in ECNS.

"When we input patient responses to the questions we ask while using ECNS, a determinant is made," Marshall said. "The more urgent the patient's presentation, the faster the determinant is identified. There is a built-in rationale. ECNS is a very versa-
tile and useful tool."

Similar to the other IAED pillars of care, ECNS is vibrant, evolving to meet the demands of EMS, 9-1-1 centers, and their callers, said Conrad Fivaz, M.D., Emergen-
cy Response Operations Director, Priori-
ty Solutions Inc. (PSI) and Chair, ECNS Council of Standards.

And, as he emphasized, ECNS relies on well-defined metrics to draw a demonstrable element in secondary
nurse triage by recording time in relation to an event’s particular starting point. “The data is produced in a consistent, reliable manner,” he said. “We can measure outcomes against the system’s recommendations to improve performance.”

**Results win awards**

A research study focusing on the efficacy of the emergency center nurse triage system was selected as the recipient of the 2014 Sophus Falck Scientific Abstract Award for pre-hospital care at the European Society for Emergency Medicine’s 8th European Congress in September 2014. The study, titled “Using EMS Tele- phone Triage Data to Assess the Amount of Ambulance Resources Saved through Telephone Triage,” found that out of more than 26 million emergency 9-1-1 calls in the U.K., that received a phone or face-to-face response between April 2011–April 2012, nearly 90,000 were resolved through “hear and treat” secondary triage response.

More telling, the study found that these secondary triage responses resulted in deployment savings of 225 million British pounds (or nearly $20 million) and saved the British ambulance services 134,035 total unit hours.

“Frazier credits the results—the evidence-based success potential of secondary triage response—as the reason the Interna- tional Academies of Emergency Dis- patch captured the international stage.”

“Emergency medical services (EMS) all over the world are looking for ways to conserve resources without jeopardizing patient care,” he said. “The award recognizes telephone triage as a very viable alternative. It’s a system gaining international momentum.”

Another study, published in the March/April 2015 Annals of Emer- gency Dispatch and Response (AEDR), presented an analysis of cost savings based on centers using ECNS. LMEMS and the MetroSafe 911 Communications Center and Medstar EMS in Fort Worth, Texas. According to the results, patient records from a combined 3,076 cases analyzed saved nearly $12 million in payments by directing patients away from the emergency department to alternative points of care. The vast majority of patients—98.2 percent—ranked their experience with the service as “highly satisfied.”

**Evidence = allies**

Evidence-based EMS programs are also an ideal model for attracting participants and funders through innovative programs, grants, and partnering with hospital sys- tems and care providers.

LMEMS applied for a grant through Passport Health Plan, which provides one-year $50,000 grants for innovative programs that improve the health and well-being of Medicaid patients in the 16-county service area. The grant became the seed money for ECNS implementation at LMEMS. Based on the program’s success at the end of the first year’s operation—estimated 30 percent savings to patients in their medical transportation costs—LMEMS made the program permanent and in the next year received a Bloomberg Foundation grant to add a second nurse and management services for patients with chronic conditions who fre- quently call 9-1-1.

The sky is the limit it seems to Miller.

LMEMS has already added a paramedicine outreach program and, for the future, is considering a stretcher van system to assist patients who have mobility concerns and need transportation to an appointment or urgent care clinic. They’re also considering a 7-digit nurse help line.

“ECNS is the most wonderful program in the world,” Miller said. “It made so much sense to us from the start, and it now has led us to planning the addition of other spokes we can add to the hub of our EMS system.”

The REMSA Nurse Health Line is part of REMSA’s Community Health Program which was launched in July 2012 as part of a $98 million Health Care Innovation Awards grant funded by the Center for Medicare & Medicaid Services (CMS), Depart- ment of Health and Human Services.

Messerli believes nurse triage is the wave of the future. “This will become the norm,” she said. “Avoiding overuse of ambulance and ER, when appropriate, is key to decreasing health care costs while still providing the best level of care to the patient.”

and reaching (if not exceeding) objec- tives. ECNS provides real-time evidence through use of the LowCode® software, which integrates with ProQA™, to triage the caller/patient’s symptoms, provide further assessment, and determine the level of care appropriate for that patient. Second, as Messerli explained, REMSA is accreditation-oriented. Every department within the organization is tasked with attaining performance bars specific to the operation. “ACE fit into what the grant required and what REMSA expects,” she said. “Being first was icing on the cake.”

An ACE stamp of approval on the innovative approach also speaks to health care policymakers, Messerli said. “ACE is part of the strategy to make sure this is sustainable,” she said. “The success of a program can keep it alive because others will follow the lead.”

To achieve accreditation, Messerli put together a small team—the center’s CQI Coordinator who audits calls and gives feedback to the nurses, and an administra- tive assistant who keeps track of data into the Academy’s online system. Other REMSA team members were pulled into the team to collect essential information and data specifi- cally to the Two-Penny initiative as well as set goals and deadlines. She also met well in advance with IAED Associate Director Carlynn Perry.

Perry attributes their success to the cen- ter’s foundation, resolve, and leadership. “ACE is all about compliance and about the structure behind it, and REMSA is an agency that excels,” she said.

The Twenty Points for the fire, police, medical, and nurse triage protocols are consistent, with one exception: An agency using ECNS must have a process in place for the Emergency Communication Nurse (ECN) to send calls back to the Emergency Medical Dispatcher (EMD) if the con- dition escalates and emergency dispatch (ambu- lance) is necessary. REMSA reports quarterly data as part of the HCI Award project.
There were so many shoes to fill, so many steps to follow, and a total of at least 3,000 left and right feet, that it’s lucky everybody had their toes pointed in so many directions during NAVIGATOR 2015.

This was an event for the record books, said Academy President Scott Freitag.

The reach was far beyond the numbers, the warm and sunny weather, the poolside chairs, the buzz of slot machines, and the thrill of Las Vegas shows, water fountains, and casinos.

“The impact of what we do affects millions of people all over the world in a very positive way,” Freitag said. “By attending NAVIGATOR, by using the protocol Dr. Jeff Clawson developed more than 35 years ago, we have achieved equal voice in the chain of emergency response.”

Showstopper

NAVIGATOR 2015 in Las Vegas scored a record high of more than 1,500 people in attendance representing 20 countries. This year’s theme, “Taking the Next Step,” exemplified the electricity connecting pre-conference workshops and events to the Closing Luncheon and presentation of the Dr. Jeff Clawson Leadership Award and Communication Center Manager graduation certificates. There were more sessions, more speakers, more vendors, and more opportunities to network than ever before, igniting the passion emergency dispatchers have for their profession.

And it really didn’t matter in which direction you took your steps, because the conference always kept you moving forward.

“Each of us experiences the same challenges at our centers, although never at the same time,” Freitag said during his Opening Session remarks. “The next step for you may be very different than it is for me or the person sitting next to you. The goal is to go back and make your center better than it was before you came to NAVIGATOR.”

