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

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

800-811-2248
www.dispatchfaster.com

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

UPDATED VERSION

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

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

800-811-2248
www.dispatchfaster.com

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

Inside the Journal
November/December 2010 | Vol. 12 No. 6

Features

28 | Navigator in Europe
Conferences held on east coast of Atlantic keep growing in the direction of classes and events tailored to the dispatchers attending.

36 | Yellowstone
Emergency dispatch is nerve center for 2.2 million acre national park that during the warmer seasons receives the same number of tourists and types of problems equal to a city of 30,000 people.
A n article in the Oct. 8 issue of The Salt Lake Tribune describes the actions of the United States Postal Service Carrier Salli Hislop to save an elderly gentleman who was apparently suffering from cardiac arrest in the yard of his home in Sandy, Utah.

As the story goes, a barking Yorkshire dog confronting Hislop at the start of her mail route led the carrier to a nearby home where she found the man (apparently the dog’s owner) lying on his front lawn. Taking the phone from the hand of the man’s startled wife, Hislop—according to the article—“calmly started chest compressions at the beat of a 9-1-1 operator.”

Hislop’s actions, “which allowed paramedics to revive the man,” earned her the 2010 Western Region Hero Award from the National Association of Letter Carriers at a banquet held in Washington, D.C.

Postmaster General Jack Potter heralded Hislop during the ceremony for doing more than her job description. The honor she received was “for the recognition.” “I prefer staying in the background,” she told reporters. “I’m not here to catch a bit of the limelight. "I’m not here for the recognition. "I prefer staying in the background." I’m a part of a team. This was nothing I did on my own.”

Donald E. Perry
EMD Instructor / QA Coordinator
Metro/Nashville Emergency Communications Center
Nashville, Tenn.

Donald: The issue of the correct coding to use in situations like the one you’ve given has been raised a few times. Since the force of a bite from these beasts—even in seemingly superficial wounds—can seriously damage underlying tissues and organs, it’s important to code the injury accurately to ensure appropriate medical treatment.

When bites are reported as SUPERFICIAL, the default Determinant Code 3-B-3 will be used.

The story goes, a barking Yorkshire dog confronting Hislop at the start of her mail route led the carrier to a nearby home where she found the man (apparently the dog’s owner) lying on his front lawn. Taking the phone from the hand of the man’s startled wife, Hislop—according to the article—“calmly started chest compressions at the beat of a 9-1-1 operator.”

Hislop’s actions, “which allowed paramedics to revive the man,” earned her the 2010 Western Region Hero Award from the National Association of Letter Carriers at a banquet held in Washington, D.C.

Postmaster General Jack Potter heralded Hislop during the ceremony for doing more than her job description. The honor she received was “for the recognition.” “I prefer staying in the background,” she told reporters. “I’m not here to catch a bit of the limelight. "I’m not here for the recognition. "I prefer staying in the background." I’m a part of a team. This was nothing I did on my own.”

Donald E. Perry
EMD Instructor / QA Coordinator
Metro/Nashville Emergency Communications Center
Nashville, Tenn.

Donald: The issue of the correct coding to use in situations like the one you’ve given has been raised a few times. Since the force of a bite from these beasts—even in seemingly superficial wounds—can seriously damage underlying tissues and organs, it’s important to code the injury accurately to ensure appropriate medical treatment.

When bites are reported as SUPERFICIAL, the default Determinant Code 3-B-3 will be used.
COMPOSITIONPOETRY

Finding Christmas at 9-1-1

It’s Christmas Eve and here you are...away from family fun.
A holiday...another day...at work for 9-1-1.

You try to make the best of it...to have some Christmas cheer.
And though a little sadness creeps,
Remember why you’re here...to be there when they call,
Emergencies aren’t put on hold...at Christmas time at all.

So underneath that headset
‘neath the console’s blinking lights,
Just know you are a blessing
On this holiest of nights
May the magic of your worthy work
Bring a smile when day is done,
May the spirit of the season
Find you peace at 9-1-1.

S. Stigler, 2010

DEARREADER

Compassion Takes Hold With The Territory

Audrey Fraizer, Managing Editor

A historic district close to downtown and part of my daily walk features businesses and residential architecture from the early 19th century. While many of the homes and former administrative buildings have been “renovated” beyond hope of period recognition, a few have survived to retain the look and character of their turn of the century distinction. People living in the at least partially preserved American-Victorian style homes tend to be older and carry a certain “this is my home” air about their neighborhood.

Walking any course routinely, as other walkers know, develops a close community of sorts. I don’t live in this neighborhood—although I would love to—but I can count on reciprocating several gracious nods of hello from familiar faces crossing paths during the workday. With some, Iexchange a few words of friendly conversation, particularly if there is a dog or dogs trailing beside.

It’s a peaceful habit.

An older gentleman, whom I presume has lived in the neighborhood for many years from the distinct appearance of his Victorian style cottage and gait, walks his two dogs during the same time I take my break. I don’t know his name although I do know the names of his dogs, a common occurrence among dog lovers. Archie, an aging Border collie mix, and Daphne, a scruffy big dog mix, may have lost their puppy bounce but certainly not their enthusiasm for daily walks and all the solicited attention they can receive.

Well, I should say the gentleman did walk his dogs. In late August, I noticed the time of our front porch seemed to sag, almost in a shock of abandonment. The newspapers piled up on the path leading to the front door. The buds of sunflowers bowed from neglect. Archie, Daphne, and their favorite companion had vanished from their daily routine.

I was worried. My walk was feeling incomplete.

Sometime during those two months, I read a story in our local paper about a man removed from his home following a fall. I connected the dots. Not long after, I exchanged a few words from a sun parked on the street in front of his home were carrying ladders and cans of paint through the front door, which was once the opening to his world inside and out.

I will keenly feel the absence of these three members of my nomadic community during the walks in seasons to come. I never even asked his name, and for that I regret.

Maybe that’s somewhat of the feeling dispatchers get when releasing the caller in an emergency. There’s not the opportunity to introduce yourself—like in mine—but there might still be a sense of urgency wondering what happened in their world. It’s a bittersweet reminder of the transient nature of living.
DLS is a unique, non-visual practice utilizing trained EMDs following protocol. EMDs are not trained in the same methods as field responders; instead, as they are specifically trained as medical professionals in the non-visual realm of emergency dispatch, they are certainly not laypersons. As such, DLS requires considerations not always included in layperson or professional recommendations, and may contain elements of both. This is why, on the surface, there seems to be pointed differences in what you may see in the guidelines for laypersons as compared to what you see in the MPDS. This may be best illustrated in the DLS recommendations to provide the head-tilt maneuver as a method of airway control versus the trained-rescuer recommendation to use the head-tilt/chin-lift maneuver, or even the recovery position. The unique, non-visual environment of DLS, the combination of trained EMD and untrained layperson, and the necessity of diligent, on-the-phone monitoring of critical patient demands these differences.

Compressions 1st and Hands-Only CPR

The most prominent change in the new CPR guidelines is, undoubtedly, the move to a compression-only first approach to the cardiac arrest victim (and where have we heard that term before?). Rather than providing an initial 2 breaths followed by 30 compressions, the new guidelines—both for trained laypersons and rescuers—puts greater emphasis on the critical nature of compressions in the first minutes of cardiac arrest by simply switching the order of operations. Instead of the familiar ABC (Airway, Breathing, Circulation), the recommendations now call for CAB (Circulation, Airway, Breathing). For the untrained rescuer, a Hands-Only approach is now recommended.

As you may have noticed, this emphasis on compressions has been made in the MPDS as well, and has been a consistent feature of the DLS protocol (S691). Because some EMS response times are unavoidable, and based on best available research, the Academy’s Resuscitation Council set the Compressions 1st Pathway at 600 compressions followed by ventilations, allowing for eventual ventilations in cases of extended response times.

In summary, the new guidelines suggest a Hands-Only approach to CPR for untrained rescuers during the first minutes of suspected cardiac arrest. These guidelines, however, remain unclear about when assisted ventilation is absolutely necessary and emphasize the importance of dispatch instructions. “If a bystander is not trained in CPR, then the bystander should provide Hands-Only CPR (chest compression only) CPR, with an emphasis on ‘push hard and fast,” or follow the directions of the emergency medical dispatcher” (S690).

As a provider of a non-visual practice, there is obviously more research available to us. While a 30:2 ratio of compressions followed by ventilations is now advised for all trained rescuers, and Hands-Only CPR is advised if the rescuer is untrained or unwilling to provide ventilations. This new recommendation (the reversed order of the conventional CPR procedure) is currently being considered for children and asphyxial arrest by the Academy’s Standards Council for implementation in the MPDS. However, it is important to note that the rationale for this order change in pediatrics and asphyxial arrest was not based on patient outcomes, but rather speed to compressions and ease of training.

From the guidelines:

It is, however, unknown whether it makes a difference if the sequence begins with compressions (ABC) or with chest compressions (CAB). The CAB sequence for infants and children is recommended in order to simplify training with the hope that more victims of sudden cardiac arrest in infants and children will receive bystander CPR. It offers the advantage of consistency in teaching rescuers, whether their patients are infants, children, or adults (S863). Currently, in arrests of probable respira- tory origin (other than cardiac origin), the order of operations instructions in the MPDS is the only variance from the new guidelines. However, the intention of the order outlined in the AHA guidelines is to simplify dispatch training and enable the procedure to be easily remembered; this is not a problem in the DLS environment.
The MPDS currently addresses this issue with an option to switch rescuers, when available and fatigued, after 200 compressions. However, this option may become mandatory when a second rescuer is available, as the research shows fatigue and poor performance are not always recognized, according to improved compression rate and quality clearly has an adverse effect on patient outcomes.

Summary

The 2010 Guidelines for CPR emphasize rapid recognition of cardiac arrest by de-emphasizing the breathing check and removing the old “Look, Listen, and Feel” method from the RLS algorithm. The current version of the MPDS adheres to these guidelines, as will future versions: the MPDS certification course teaches EMDs to recognize agonal breathing (gasping), and the Agonal Breathing Diagnostic Tool provides real-time EMD support, and changes to the airway and breathing panels in MPDS v.12.2 will further enhance compliance to this recommendation.