New venues for recognition were particularly well received, and despite the beckoning finger of Vegas attractions, the packed on-site schedule and special events obviously ruled the week. Topping off the annual conference was the Instructor Appreciation Evening held pre-conference to honor their tireless dedication and the many miles on the road and in the air they travel to teach certification classes around the world. Dave Massengale, an instructor of many teaching credentials, received the inaugural Instructor of the Year Award, while he and 27 of his pioneering teaching associates were recognized for their early and ongoing influence in the EFD, EPD, EMD, Q, and ECNS™ classrooms.

Board of Accreditation Chair Jerry Overton and Academy Associate Director Carlynn Page donned suit tails and white hats to greet the several hundred guests lining up at the door for the Accredited Center of Excellence (ACE) party.
Sandro Muschiott, Director, Ticino, SISON, at the conference, said, "when it's most needed." The panelists were enthusiastic about the emergency. Yet, we know we make a difference. We give help at the critical point of need.

On the way home, we started talking about ACE and the level of quality it meant for our patients," Waegli said. "We've always believed that quality and ACE are more than the protocols. It is about the whole system, the quality of care you provide, the network you create."

A new track, aptly called Take the Next Step, gave voice to the Academy's drive to dispatch communication excellence, highlighting the confidence gained by investing in whatever it takes to make your center a star. Most chairs were filled for the five sessions scheduled during consecutive time slots on Friday, sending the message loud and clear to anyone irrational enough to gamble the odds between conference and casino.

Susi Vergeiner, Administrator, Priority Dispatch Corp., Office, Brandenburg, Austria, said there was no contest between the bright lights and glitter of NAVIGATOR and the jangly music, beeps and chimes, and whirl of spinning reels of slot machines. "On the way home, I did the day I started. I love coming to NAVIGATOR."

Networking was a step no one could miss given the crowds at the Opening Session and Closing Luncheon, the Exhibit Hall, the Wednesday evening dance-your-heart-out "Go-Go Lounge," and the early-morning call to pastry and beverages that fueled the daily first rush to sessions. The 15 minutes allotted between sessions made for pockets of dispatchers talking, pointing directions, comparing notes, and synchronizing schedules. The two trips to the Las Vegas Fire Department communications center filled up within 20 minutes of their announced sign-up sheets.

Some steps are less perceptible. The Medical Priority Dispatch System (MPDS) was the step that led to a better night's rest for emergency dispatchers. Dr. van de Pas wanted a process that would arrive at a correct response, and he was adamantly certain being completely sure they helped the patient the best they could. He asked questions, did the research, and observed. The three EMS dispatch centers in the Netherlands now use the MPDS, with benefits that amazed even him.

"Before protocol, 80 percent of the complaints had to do with dispatch," he said. "Now we have zero complaints. They have evaporated and, instead, we have people thanking us. The nurses tell me they have no more sleepless nights second guessing their response."

Kimberly Stewart-Horan, Fire Communications Supervisor, Orange County Fire District in Florida, said the steps may not always be simple, but they are well worth the effort. Stewart-Horan fell into the luckiest job she could imagine when her application was accepted for a job at the Orange County Fire District communications center.

"I loved dispatch from the second I started," she said. But ask her why and she can't cite any one reason. "It's everything about what I do," she said. "I absolutely love it." The exact same sentiment didn't greet the arrival of protocol. Dispatchers were certified emergency medical technicians. They knew what their callers needed; they did not need a set of scripted questions to help them improve at what they already did well. "We weren't kicking and screaming for the protocols," she said. It was something she, the center's Q, Christine Waegli, said their attention to ACE was evident, highlighting the confidence gained by investing in whatever it takes to make your center a star. Most chairs were filled for the five sessions scheduled during consecutive time slots on Friday, sending the message loud and clear to anyone irrational enough to gamble the odds between conference and casino.

"We were the people never seen in the core business was recognizing, sending, and helping, yet we had nothing to support that."
STEP UP TO EXCELLENCE
ACE sets world standard in emergency communications

Brian Dale was ready to tell Jeff Clawson, M.D., not once but three times where he could stuff the Academy’s Accredited Center of Excellence (ACE) plaque 18 years ago when the Salt Lake City 9-1-1 communication center was navigating its way through the Twenty Points.

And it wasn’t in a file cabinet.

Instead, Dr. Clawson, inventor of the standardized emergency communications protocol system, was so sure Dale could achieve ACE—and that he could help others achieve the same—that he appointed Dale Chairman of the State of Utah’s EMS Council of Standards and will continue to serve on both the medical and fire Council of Standards. He was also recently promoted to Chief of the Salt Lake City Fire Department.

“I’m quiet optimistic and scared as hell,” Dale said.

Overton said it’s an honor to follow Dale and, at the same time, a tough role considering the shoes he’s been asked to fill.

“Brian has introduced ACE to the world,” said Overton, who has a 25-plus-year career in EMS, including 18 years as Chief Executive for the Richmond Ambulance Authority in Virginia, and past president of the American Ambulance Association.

“Optimistic. Well, continue his lead,” Overton said.

Overton didn’t waste any time. He announced the number of ACE recipients—22 new Accredited Centers of Excellence and 34 re-accredited centers during 2014, bringing the total fire, police, and medical ACE count to 203, spread throughout five of the seven continents.

“We’re everywhere but Africa, and we’re working on that,” he said.

Mainland China has seized the gold ring of emergency communications and, so far, six centers have achieved ACE, with two more in the works. Regional EMS Agency (REMSA) in Reno, Nev., was lauded as the world’s first Emergency Communication Nurse System (ECNS) ACE, and Allina Health EMS communications in Minnesota not only achieved medical accreditation but also, one of the agency’s dispatchers, EMD James Domeier, was chosen as the Academy’s Dispatcher of the Year.

“Brian has introduced ACE to the world,” said Overton, who has a 25-plus-year

Leaving the ACE binder in the past is a major step, especially for IAED Associate Director Carlynn Page, who is the Academy’s ACE liaison.

“Go back and make your center better,” Freitag said. “You decide the next step.”

“More than 20 years ago, fire dispatch has a staff of 15, with eight dispatchers, four supervisors, and a manager. As EMD-Q,” said Janet Dorsett of the Ontario Police Department.

The board wanted somebody internal. Brian Freitag said during the Opening presentation of NAVIGATOR 2015, in Las Vegas for two reasons: to present her session, A Meeting You Actually Want to Attend, on Friday with co-presenter Melissa Pina and attend sessions about issues that are of the rare variety. “I love coming to these conferences and being able to present this type of audience. It’s a high-end conference versus a local conference. This has better audience participation.” For Erica, the sessions catching her eye were those on the quality assurance track and those that talked about dealing with traumatic events from a first-person perspective so she could learn how other agencies have handled situations such as fallen responders and active shooters. This way, Hays County can incorporate others’ expertise when planning for the inevitable. She also enjoys seeing familiar faces and meeting new ones. “The networking is incredible.”