Additional guidelines have been published regarding the care of chest pain and stroke patients, as well as a basic first aid. As an MPDS user, you can be assured that all of the new guidelines will be evaluated and, where appropriate, incorporated into the DLS standard of care. You can download the new AHA guidelines into your JEMS application here: Circulation has published the full text paper on the new guidelines available at the following link:

http://circ.ahajournals.org/content/vol122/18_supp_3

A leader willing to serve inspires the same quality among those under his or her leadership and staff by creating opportunities for improvement and the development of buy-in or an ownership stake.

The concept of servant leadership is important to understand, with an emphasis on putting the people and organization first, a leader who helps others succeed. Servant leaders inspire through actions that invariable achieve empowerment. Tools and opportunities set the stage for success. People in an environment that appreciates their contributions feel their efforts and supports short- and long-term goals beneficial to the organization tend to be more committed. The self-esteem and self-confidence builds, making the individual even more valuable to the success of the whole.

Vision

It may be truer to say that leaders’ vision is an outgrowth of their values. Shaping the success of tomorrow today is an awesome responsibility and even greater opportunity for those willing to do more than solely accept the title.

Articulation

The ability to articulate ideas and goals goes hand-in-hand with active listening. Whether speaking one-on-one or to a group or sending a written message, the ability to communicate effectively can have a great impact on success or failure. While actions may speak louder than words and a servant leader is very action oriented, without solid communication skills success may likely be limited.

Altruism

Altruism is another important trait. By putting the people and organization first, a leader becomes something greater than the “one in charge.” Successes and failures become part of the journey of leadership. Great leaders ask, “Who contributed to the success?” and make sure the individuals are recognized. In a situation missing the mark, the leader should ask, “What did I do to contribute to this?” rather than pointing a finger. This approach tends to build a safe environment, which in turn, builds commitment in the organization.

Coaching and mentoring

Coaches and mentors also contribute to the success of an organization. Think back to childhood and the coaching received from parents, older siblings, other family members, or the coaches of an organized team or association. Their generosity of spirit and genuine desire to help were the driving forces behind their efforts. To put it into perspective, if I asked you to name the president who signed social security into law or the name of the president who established the commission suggesting the establishment of a national emergency number, I am guessing most (myself included before I looked them up) would have hard-pressed to come up with the answer. However, if I asked you to name a teacher, coach, friend, or family member having a present or past profound impact on your life, the answers would come without hesitation. The selfless acts for the good of others have far-reaching impact that will be long remembered.

The ability to articulate ideas and goals goes hand-in-hand with active listening. Whether speaking one-on-one or to a group or sending a written message, the ability to communicate effectively can have a great impact on success or failure. While actions may speak louder than words and a servant leader is very action oriented, without solid communication skills success may likely be limited.

Articulation

The ability to articulate ideas and goals goes hand-in-hand with active listening. Whether speaking one-on-one or to a group or sending a written message, the ability to communicate effectively can have a great impact on success or failure. While actions may speak louder than words and a servant leader is very action oriented, without solid communication skills success may likely be limited.

Altruism

Altruism is another important trait. By putting the people and organization first, a leader becomes something greater than the “one in charge.” Successes and failures become part of the journey of leadership. Great leaders ask, “Who contributed to the success?” and make sure the individuals are recognized. In a situation missing the mark, the leader should ask, “What did I do to contribute to this?” rather than pointing a finger. This approach tends to build a safe environment, which in turn, builds commitment in the organization.

Coaching and mentoring

Coaches and mentors also contribute to the success of an organization. Think back to childhood and the coaching received from parents, older siblings, other family members, or the coaches of an organized team or association. Their generosity of spirit and genuine desire to help were the driving forces behind their efforts. To put it into perspective, if I asked you to name the president who signed social security into law or the name of the president who established the commission suggesting the establishment of a national emergency number, I am guessing most (myself included before I looked them up) would have hard-pressed to come up with the answer. However, if I asked you to name a teacher, coach, friend, or family member having a present or past profound impact on your life, the answers would come without hesitation. The selfless acts for the good of others have far-reaching impact that will be long remembered.

The ability to articulate ideas and goals goes hand-in-hand with active listening. Whether speaking one-on-one or to a group or sending a written message, the ability to communicate effectively can have a great impact on success or failure. While actions may speak louder than words and a servant leader is very action oriented, without solid communication skills success may likely be limited.

Articulation

The ability to articulate ideas and goals goes hand-in-hand with active listening. Whether speaking one-on-one or to a group or sending a written message, the ability to communicate effectively can have a great impact on success or failure. While actions may speak louder than words and a servant leader is very action oriented, without solid communication skills success may likely be limited.

Altruism

Altruism is another important trait. By putting the people and organization first, a leader becomes something greater than the “one in charge.” Successes and failures become part of the journey of leadership. Great leaders ask, “Who contributed to the success?” and make sure the individuals are recognized. In a situation missing the mark, the leader should ask, “What did I do to contribute to this?” rather than pointing a finger. This approach tends to build a safe environment, which in turn, builds commitment in the organization.

Coaching and mentoring

Coaches and mentors also contribute to the success of an organization. Think back to childhood and the coaching received from parents, older siblings, other family members, or the coaches of an organized team or association. Their generosity of spirit and genuine desire to help were the driving forces behind their efforts. To put it into perspective, if I asked you to name the president who signed social security into law or the name of the president who established the commission suggesting the establishment of a national emergency number, I am guessing most (myself included before I looked them up) would have hard-pressed to come up with the answer. However, if I asked you to name a teacher, coach, friend, or family member having a present or past profound impact on your life, the answers would come without hesitation. The selfless acts for the good of others have far-reaching impact that will be long remembered.