Back home, and some will then be implemented. Robin also enjoyed listening to back with a lot of ideas.” She shares those ideas in meetings
GRACE UNDER PRESSURE
Dispatcher of the Year noted for ability to keep his cool!
Although EMD James Domeier was thousands of miles away from Las Vegas, he was certainly at NAVIGATOR’s Opening Session in spirit when announced as the Dispatcher of the Year.

Domeier, of Allina Health EMS communications in Minneapolis, Minn., is a Specialist First Class with the Minnesota Army National Guard and among 40 soldiers from the 204th Aera Support Medical Company that left Minnesota for training on Sept. 14, 2014, for a nine-month deployment in support of the multinational force in Sinai, Egypt. The soldiers are scheduled to return this summer at which time Domeier will receive the award.

And although Domeier wasn’t at NAVIGATOR to accept the honor in person or share his story with the packed house, his absence was at least partially filled by the people there willing to substitute in his shoes.

“Many of the recommendations made him stand out,” said Carlynn Page, Associate Director, International Academies of Emergency Dispatch (IAED). “He was noted for his teamwork and dedication, and he was distinguished as a calm demeanor, grace under pressure, and ability to keep his cool. He truly exemplifies what we do.”

Domeier was selected from among 18 nominations submitted based on his significant contributions to further the values and mission of the Academies through grace under pressure, and ability to keep cool. He truly exemplifies what we do.”

His demeanor makes these stressful encounters easier for those calling 9-1-1,“ Page said. “Demeanor tells a story about the person and the ability to lead. It’s a very important dispatcher characteristic: we look for when reviewing calls, especially those involving PALS.”

Casey described Domeier’s comforting and impressive influence the evening he called 9-1-1 when his wife, Stephanie, was in the first stages of anaphylactic shock. Stephanie had just injected the medication she takes three times a week to alleviate the symptoms of multiple sclerosis. She called out to her husband at the onset of odd sensations immediately following the prescribed routine.

“I couldn’t breathe, and my throat was constricting,” said Stephanie, a triage clinical nurse at Fairview Health Services in the Greater Minneapolis St. Paul area.

Casey found his wife awake and breathing. Her face was pale and puffy. Her speech was slurred. He couldn’t understand what she was trying to tell him. Within seconds of making the call to 9-1-1, she was slipping in and out of consciousness.

“I tried to remain as calm as possible,” Casey said. “James was calm, and I knew that if I did the same, we could work together to help Stephanie. He walked me through instructions, and I felt better knowing there was something I could do.”

Stephanie was unable to recall much of what happened during the next six hours before waking up in the hospital; however, she said the experience—for better or worse—has opened her eyes to the dispatch profession.

“We were amazed by what we were shown during a tour of the communication center,” she said. “Before this happened, we really had no idea about the remarkable job that they do.”

Allina Health EMS Medical Director Chuck Kaufman credited Domeier’s ease and his ability to focus on the task at hand.

“He’s great,” Kaufman said. “And we’re really honored for him considering the number and caliber of nominees.”

Angela Fox, Manager, Allina Health EMS communication, said she was thrilled to go on stage to accept the honor for him.

“We’re so lucky to have him as part of our team,” she said. “We regret his absence, but that doesn’t change the great job he does—you all do—every day!”

WASHINGTON, D.C.—The 2015 NAVIGATOR was the first time Hanna had a chance to attend out-of-state dispatch training. “I’m glad I got the opportunity. I was pretty excited.” She took a little bit of this and that, focusing on issues that affect her at work—stress and conflict, in particular. “All of the ones that I’ve taken have been really helpful.”

Hanna Padilla
Santa Fe Regional Emergency Communication Center
Santa Fe, N.M.
Dispatcher

NAVIGATOR 2015 was the first time Hanna had a chance to attend out-of-state dispatch training. “I’m glad I got the opportunity. I was pretty excited.” She took a little bit of this and that, focusing on issues that affect her at work—stress and conflict, in particular. “All of the ones that I’ve taken have been really helpful.” Hanna loved Opening Session keynote speaker CHPI Sgt. Kevin R. Briggs’ (retired) message, including his mention of being thankful for his dispatchers: “That (his message) was probably my favorite part. It hit home a little bit.” Being able to attend the AACE Casino Night was another enjoyable part of NAVIGATOR. “That was fun.”

Jason Ray
Longmont Emergency Communication Center
Longmont, Colo.
Communication Supervisor

Jason decided to tag-team it this year’s conference. He and one of the center’s dispatchers arrived in Las Vegas ready to go their separate ways for the conference—all in the name of collecting double the information to take back home and take advantage of the networking opportunities available during the sessions and events. Jason chose to attend a wide variety of classes during his time at the conference, including Research 101 and Team Building for the Communication Center Leaders/Manager. It’s been kind of a smorgasbord of classes that I’ve gone to. I’ve tried to pick and choose classes.” Jason said he enjoyed the networking aspect of the conference and getting more thoughts, voices, and perspectives from presenters and fellow attendees. “I try to take the opportunity to sit down with new people and really listen.”

Miel van der Wegen
Ray Boarland Middlen West Nord Hertogenbosch, Netherlands
Ambulance Service Manager

Miel’s first trip to NAVIGATOR in the U.S. (he’s attended Euro NAVIGATOR before) was certainly not a disappointment. In fact, he noticed one thing in particular while on the field trip to the Las Vegas Fire Department Communication Center. “The questions are all the same—everywhere the same things matter.” Miel also enjoyed rubbing shoulders during the conference—especially at the Go-Go Lounge—with people who do the same thing. “We had a very nice evening and met a lot of nice people.”

Shirlene Atkinson
Ganado Fire District
Ganado, Ariz.
Communication Supervisor

(Shirlene’s second time attending NAVIGATOR)

“Every year you learn something new,” Shirlene said. “It’s fun to get away.”

“Shirlene has come a long way since her first time in 2013 in Salt Lake City.” said the manager. “It was a bit overwhelming and a bit of a challenge, but she’s really enjoyed it every year since.”

Shirlene’s second time attending NAVIGATOR

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Jason Hay
Longmont, Colo.
Communication Supervisor

Jason has been going to NAVIGATOR for five years. He’s never been disappointed. “I’ve gone to. I’ve tried to pick and choose classes.” Jason said he enjoyed the networking aspect of the conference and getting more thoughts, voices, and perspectives from presenters and fellow attendees. “I try to take the opportunity to sit down with new people and really listen.”