The ability to articulate ideas and goals goes hand-in-hand with active listening. Whether speaking one-on-one or to a group or sending a written message, the ability to communicate effectively can have a great impact on success or failure. While actions may speak louder than words and a servant leader is very action oriented, without solid communication skills success may likely be limited.

Articulation

The ability to articulate ideas and goals goes hand-in-hand with active listening. Whether speaking one-on-one or to a group or sending a written message, the ability to communicate effectively can have a great impact on success or failure. While actions may speak louder than words and a servant leader is very action oriented, without solid communication skills success may likely be limited.

Altruism

Altruism is another important trait. By putting the people and organization first, a leader becomes something greater than the “one in charge.” Successes and failures become part of the journey of leadership. Great leaders ask, “Who contributed to the success?” and make sure the individuals are recognized. In a situation missing the mark, the leader should ask, “What did I do to contribute to this?” rather than pointing a finger. This approach tends to build a safe environment, which in turn, builds commitment in the organization.

Coaching and mentoring

Coaches and mentors also contribute to the success of an organization. Think back to childhood and the coaching received from parents, older siblings, other family members, or the coaches of an organized team or association. Their generosity of spirit and genuine desire to help were the driving forces behind their efforts. To put it into perspective, if I asked you to name the president who signed social security into law or the name of the president who established the commission suggesting the establishment of a national emergency number, I am guessing most (myself included before I looked them up) would have hard-pressed to come up with the answer. However, if I asked you to name a teacher, coach, friend, or family member having a present or past profound impact on your life, the answers would come without hesitation. The selfless acts for the good of others have far-reaching impact that will be long remembered.
Mastering Your P’s and Q’s. Apply QA principles to personal goals

Michael Spath

The ED-Q Certification Course curriculum provides the following five-step process on implementing a quality management program:

- Defining a performance standard
- Training to that standard
- Establishing statistical measures
- Retraining to the standard
- Establishing the continuous quality improvement cycle.

In this article, I refashion that approach, focusing instead on the personal needs of the emergency dispatcher (ED). Rather than accreditation, we can each pursue what Peter Senge, in his book The Fifth Discipline, calls personal mastery: “approaching one’s life as a creative work, living life from a creative as opposed to a reactive viewpoint.”

We can achieve personal mastery.

Take charge

Given the stress of everyday life, it’s hard to imagine how to avoid reacting to a situation; we’re not often proactive. In Chapter 9 of The Fifth Discipline, Senge describes two steps to integrating personal mastery into our lives: continually clarifying what is important and continually learning how to see reality more clearly. Combining these two steps with the five steps taught in our Q course, we see the ways in which personal discipline can revolutionize our lives, much like implementing a quality management program: focusing instead on the personal needs of our spouse each week, calling a relative or friend periodically, and then use a simple checklist to measure how often we meet or do not meet that standard.

Results you can see

Keeping a checklist generally intimidates people because of the time involved and the quest for so-called perfection. Being human, none of us will ever be perfect, but there is merit in achieving consistently better performance through awareness and focus. The personal quality checklist is a method for achieving quality in some very personal areas—health, finances, and relationships. Using this simple tool, we can apply the principles taught in our Q curriculum to our personal lives. Not dealing with these three areas of our personal lives can quickly lead to increased personal stress and depression. On the other hand, we can achieve personal mastery—making our lives a creative, proactive work rather than a reactive one.

Sources


The Communications Center Manager Course

Online session begins: August 22, 2011
Onsite: September 25-30, 2011 • November 6-11, 2011
“The CCM course is much more than a construction learning experience for center professionals...it is a reaffirmation of the value of the individual as a whole and the priceless gift of an entire new network of telecommunicators who have now become part of my extended family.”

—Sherri Stigler, Waukesha County Communications, Waukesha, WI

...without therapy.
The 9-9-9 call an unknown bystander placed this past September from an industrial estate in Essex, United Kingdom, summoned dozens of police, paramedics, and fire crews to a tragic scene becoming all too common. Reclining in the front seat of a vehicle were the bodies of two people, who before their deaths had posted signs on the windows warning of the lethal gas that would be released once the car doors were opened. The area was sealed off for safety precautions and their deaths later ruled as suicide from asphyxiation. As found out later, the man and woman had made a pact online and their deaths later posted signs on the window of their car, claiming their grandchild has been kidnapped and posing as children but also called local police for their help in persuading the targeted parents we dispatch,” she said.

He is the backbone of everything the Academy, EMS, and public safety stand for,” Dr. Clawson said. “His knowledge in both EMS management and Priority Dispatch go hand in hand in refining EMS system design and management.”

Jerry Overton joins IAED staff

Jerry Overton will oversee the processes that clinically and technically combine emergency medical dispatch (EMD) protocols and nurse triage for health care access management in his new position as chairman of the International Academies of Emergency Dispatch (IAED)’ Emergency Clinical Advice System & Standards Board. Overton brings extensive emergency medical services experience to the position, including 19 years as executive director of the Richmond Ambulance Authority (RAA) in Virginia and similar positions with the Metropolitan Ambulance Service Trust (MAST) and Kansas City EMS, both in Kansas City, Mo. Overton was among the first directors of a large EMS to embrace the Medical Priority Dispatch System (MPDS®).