“Every year you learn something new,” Shirlene said. “It’s fun to get away.”
Dave Massengale has dedicated hundreds of volunteer hours to help ensure that the citizens in his community receive the very best emergency, health, and social services possible. “I believe as an instructor that my responsibility is to provide the best education possible and make sure that people are ready to do their jobs,” he said.

Massengale also was among the 28 instructors honored with the IAED Pioneer Award presented April 27 at the Instructor Appreciation Reception. “The instructors receiving the award this year have been instrumental in helping others achieve higher classroom interest and have motivated at least 10 percent of other instructors,” said Massengale.

The experience made a positive impression. He liked it and made a career of communications following several years as a firefighter/paramedic. His introduction to the Academy came through Rich Saalsaa, a part-time dispatcher at the same center who was at that time working on a computer program for the Academy (forerunner of ProQA). “I was certified,” Massengale said. “I really liked protocol, and Rich said Dave Clawson was looking for instructors I applied.”

The certified Emergency Medical Dispatcher (EMD) and Dr. Clawson-approved instructor was soon on the road, going to centers in California promoting the use of protocol with the tools—transparencies, a projector, slides, and sample cardsets—fetured inside the trunk of his car. The 9-1-1 environment was notably different 25 years ago, Massengale said. Protocol was a relative newcomer to EMS dispatch, celebrating 11 years in operation at the time Massengale came on board.

“It’s amazing what Dr. Clawson has been able to achieve,” he said. “I’m very proud to be even a small part of that.”

Massengale was also among the 28 instructors honored with the IAED Pioneer Award presented April 27 at the Instructor Appreciation Reception.

The award took Massengale by surprise, although he admittedly couldn’t help but notice the similarities between his background and the long list of accomplishments read on stage before his name was announced. “I’m very impressed.”

Massengale is a person of few words when it comes to talking about himself. He shies away from attention and accolades and barely spent a minute on stage accepting the honor and standing ovation.

He’d rather talk about public safety communications, the work done by the Academy’s College of Fellows (of which he is the longest-serving member), and the influence protocol has had on the lives of the untold millions of callers, dispatchers, and field responders.

“T he Academy has been [and continues to be] a major part of his life,” said Carol Massengale, who, similar to her husband, has dedicated hundreds of volunteer hours in support of the Academy. “He’s been there from the start.”

Massengale knew what his future held at the ripe young age of 15. He was a member of the local Emergency Services Explorer Post program, under the auspices of the Boy Scouts of America, and, because of his age, placed in the communication center rather than in the field.

“I wasn’t old enough to go on an ambulance,” he said.

The work done by the Academy has been a major part of his life.”

The award presented at the April 27 Instructor Appreciation Reception.

Dave Massengale accepts the Instructor of the Year Award during the Opening Session of NAVIGATOR.
THE GRAND FINALE

Winners take to the stage at Closing Luncheon

The NAVIGATOR 2015 Closing Luncheon featured a long list of winners: a winning poster, award-winning teams, and a guy with a grand sense of humor who had no trouble winning over his audience.

The award for the winning research poster went to an EMS field supervisor from North Carolina. Tracey Barron, IAED™ Research & Studies Officer and Chair of the Council of Research and Clinical Focus Group, presented the award to Lee Van Vleet, MHS, NREMT-P, for his research poster “Time to First Compression During Dispatcher-Assisted CPR is Not Associated with ROSC or Survival to Discharge.”

The research poster contest is in its third year and attracted a record 17 entrants for the 2015 award. Posters were judged by the Academy’s research team and displayed during the conference in the Exhibit Hall.

Jeff Clawson, MD, presented the Leadership Award to the IAED’s 11-member CBRN (Chemical, Biological, Radiological, Nuclear) Fast Track Committee. “I lose a little bit of sleep each year deciding who will receive an award of recognition in my name,” Clawson said. “This year was no different. Excellence in leadership is a mission of the Academy, and one that I consider very important in moving emergency dispatch forward.”

Clawson said the CBRN Committee was born out of necessity in 2003, shortly after the outbreak of severe acute respiratory syndrome (SARS). It was established to identify and evaluate emerging public health or public safety threats, and to develop and update relevant emergency dispatch protocols and procedures for managing these threats.

“They are charged with being a dispatch early-warning system in the emergence of critical situations happening anywhere in the world,” Clawson said. “And they have taken this role on with great gravity and have done an outstanding job.”

The CBRN team modified the Severe Respiratory Infection (SRI) Tool to become the Emerging Infectious Disease Surveillance (EIDS) Tool (SRI/MERS/Ebola), released internationally in August 2014 following the initial Ebola outbreak.

Fast Track Committee members are: Arthur Yancey, MD; Chris Olola, Ph.D.; Greg Scott; Richard Alcorta, MD; Pamela Farber; Alex Garza, MD; Todd Stout; Debbie Gilligan; Conrad Fivaz, MD; Mike McKenna; and Tracey Barron.

Also taking the stage were the graduates of the 2014 Communication Center Manager (CCM) course and a representative from the National Center for Missing and Exploited Children (NCMEC).

Christine Bannister, Supervisor, Waukesha County (Wis.) Communications and recipient of the annual David Connolly CCM Leadership Award, congratulated her fellow students for an experience that “changed their lives forever” through the positive connections developed.

“We were challenged and had the bonus of making those rare once-in-a-lifetime kind of friendships,” she said. “Professional contacts have been forged through a network that reaches across the country. Crazy, fun, relevant, and enriching are the words defining the class of CCM.”

Each year at NAVIGATOR, NCMEC recognizes public service agencies and their communication centers for meeting essential training and policy elements demonstrating preparedness for responding to a missing child incident. In 2014, agencies using the Academy protocols included Bentonville Fire Department, Bentonville, Ark., and Harford County Department of Emergency Services, Forest Hill, Md.

After a one-year hiatus from the dispatch crowd, keynote speaker Jason Hewlett not only had his audience in tears from laughing, but, also running in circles and lines in and around tables in the banquet hall flapping their arms like chickens and up on stage dancing. Hewlett played to a full banquet hall at the 2013 Closing Luncheon in Salt Lake City.

NAVIGATOR 2015 was great from start to finish, and just like the profession, it’s all about the people.

“I love what I do,” said Tammy Ketterman, Manager, Rehoboth Beach 9-1-1 in Delaware. “It’s all about helping.”
M
or potassium cyanide.1 and cyanide salts such as sodium cyanide gas is created using an acid source to generate hydrogen sulfide. Hydrogen sulfur (such as pesticides and insecticides) can be produced by those intending to take their lives using this method.

Toxic chemical mix poses threat to responders

Audrey Fraizer

M
ing common household chemicals can produce a lethal combination and a potentially deadly one to bystanders and responders coming on-scene to an intentional detergent suicide. Death by chemical cocktail involves a surprisingly simple process that leads to the release of toxic concentrations of poisonous gases; hydrogen sulfide and hydrogen cyanide are the most common gases produced by those intending to take their lives using this method.