Dr. Jeff Clawson acknowledged Overton for expertise in EMS Status Systems Management, which is a process to direct EMS resources between calls in order to prepare the system for the best possible response for all subsequent EMS calls.

“His knowledge in both EMS management and Priority Dispatch go hand in hand in refining EMS system design and management.”

FCC upgrades 9-1-1 location accuracy requirements

Wireless carriers will be required to meet new location accuracy requirements, starting with public safety answering point (PSAP) level in eight years with location-accuracy benchmarks at interperiods, according to a Federal Communications Commission (FCC) ruling made Sept. 23.

Under the new rules, handset-based carriers must ensure that 67% of Phase II calls are accurate within 50 meters in all regions after the first year of benchmarking, and 90% of Phase II calls are accurate within 150 meters in all counties or PSAP service areas at the end of the eight-year period. Network-based carriers must ensure that 67% of Phase II calls are accurate within 100 meters in all counties or PSAP service areas.

Previous FCC rules included similar accuracy requirements for the region that carriers were able to include results from larger regional areas in meeting benchmarks, while serving callers in rural areas with such poor location information systems that it provided little benefit to first responders.

The calls—more often accidental than intentional—are growing at a rate that is adding up to millions across the country. While there are few reliable statistics on the frequency and number, many PSAPs are beginning to compile statistics to show how serious the problem is becoming.

“The progression to greater and greater complexity is adding up to millions across the country,” Overton said. “This is a big issue for the public safety answering point (PSAP) level in eight years with location-accuracy benchmarks at interperiods, according to a Federal Communications Commission (FCC) ruling made Sept. 23.

“Under the new rules, handset-based carriers must ensure that 67% of Phase II calls are accurate within 50 meters in all regions after the first year of benchmarking, and 90% of Phase II calls are accurate within 150 meters in all counties or PSAP service areas at the end of the eight-year period. Network-based carriers must ensure that 67% of Phase II calls are accurate within 100 meters in all counties or PSAP service areas. Previous FCC rules included similar accuracy requirements for the region that carriers were able to include results from larger regional areas in meeting benchmarks, while serving callers in rural areas with such poor location information systems that it provided little benefit to first responders.

Jerry Overton will oversee the processes that clinically and technically combine emergency medical dispatch (EMD) protocols and nurse triage for health care access management in his new position as chairman of the International Academies of Emergency Dispatch (IAED)’ Emergency Clinical Advice System & Standards Board. Overton brings extensive emergency medical services experience to the position, including 19 years as executive director of the Richmond Ambulance Authority (RAA) in Virginia and similar positions with the Metropolitan Ambulance Service Trust (MAST) and Kansas City EMS, both in Kansas City, Mo. Overton was among the first directors of a large EMS to embrace the Medical Priority Dispatch System (MPDS®).

Dr. Jeff Clawson acknowledged Overton for expertise in EMS Status Systems Management, which is a process to direct EMS resources between calls in order to prepare the system for the best possible response for all subsequent EMS calls.

“He is the backbone of everything the Academy, EMS, and public safety stand for,” Dr. Clawson said. “His knowledge in both EMS management and Priority Dispatch go hand in hand in refining EMS system design and management.”

Overton and Dr. Clawson, inventor of the Priority Dispatch System (“PDS”), founded the non-profit National Academy of Emergency Dispatch (RAA), which has more than 240 million 9-1-1 calls, or nearly two-thirds of all calls received by 9-1-1 centers nationwide, are made annually from mobile hand-held devices in the United States, according to the Federal Communications Commission (FCC).

More than 240 million 9-1-1 calls, nearly two-thirds of all calls received by 9-1-1 centers nationwide, are made annually from mobile hand-held devices in the United States, according to the Federal Communications Commission (FCC).
Is your barbecue grill up to code?

Summer may be months away, but it’s never too early to make sure your barbecue grill is up to city and state code. Huh?

Perhaps you weren’t aware of the fact that most states have regulations regarding that important piece of American culture. Even since a national building code for barbecues was approved in 2003, states in every part of the country have adopted these regulations. In Minnesota, fire code does not prohibit barbecue grills on balconies and patios of multi-family occupancies unless local government adopts Appendix H of the Minnesota State Fire Code. If that’s the case, no one in that city or town of that jurisdiction is allowed to cause any fire or open flame on any balcony above ground level or on any ground floor patio within 15 feet of the structure. Now that’s confusing.

So, what can you do, particularly if you live in an apartment or a condominium community? Those are only samples, and we task you to find a state that doesn’t have regulations. New York City has a list of regulations that could make you think twice about cooking or roasting anything outside instead of in. First, it’s illegal to use a propane barbecue grill on a balcony, terrace, or roof. No more than two 20-pound propane tanks are allowed on the grounds of a one or two-family home. It’s also against the law to use a charcoal barbecue grill on a balcony or terrace unless there is an immediate source of water nearby (specifically, a garden hose or four gallon pail of water). The full set of regulations is available at 3 RCNY Sect. 20-04.