Cleaning products that contain acids (such as muriatic or hydrochloric acid) can be mixed with compounds that contain sulfur (such as pesticides and insecticides) to generate hydrogen sulfide. Hydrogen cyanide gas is created using an acid source and cyanide salts such as sodium cyanide or potassium cyanide.2

By some counts, more than 2,000 people in Japan have taken their own lives (between 2007 and 2011) inhaling gases, in most cases hydrogen sulfide since the products are more readily available—in cars, closets, or other enclosed spaces.2 The method has gone international, fueled by the ease of finding instructions and even pre-made warning signs to post at the scene from the Internet. In 2008 there were 36 chemical suicides in the U.S., and in the six months between June 2010 and the start of 2011 there were at least 27, indicating that the incidence is rising. Of 72 chemical suicides documented in the U.S. between 2009 and 2011, at least 80 percent have resulted in injuries to police officers, firefighters, emergency workers, or civilians exposed to the gas.1 Awareness on the part of responders is the first step to preventing personal injury or death in their response to the scene. Any one who enters the space without proper protection may quickly become a victim.

Deadly chemical mix

Deadly chemical cocktails involve a surprisingly simple process that leads to the release of toxic concentrations of poisonous gases.

The toxicity and recommended safety characteristics of two gases commonly used in chemical suicide.

Hydrogen sulfide

Hydrogen sulfide is a colorless gas with the characteristic foul odor of rotten eggs. The gas is a highly flammable and explosive gas with a flash point of 300 degrees Fahrenheit. In comparison, a cigarette will light at 1200 degrees Fahrenheit. Hydrogen sulfide can affect the body if it is inhaled or comes in contact with the eyes, skin, nose, or throat. Headache, dizziness, and an upset stomach can result from inhalation of low concentrations. Higher concentrations (500–1,000 ppm) will cause rapid unconsciousness and death by respiratory paralysis and asphyxiation.4 A ceiling value of 10 ppm for a 10-minute maximum duration in the workplace is the maximum Recommended Exposure Limit (REL) established by the National Institute for Occupational Safety and Health (NIOSH).1 Sources for the sulfur in these lethal concoctions include dandruff shampoos, pesticides, latex paints, and garden fungicides.

Hydrogen cyanide

Hydrogen cyanide is extremely toxic in gas or liquid form and has a faint, bitter, almond-like odor. All routes of exposure can cause abrupt onset of profound CNS (central nervous system), cardiovascular, and respiratory effects, leading to death within minutes. Exposure to lower concentrations of hydrogen cyanide may produce eye irritation, headache, confusion, nausea, and vomiting followed in some cases by coma and death. Hydrogen cyanide is used in fumigating, electroplating, mining, and in producing synthetic fibers, plastics, everyday cleaning products, dyes, and pesticides.4

MPDS and FPDS Protocols

The International Academies of Emergency Dispatch’s (IAED®) instructions for suspected chemical suicide were first released in v6.0 of the Fire Priority Dispatch System™ (FPDS™) and similar sections will soon be released in v13.0 of the Medical Priority Dispatch System™ (MPDS).5

For an agency using only the MPDS, the dispatcher should go to Protocol 8: Carbon Monoxide/Inhalation/HAZMAT/CBRN to get the caller’s description of the hazards on-scene and, if a chemical suicide is reported, notify appropriate Fire/Hazmat teams and initiate the appropriate response. The dispatcher should also provide the caller with safety instructions beginning on X-7.

For agencies using both Medical and Fire Protocols, the IAED advises the use of FPDS Protocol 01: HAZMAT for scene safety, which also prompts the dispatcher to notify EMS for anyone in immediate danger, who has the chemical/ substance on them, or who is sick or injured. In the case of chemical suicide, the dispatcher should provide instructions beginning on D-1.

Warning signs

Communication center personnel should be alert and aware of the warning signs for this type of call. For instance, the caller must be warned not to approach or enter vehicles or rooms where unresponsive people may have attempted chemical suicide, especially bathrooms, cars, or other small spaces where a tiny amount of gas can quickly reach lethal concentrations.

Proper initial questioning is vital, and it is crucial that scene safety information is immediately relayed to all responders and the caller is provided with scene safety instructions. Comm. center staff using ProQWA will tell the caller to “listen carefully” and ask “without putting yourself in danger, do you see, or know of, any of the following things,” which could indicate a potentially dangerous scene and the possibility of chemical suicide.

A caller should look for the following warning signs in and around a vehicle:

• unusual odor/bad taste
• tarp covering all or part of vehicle (or nearby)
• all windows and doors closed
A caller should look for the following warning signs in and around a building/structure:

• notices or printed warning signs in, on, or around the confined space
• visible smoky fumes coming out
• door cracks or openings sealed with tape, clothing towels, or other materials
• unusual odor/bad taste
• household cleaning products
• buckets, coolers, or containers
• goggles on occupant
• gloves on occupant

If the caller reports any of those warning signs, ProQWA will distinguish between unequivocal criteria and equivocal criteria to give a predictive value based on the evidence.

Caller or bystander symptoms—dizziness, light-headedness, abnormal breathing, burning/irritated eyes—further indicate the possibility of chemical suicide.

Response to the scene

If a chemical substance is suspected, responders should follow their agency’s hazardous materials operational protocol and procedures, including the request for assistance from the appropriate HAZMAT team before entering the “Hot Zone.”

The steps in the Decontamination and Response Team (DART) are followed by Deputy Chief Jake Oreshan, New York State Office of Fire Prevention & Control.

STAY ALERT TO POSSIBILITY

Toric chemical mix poses threat to responders

Audrey Fraizer

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Deputy Chief Jake Oreshan, New York State Office of Fire Prevention & Control, and an expert in chemical suicide and responder safety, recommends the “10 seconds to save your life” rule.

Responders should take an extra 10 seconds upon arrival to size up [the situation] including peering into the vehicle and looking for pails, buckets, or other mixing vessels in the front or rear seats, containers of acids and pesticides, a yellow or green residue in the vehicle, and vents that may be taped off. If the incident occurs in a structure, such as an outbuilding or other contained area, there may not be any written warnings present. Responders need to be
extremely cautious when investigating suspicious odor calls inside a structure. Responders at the scene must wear appropriate protective clothing, including a positive pressure self-contained breathing apparatus, to breach a window or door to effect a quick response for an unconscious victim. If the person can’t be awakened, responders should perform a thorough investigation before entering the space to assist. They must consider wind speed when determining evacuation of nearby structures, and if the chemical suicide occurred inside an apartment complex, they must consider evacuating everyone from that building. Responders can punch a small hole in a car or home window to insert air-sampling equipment to determine the poisonous vapors should be decontaminated with soap and water. If the victim is still alive, responders should remove his or her clothing and clean him or her before transporting. A sheet should be used to cover deceased victims; body bags are not recommended.