The U.S. Centers for Disease Control and Prevention (CDC) and Substance Abuse and Mental Health Service Administration. DAWN tracks the impact of drug use, misuse, and abuse by monitoring drug-related hospital emergency department (ED) visits; tracking results for the use and misuse of drugs in 2004 showed 1.6 million ED visits and 2 million visits in 2008. The report was released in June. Among the findings:

• Visits for misuse prescription and over-the-counter drugs are now as common as emergency department visits for use of illicit drugs
• Estimated ED visits involving nonmedical use of benzodiazepines increased 89% during 2004-2008 (from 143,500 to 271,700 visits)
• Estimated ED visits involving oxycodone increased from 4,710 to 105,000 during 2004-2008

For the year 2008, rates for opioids and benzodiazepines increased sharply after age 17, peaked in the 21-24 years age group, and declined after reaching age 54.

For a Continuing Dispatch Education article describing prescription drug use and the application of the Medical Priority Dispatch System® (MPDS®) protocol, see the Jan/Feb 2010 issue of The Journal.

PREVENTION

Marion County Fire Rescue helps put out fires before they start

The H1N1 swine flu epidemic is officially over. According to the World Health Organization (WHO), the world has, as of July 10, 2010, entered the “post-pandemic period” of H1N1 in which the virus has been replaced by—like—and circulating with—other flu bugs.

The H1N1 swine flu virus is part of future flu seasons. The vaccine for the 2010-2011 includes the H1N1 swine flu virus, as well as the type A H3N2 and type B viruses.

The Rask Evaluation and Mitigation Strategy (REMS) for extended-release opioids unveiled by the U.S. Food and Drug Administration (FDA) in June dropped many of the earlier ideas that made the report controversial and long in waiting. The proposal emphasizes oversight and education and discards prescriber accreditation and patent registration programs that early critics said could create a stigma for pain patients. It would be the job of drug manufacturers to offer training to on the use of opioids—although the FDA will not require verification of training—and to encourage clinician distribution of patient drug education sheets. A guide accompanying each prescription will inform patients of the safe usage, storage, and disposal of long-acting and extended-release opioids. According to the statistics, more than 1 million prescribers are registered with the Drug Enforcement Administration (DEA) to prescribe opioids and of these, 700,000 prescribe the long-acting and extended-release opioids to an estimated 4 million patients daily.

Nonmedical use of prescription narcotics increased 111% during 2004-2008, according to the Drug Abuse Warning Network (DAWN) administered by the Centers for Disease Control and Prevention (CDC) and Substance Abuse and Mental Health Service Administration. DAWN tracks the impact of drug use, misuse, and abuse by monitoring drug-related hospital emergency department (ED) visits; tracking results for the use and misuse of drugs in 2004 showed 1.6 million ED visits and 2 million visits in 2008. The report was released in June. Among the findings:

• Visits for misuse prescription and over-the-counter drugs are now as common as emergency department visits for use of illicit drugs
• Estimated ED visits involving nonmedical use of benzodiazepines increased 89% during 2004-2008 (from 143,500 to 271,700 visits)
• Estimated ED visits involving oxycodone increased from 4,710 to 105,000 during 2004-2008

For the year 2008, rates for opioids and benzodiazepines increased sharply after age 17, peaked in the 21-24 years age group, and declined after reaching age 54.

For a Continuing Dispatch Education article describing prescription drug use and the application of the Medical Priority Dispatch System® (MPDS®) protocol, see the Jan/Feb 2010 issue of The Journal.

Marion County Fire Rescue recommends parents or caregivers follow these life-saving tips to help prevent juvenile arson:

• Teach children fire is a tool, not a toy
• Keep matches and lighters out of reach of children
• A 2-year-old can operate a cigarette lighter
• Always supervise young children
• Set a good example, use matches and lighters safely
• Do not ignore a child’s interest in fire; explain the harmful consequences of playing with fire
• Maintain smoke detectors
• Practice exit drills monthly
• Never leave gas stoves turned on or lit unattended
• Teach children to tell adults about any matches or lighters they find

The risk of fire in the home, in school, and in the community is a major concern, and Marion County Fire Rescue (MCFR) is doing its part to teach local children and teens fire safety as part of the yearly session of Juvenile Fire Safety. In the class, participants learn about fire and its serious consequences as a natural or man-made disaster of property, serious injury, death, fines, and jail time. They join in discussions, watch videos, listen to stories from other first responders, and write essays on fire safety and prevention in the class.

Sweeney and McCann vary the material, depending on the age group they are teaching.

“We definitely don’t want to teach the four-year-old the same way we teach the 16-year-old,” Sweeney said.

For the 13-16 year-old class, a video showing young burn victims who share their experiences really gets the message across. “It’s a pretty hard-hitting film,” Sweeney said.

“It makes them think ‘that could have been me.’”

Sweeney knows the Juvenile Fire Safety Program, created in 1992, has made the difference they were looking for. Only two of the more than 800 children who have gone through the program have become repeat offenders. Parents have told Sweeney that they’ve noticed changes in their children since they went through the class. Based on numbers from the MCFR’s Prevention Division, which tracks local arson statistics, children who have participated in Marion County’s juvenile fire safety program made a 30% decrease in outside fires and 116 structure fires between 1997-2008.