**If the person can’t be awakened, responders should perform a thorough investigation before entering the space.**

If the third call came on Feb. 6, 2010, from Siesta Key Beach with the same signage included instructions to call police and HAZMAT, and a sixth handwritten sign was found. 7

**Sources**

6. Dehydrated fruit. a. true b. false
7. The IAE’d instructions for suspected chemical suicide were first released in:
   a. v6.0 of the FPDS.
   b. v5.0 of the FPDS.
   c. v2.0 of the FPDS.
   d. It takes 10 seconds to suit up in HAZMAT gear.
   e. v5.0 of the FPDS.
8. For agencies using both Medical and Fire Protocols, the IAE’d advise the use of:
   a. FPDS Protocol 61: HAZMAT.
   c. FPDS Protocol 57: Explosion.
9. What does the “10 seconds to save your life” mean in chemical suicide response?
   a. Dispatchers should wait 10 seconds from the time of the call to dispatch responders because of the associated hazards.
   b. Dispatchers should tell bystanders to count to 10 while moving away from a suspected chemical suicide inside a parked vehicle to gain adequate distance.
   c. Responders should consider taking an extra 10 seconds upon arrival to size up the situation.
   d. It takes 10 seconds to suit up in HAZMAT gear.
   e. 10. Anyone exposed to the poisonous vapors should be decontaminated with soap and water.
   a. true b. false

To be considered for CDE credit, this answer sheet must be received no later than 06/30/16. A passing score is worth 1 CSE unit toward fulfillment of the Academy’s CSE requirements. Please mark your responses on the answer sheet located at right and mail it in with your processing fee to receive credit. Please retain your CSE letter for future reference.

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To order this week’s quiz for credit, please visit iaedjournal.org and look under “CDE Quiz.”
Effective dispatch doesn’t happen in a vacuum

Jeff Clawson, M.D.

The following article published in the August 1983 issue of Fire Chief Magazine is as relevant today as it was 32 years ago. Namely, a dispatch center is an important element of emergency services and critical to saving lives and property but its ability to support field responders is dependent on having correct policies and procedures in place that clarify expectations of dispatchers and field units and coordinates system resources. Maximal response practices and inconsistent dispatch is not only inefficient internally to the agency, but it also adversely affects response time, jeopardizes responders absent of effective triage, and increases crew fatigue and stress by dispatching personnel to calls that they are not needed on. Finally, while some view the diversity of systems as an asset to tailor expectations to local residents, it can also be considered a liability in cases where local standards fall below generally accepted standards and, as a result contrary to beliefs, the patients are the ones suffering the consequences.

We again thank Dorothea St. John and Reggie Shephard, Jr, for such ‘time’ immutable understanding and advice.
medical services; abuse and misuse of the system by callers demanding treatment for non-emergencies. "The Journal of Emergency Medical Services" Dallas initially attacked the problem by removing the non-emergency component from its calling system.

2. In non-emergency situations, the main concern is the self-help advice and medical education. If, and an EMS unit is not dispatched, then referrals are made to other agencies.

The Dallas Fire Department gave two major reasons for using registra- tion (no phone number to call back), but based on the extensive medical education, nurses receive the risk of misleading the seriousness of a medical emergency is reduced, and both patients are resuscitated to talking to a medical professional.

The Dallas Fire Department's development of medical priority dispatch training, now called "A Guide to Emergency Medical Priority Dispatchers" (GEMPD), further develops the training. This allows for more formal medical training, and may prove more economically feasible for the fire service.

In addition to basic dispatch tech- niques, the GEMPD is trained in the use of a medical priority dispatch card system. This system is structured around the concept of key components: priority dispatch instructions, and dispatch priorities.

The idea of a tiered response, once examined, requires reevaluating the concept of patients complaining of chest pain. In situation A, an 18-year-old female complaining of chest pain but has no history of previous chest pain or heart problem.

In situation B, a 45-year-old male complaining of chest pain but has shortness of breath and history of previous chest pain or heart problem.

The concept of priority dispatching can easily go hand-in-hand with systems of tiered response, that is, dispatching only what is needed. For example, in a series of patient response to dispatch at the first responders, the BLU unit, ALS unit, etc. to the large areas with many levels of EMS response is possible, such as Baltimore County, Maryland.

In order to illustrate the concept of a tiered response, let's examine two situations of patients complaining of chest pain. In situation A, an 18-year-old female complaining of chest pain but has no history of previous chest pain or heart problem.

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In situation B, a 45-year-old male complaining of chest pain but has shortness of breath and history of previous chest pain or heart problem.

The concept of priority dispatching can easily go hand-in-hand with systems of tiered response, that is, dispatching only what is needed. For example, in a series of patient response to dispatch at the first responders, the BLU unit, ALS unit, etc. to the large areas with many levels of EMS response is possible, such as Baltimore County, Maryland.

In order to illustrate the concept of a tiered response, let's examine two situations of patients complaining of chest pain. In situation A, an 18-year-old female complaining of chest pain but has no history of previous chest pain or heart problem.

In situation B, a 45-year-old male complaining of chest pain but has shortness of breath and history of previous chest pain or heart problem.
1. When was this article originally published?
   a. 1983
   b. 1993
   c. 2003
   d. 2013

2. It is medically feasible to dispatch less than an ALS unit on many EMS incidents and to drive without red lights and sirens not only during transport but during initial response.
   a. True
   b. False

3. What does “stacking” calls in reference to ALS response mean?
   a. sending the same ALS unit on multiple calls
   b. holding the call until a unit is available
   c. organizing calls by type—fire, police, and ambulance—to determine priority response
   d. arranging ALS units in terms of desired outcome

4. Should a 17-year-old male with abdominal pain and fever (felt to be appendicitis) be treated as a prehospital emergency requiring red lights, sirens, and paramedic response?
   a. always
   b. probably not

5. What percentage of EMS response requires only Basic Life Support?
   a. 20–30%
   b. 40–50%
   c. 60–70%
   d. 80–90%

6. Salt Lake City’s development of medical priority dispatch training and certification of Emergency Medical Dispatchers (EMD) achieves the following:
   a. further defines the concept of call screening
   b. allows for more formal medical control
   c. may prove more economically feasible to the fire service
   d. all of the above

7. Key Questions in the medical protocols emphasize:
   a. the importance of obtaining symptoms (e.g., chest pain)
   b. the importance of making a diagnosis (heart attack)
   c. the importance of billing the correct claim
   d. the importance of collecting information about the cause of an accident or illness

8. The concept of priority dispatching can easily go head in hand with systems of:
   a. lights and sirens response for every medical call
   b. mutual aid
   c. tiered response, that is, dispatching only what is needed
   d. sorting response depending on the order of calls received

9. A tiered response system is structured to permit the shutdown of the response at any point.
   a. True
   b. False

10. What is the first step to take once the decision is made to change your present system of dispatch?
    a. Apply for funding.
    b. Conduct a thorough system evaluation.
    c. Talk it over with your local city planner.
    d. Introduce the change immediately before anyone can disagree.