Marion County Fire Rescue encourages parents or caregivers follow these life-saving tips to help prevent juvenile arson:

• Teach children fire is a tool, not a toy
• Keep matches and lighters out of reach of children
• A 2-year-old can operate a cigarette lighter
• Always supervise young children
• Set a good example, use matches and lighters safely
• Do not ignore a child’s interest in fire; explain the harmful consequences of playing with fire
• Maintain smoke detectors
• Practice exit drills monthly
• Never leave gas stoves turned on or lit unattended
• Teach children to tell adults about any matches or lighters they find
Best Practices

Build Rapport.
Minor adjustments go a good distance when serving diverse populations

By Heather Darata

Considering a longer-living population—and 60 is not really the new 40—and the dynamics that flow from demographics and ever-changing technology, dispatchers will never be at a loss for challenges in the chain of communication.

And, they’ll always be the first in line.

“Sometimes we can be presented with callers that are having trouble communicating with us,” said Manatee County (Fla.) Emergency Communications Center (ECC) Fire Liaison Lisa Kalmbach in her Navigator 2010 session 9-1-1 Service for Special Needs Populations. “It’s our job to work around that and get the information that we need.”

Maybe it’s a matter of the dispatcher failing to understand what the caller is trying to relay because of communication challenges or language barriers. Maybe the caller is young—under five—or elderly. Or, maybe the caller has difficulty speaking because of a cognitive disorder or a condition brought on by stroke or accident.

Whatever the situation, there are ways to get around the difficulty.

One end of the spectrum

According to the Department of Health & Human Services’ (HHS) Administration on Aging, people 65 and older numbered 38.9 million in 2008, representing 12.8% of the population. By 2030, it is projected there will be about 72.1 million older people, representing 19% of the population.

Seventy-five percent of all medical calls to the Manatee County ECC are from the elderly, but that doesn’t mean any two callers of the same age are anything alike. Hearing loss, difficulty with enunciation because of a medical problem, or memory glitches (those senior moments) are just some of the issues dispatchers may face.

The need to repeat questions because the caller can’t hear you or is having trouble processing the information leads to frustration, as Kalmbach has heard indirectly when QA’ing calls between dispatchers and older callers. Dispatchers have tried speaking loudly—yelling even—to no avail.

“Just drop their tone of voice that would make all the difference,” Kalmbach said.

She also suggested slowing the rate of speech when talking to someone who sounds older, while at the same time avoiding the impression that the dispatcher is belittling or patronizing the caller. Enunciate clearly when speaking and provide one Post-Dispatch Instruction (PDI) at a time rather than offering the entire list at once.

Above all, remain calm and reassuring.

“Even if they can hear your questions or your message they may have trouble processing what you’re saying, formulating a response, and sending it back,” Kalmbach said.

Younger population

Consider a call from a child as a genuine situation until proven otherwise, Kalmbach said.

Not only do you need to assume the child calling is experiencing an emergency situation, but you need to relate to him or her on a personal level.

Ask the child what his or her name is and, once known, use it frequently to establish a nurturing relationship early during the call.

“As soon as you get their names, you’re going to be their substitute parent until help arrives.” Kalmbach said.

Children might not know their address and phone number or may not even be at their home when the emergency occurs. In those types of cases, Kalmbach says dispatchers should be taught how to use these tools, particularly if used only on rare occasion. Think ahead for other services and technology include Speech to Speech for people whose speech may be affected by stroke or other disorder and CapTel for those with a tendency to miss large sections of a conversation.

And, finally, children also need guidance and reassurance. Kalmbach said.

“They’re looking for somebody that’s in control,” she said. “They want to know what they’re doing is OK and have the reassurance that someone will take care of things for them.”

“Communications-challenged”

The third group may come in any age, representing circumstances affecting communication such as dysphasia/aphasia, stoma/laryngectomy, a congenital speech impairment or disease-related speech impairment, or callers who are hearing-impaired, partially or completely deaf, or deaf/blind.

According to the Hearing Loss Association of America, 36 million, or one in every 10, Americans has hearing loss, and the number is expected to nearly double by 2030 as baby boomers reach retirement age beginning in 2010; one in every three people over age 65 is affected.

For the hand of hearing or those with speech difficulties, most centers offer a TDD (telecommunications device for the deaf). If a TDD is not available, callers can communicate their emergency through telecommunications relay operators. Video Relay Service enables a hearing-impaired individual to use a Web cam to sign to an American Sign Language (ASL) interpreter. Voice Carry Over (VCO) allows a person to use his or her voice on the telephone and read the other person’s response.

For the hard of hearing, the Hearing Carry Over (HCO) is a relay service between a person who can hear but has a speech impairment, and a hearing person over the telephone.

Other services and technology include Speech to Speech for people whose speech may be affected by stroke or other disorder and CapTel for those with a tendency to miss large sections of a conversation.

“Make necessary, appropriate modifications to questions and instructions but do not them change them. After all, the word “patient” may have an entirely different meaning to a three-year-old wanting to go outside on a rainy day.”

It’s also important to offer reassurance and that’s what children look for, Kalmbach said. Phrases that work well include “I’m here,” “I’m helping,” and “I’m going to stay on the phone with you until help gets there.”

Communications-challenged

The third group may come in any age, representing circumstances affecting communication such as dysphasia/aphasia, stoma/laryngectomy, a congenital speech impairment or disease-related speech impairment, or callers who are hearing-impaired, partially or completely deaf, or deaf/blind.