To be considered for CDE credit, this answer sheet must be received no later than 06/30/16. A passing score is worth 1.0 CDE unit toward fulfillment of the Academy’s CDE requirements. Please mark your responses on the answer sheet located at right and mail in with your processing fee to receive credit. Please retain your CDE letter for future reference.
Joking about a near-death experience takes a good sense of humor and a really strong relationship when the incident involves a spouse.

At least, that’s what Cindy and Wayne [last name withheld] would lead you to believe.

“Wayne and I had our pulses together a lot,” said Shelby Schmidt, Supervisor, Waukesha County (Wis.) Communications. “It was supposed to be a meet and greet, and they were here for 90 minutes. We always joked that it was going to be one of those events for EMD Lorraine Welsh. The opportunity to help is the major factor in Welsh’s job satisfaction. The dispatcher was party to the birth of a child who weighed 7.9 pounds.

The occasion to meet the couple was the third baby that Welsh delivered. “We’re part of a family of girls, and she stays in contact with one of the families that stopped by for introductions,” Welsh said.

The recognition Welsh received one week after the call was occasioned by International Academies of Emergency Dispatch (IAED®) Accreditation Officer Beverley Logan’s well-timed visit. “I thought she was breathing,” said Welsh. “I thought we would have a little more time” she said. “Instead, I had to move very quickly through the different Pre-Arrival Instruction (PAl) links.”

Within seconds, dad had the baby girl in his hands, but that didn’t make the situation any easier. The cord was wrapped around the baby’s neck, and the baby did not appear to be breathing. Welsh quickly relayed instructions on how to remove the cord and check the baby’s breathing. “He told me she was breathing,” said Welsh, a dispatcher at NIAS for 20 years. “It was really a good feeling to know all was going well for everyone.”

This is the third baby that Welsh has aided in the delivery. They’ve all been girls, and she stays in contact with one of the families that stopped by for introductions. The opportunity to help is the major factor in Welsh’s job satisfaction. The honor of receiving the first stork pin in a rewards program Lyons initiated on Dec. 1, 2014, was the icing on the cake.

“It was nice to be the first [to receive the recognition],” she said. “You can really get emotional about these things.”

Logan was impressed upon hearing the recorded call. “Despite the rapid progression, Lorraine remained on track, moving to a more appropriate part of the protocol with each element of new and updated information she received,” she said. “She really was professional throughout the call and most certainly contributed to the calmness of the caller.”

Lyons said the awards program is a way of showing, “look, you’re doing a great job here.”

“EMDs get hammered all the time, another three acknowledge exemplary customer service, and there are two pins for separate life-saving events (one involving CPR and the other involving a save that did not require CPR, such as instructions that save a choking patient). Belfast’s NIAS has a fleet of over 300 ambulances covering 14,000 square kilometers (5,000 square miles) in Northern Ireland and serving a population of 17 million. The NIAS control room receives around 190,000 emergency 9-9-9 calls and 40,000 general events (one involving CPR and the other involving a save that did not require CPR, such as instructions that save a choking patient).

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**DEVIL OF A GOOD TIME**

Fun-loving couple stops by center to say thanks for CPR save

Two months later, on Dec. 10, 2014, Cindy and Wayne stopped by carrying a box of doughnuts and eager to put a face to the EMD who credited to the critical first step in saving Wayne’s life. “They were the cutest couple ever,” Simms said. “Cindy remembered things I had told her to do. They made me realize how remarkable 9-1-1 can be during that critical moment in a person’s life.”

They also made Simms and Schmidt laugh with their good-natured humor and sense of humor. “Cindy said since the devil apparently didn’t want her husband, he was still hers to look after,” Simms said.

Wayne talked about how cataract surgery on one eye gave him the ability to clearly see the lines on his wife’s face. “Cindy told the doctor not to do the other eye,” Schmidt said.

They escorted Cindy and Wayne on a tour of the center, and Schmidt presented Simms with a lifesaver award pin. She also gave them frames to hold the photo Simms had taken during their visit, engraved with personal messages. Wayne’s read, “Melissa Simms, Wayne’s guardian angel” and Melissa’s, “Wayne’s Guardian Angel, Melissa Simms”.

Simms has been in dispatch for eight years—seven of those years at the Wausha County consolidated center—and it was a second choice after an accident prevented her from her first dream job: work in a forensics lab or behind a desk analyzing medical protocols.

“I thought we would have a little more time” she said. “Instead, I had to move very quickly through the different Pre-Arrival Instruction (PAl) links.”

Within seconds, dad had the baby girl in his hands, but that didn’t make the situation any easier. The cord was wrapped around the baby’s neck, and the baby did not appear to be breathing. Welsh quickly relayed instructions on how to remove the cord and check the baby’s breathing. “He told me she was breathing,” said Welsh, a dispatcher at NIAS for 20 years. “It was really a good feeling to know all was going well for everyone.”

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**PINK IS FOR GIRLS**

Awards program provides color-coded praise

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**THE JOURNAL | iaedjournal.org**
The big play on Super Bowl Sunday came before the game even began. Thomas Kenney, Litchfield County (Conn.) Dispatch dispatcher in training, was munching on some pretzels during a moment of downtime when one didn’t glide down his throat like the others had.

“She (trainee Melissa Lindgren) turned around,” Kenney said. “I guess I wasn’t breathing properly, making weird noises.” Lindgren and dispatcher Adam Sevelowitz looked at each other.

“I heard Melissa say ‘are you choking,’ and I saw Tom standing up hitting his chest,” Sevelowitz said. “All of the sudden he gave the universal sign for choking.’” and I saw Tom standing up.

“We’re a pretty good group of people that work together,” Sevelowitz said. “That’s when we realized that it was a little more serious than we thought.”

Kenney didn’t feel any aftereffects from the choking incident once the pretzel was dislodged. “I stopped eating those pretzels,” he said. Sevelowitz remembers the room returning to normal after the scare.

“Training and QA Coordinator Jeff Liskin said recognition of the entire shift is in the works. The other two dispatchers in the room at the time—Jen Pratt and Martin Rinko—continued manning the phones and radios while Lindgren and Sevelowitz helped Kenney.

Litchfield County Dispatch uses the Priority Dispatch System protocols (medical, fire, and police). The center dispatches for a population of 96,615 people, 33 fire services, 18 ambulance services, 3 paramedic services, and 1 police department.

“We went back to work.”

Petty answered Frank’s call at 10 p.m. on Oct. 4, 2014. Though he has taken about 20 calls during his career where the caller said the mother was in labor, this was the first where he actually went through the step-by-step Pre-Arrival Instructions (PAIs) to deliver the baby.

“But Frank and his wife, Sama-tha, were at last able to meet the man who calmly and skillfully turned a traumatic situation into a joyous occasion.”

“We never had someone come back and thank me before,” Petty said. “It was a pleasant surprise. It was kind of exciting. They were a nice young couple. I held the baby, met the family, and we chatted for an hour.”

It took the Eschenbergers a few months to track Petty down. They knew one of Petty’s co-workers and had initially sent Petty a message though Facebook, but the message got stuck in a different folder. It wasn’t until late December that Petty saw the message. Schedule conflicts and bad weather further delayed the meeting. But Frank and his wife, Samantha, had arrived. Petty congratulated the parents and ended the call. The entire conversation took just four minutes.

“I’ve never had someone come back and thank me before,” Sevelowitz said. “That’s when we realized that it was a little more serious than we thought.”

The mood in the room lightened up a bit after we realized he was OK,” he said. “I concentrated on giving the protocols would be put to the test.

“I knew this baby was coming,” he said. “I concentrated on giving the instructions.”

“Unfortunately, we deal with a lot of tragedy in this line of work, but good calls like this make the job worthwhile,” said Columbia County 911 Director Robert Lopez. “It’s a great feeling for a dispatcher when they can hang up the phone and know that they made a difference. In this case, the dispatcher helped bring a new life into the world. It doesn’t get much better than that.”

Petty said he would be ready and willing to field a similar call in the future, should the occasion arise. He’s grateful for the protocols and couldn’t imagine trying to do this challenging job without them.

“I wouldn’t even want to consider doing this without the protocols,” he said.

Special Delivery
Dispatcher, couple meet months after baby delivery
CPR
HANDS-ONLY

This June, in honor of National CPR Week, the American Heart Association is calling on all Americans to learn how to give Hands-Only™ CPR by watching a simple one-minute video at heart.org/cpr. Once you have learned CPR, give 5 people you care about the power to save lives by equipping them to act quickly in crisis.

383,000
out-of-hospital sudden cardiac arrests occur annually
88%
of cardiac arrests occur at home
>8%
of people who suffer cardiac arrest outside the hospital survive
32%
of cardiac arrest victims get CPR from a bystander

Effective bystander CPR provided immediately after sudden cardiac arrest can double or triple a victim’s chance of survival.

Coronary heart disease accounts for about 550,000 of the 927,000 adults who die as a result of cardiovascular disease.

As there ever a time callers did not punch in the numbers reserved for an emergency to complain about parking tickets, request help in finding a stray cat, or to report a pizza delivered to the wrong address? Well, in 1955—the little-known debut of emergency calltaking—the California Highway Patrol (CHP) discovered that such a number meant many things to many people, and not always what had always been intended.

The result?
A dilemma common through the ensuing decades: delays in reporting and responding to situations of real danger and importance.

According to the Bakersfield Californian [March 15, 1955], the trouble began in February 1954 when the highway patrol announced Zenith 1-2000 (931-2000) ... the reporting of accidents and other emergencies anywhere on stretches of highway in California's unincorporated areas.

A Zenith number was a toll-free number introduced in the U.S. during the 1950s. The calling party would simply specify “Zenith” and the operator would dial summoned the operator. The operator didn’t need to check to see if the charges were authorized—they always were.

Motorists using the “Z” number were urged to ask the operator for that number to pass along word of a bad accident, obstacles and damages potentially jeopardizing travel, and other hazardous conditions.

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As direct-dial toll-free service declined in cost, the once-popular Zenith toll-free numbers nearly disap-

RETRO SPACE

ZENITH MEANT HIGHWAY EMERGENCY
Long before 9-1-1, Zenith summoned assistance

Audrey Fraizer

W

424,000
people each year experience non-traumatic out-of-hospital cardiac arrest (OHCA) assessed by EMS personnel
60%
of OHCA victims are treated by EMS
25%
of OHCA victims treated by EMS have no symptoms before the onset of arrest
23%
of OHCA treated OHCA cases have an initial rhythm of ventricular fibrillation (VF) or ventricular tachycardia (VT). As such, they could respond well to treatment with an automated external defibrillator (AED)

60%
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Zenith 1-2000 was reserved for anything, in short, that spelled highway emergency. Apparently, not everyone spelled the word the same way.

A male caller in San Francisco asked for Zenith 1-2000 for a forecast of road and weather conditions in Kansas City, Mo. A female caller residing in Concord, Calif., alerted CHP to the dead dog on her doorstep. Another male caller told the operator he had a dispute over a recent parking ticket.

CHP Commissioner B.R. Caldwell was gracious in reminding the public of the number’s true intent. CHP was happy to help people with problems unrelated to the highway system, but don’t use Zenith 1-2000 to report them. CHP’s local numbers, listed in the telephone directory, were the numbers to report incidents unrelated to emergencies on highways in unincorporated California.

The reason is simple, Caldwell explained. A story in the same edition of the Bakersfield Californian explains, “A person calling Zenith 1-2000 will be connected directly to the one of the patrol’s emergency radio dispatch stations. These stations were set up to handle emergencies. If the telephone lines are tied up by routine calls, it could mean a delay in sending help to a bad accident.”

Poor driving behaviors, however, were game in choosing the number to dial, according to Caldwell. CHP officers were particularly on the lookout for potentially hazardous violations, such as speeding or moving too fast for conditions, failing to yield the right of way, turning improperly, or driving while intoxicated.

These four types of traffic hazards caused 62 percent of all traffic accidents in the state and accounted for 105,437 violations in 1954, prompting the Zenith 1-2000 emergency phone number.

As direct-dial toll-free service declined in cost, the once-popular Zenith toll-free numbers nearly disap-

Telephone companies in most service areas have stopped assigning new Zenith numbers, although the exchange is credited as the catalyst to the universal emergency number 9-1-1 used throughout the U.S., which, like its predecessor, experiences a high volume of non-emergency calls.

Although the number might no longer exist, the Zenith name is still used to denote the universal emergency number 911.

Zenith was also a magazine that celebrated 60 years of continuous publication.

For more information, please visit heart.org/cpr.

54 THE JOURNAL | iwedjournal.org

may/jun 2015 | THE JOURNAL 55
Two weeks that will change your life...

...and unleash your inner superhero.

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“CCM was life-changing. I learned a lot and developed solid relationships with people I might never have known.”

— Michel Gravel
New Brunswick EMS
Moncton, NB, Canada

Presented by:
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on behalf of IAED™

NENA has approved this course as credit toward recertification for the Emergency Number Professional designation.

Online registration for the 2015 course is now open. Go to www.emergencydispatch.org/certccmcourse or call Sharon Conroy at (816) 431-2600 for more course curriculum and registration information.