According to the Hearing Loss Association of America, 36 million, or one in every 10, Americans has hearing loss, and the number is expected to nearly double by 2030 as baby boomers reach retirement age beginning in 2010; one in every three people over age 65 is affected.

For the hard of hearing or those with speech difficulties, most centers offer a TDD (telecommunications device for the deaf). If a TDD is not available, callers can communicate their emergency through telecommunications relay operators. Video Relay Service enables a hearing-impaired individual to use a Web cam to sign to an American Sign Language (ASL) interpreter. Voice Carry Over (VCO) allows a person to use his or her voice on the telephone and read the other person’s response. Hearing Carry Over (HCO) is a relay service between a person who can hear but has a speech impairment, and a hearing person over the telephone.

Other services and technology include Speech to Speech for people whose speech may be affected by stroke or other disorder and CapTel for those with a tendency to miss large sections of a conversation.

Communications-challenged

The third group may come in any age, representing circumstances affecting communication such as dysphasia/aphasia, stoma/laryngectomy, a congenital speech impairment or disease-related speech impairment, or callers who are hearing-impaired, partially or completely deaf, or deaf/blind.

According to the Hearing Loss Association of America, 36 million, or one in every 10, Americans has hearing loss, and the number is expected to nearly double by 2030 as baby boomers reach retirement age beginning in 2010; one in every three people over age 65 is affected.

For the hard of hearing or those with speech difficulties, most centers offer a TDD (telecommunications device for the deaf). If a TDD is not available, callers can communicate their emergency through telecommunications relay operators. Video Relay Service enables a hearing-impaired individual to use a Web cam to sign to an American Sign Language (ASL) interpreter. Voice Carry Over (VCO) allows a person to use his or her voice on the telephone and read the other person’s response. Hearing Carry Over (HCO) is a relay service between a person who can hear but has a speech impairment, and a hearing person over the telephone.

Other services and technology include Speech to Speech for people whose speech may be affected by stroke or other disorder and CapTel for those with a tendency to miss large sections of a conversation.

Communications-challenged

The third group may come in any age, representing circumstances affecting communication such as dysphasia/aphasia, stoma/laryngectomy, a congenital speech impairment or disease-related speech impairment, or callers who are hearing-impaired, partially or completely deaf, or deaf/blind.

According to the Hearing Loss Association of America, 36 million, or one in every 10, Americans has hearing loss, and the number is expected to nearly double by 2030 as baby boomers reach retirement age beginning in 2010; one in every three people over age 65 is affected.

For the hard of hearing or those with speech difficulties, most centers offer a TDD (telecommunications device for the deaf). If a TDD is not available, callers can communicate their emergency through telecommunications relay operators. Video Relay Service enables a hearing-impaired individual to use a Web cam to sign to an American Sign Language (ASL) interpreter. Voice Carry Over (VCO) allows a person to use his or her voice on the telephone and read the other person’s response. Hearing Carry Over (HCO) is a relay service between a person who can hear but has a speech impairment, and a hearing person over the telephone.

Other services and technology include Speech to Speech for people whose speech may be affected by stroke or other disorder and CapTel for those with a tendency to miss large sections of a conversation.
A bagful of novelty frogs set aside by Human Resources at Salt Lake City International Airport proved a lucky find for Operations Supervisor Bonni Stockman. The long-time emergency communications professional wanted to create an incentive program among staff in her drive to become a medical Accredited Center of Excellence (ACE), and the zero-startup costs in a bag nobody else wanted certainly offered an attractive solution.

Stockman designed a program highlighting a “Leap to Accreditation” theme and approached Operations Support Manager Lisa Julio for her approval.

“Everyone likes a challenge,” Julio said. “The program was a go.”

Stockman put together a chart, listing the names of the center’s 14 operations coordinators (dispatchers/calltakers), six supervisors, and Manager Julio. She developed in-house rules for earning frogs, including finishing a continuing dispatch education (CDE) assignment within 24 hours of e-mail notification and scoring high on a quality assurance call review. Ten frogs earned a meal voucher and 20 handouts to a gift card.

They had a year to collect their frogs, Stockman said.

“That’s all the time we had,” Julio said. “We had a year to get the work [ACE requirements] done.”

The goal—an ACE—achieved two months ahead of their deadline amazed those close to the control center and National Academies of Emergency Dispatch® (NAED™) Accreditation Board Chair Brian Dale.

No other airport had attempted the process and it’s probably for the same reasons Dale anticipated at the Salt Lake City Department of Airports: the seven-digit number used in placing calls to the control center, and the willingness of their callers—mostly internal staff—to go through the interrogation process.

“I had reservations,” said Dale, Salt Lake City Fire Dept. deputy chief, logistics/support. “We all did. They’re talking to people who don’t have a lot of time and would resist the interrogation process.”

But the frogs had paid off.

An international destination

Salt Lake City International Airport is situated on 8,500 acres five miles northwest of downtown Salt Lake City. There are three terminals, five concourses, and 8,130 aircraft gates. General aviation facilities, including fixed base operators, are on the east side of the field. Cargo companies are clustered south of the terminal buildings. Support facilities include three fire stations, an airport rescue and firefighting training center, police station, ground transportation facilities, and various freight and mail facilities.

The control center is located in Terminal One of the airport. The coordinators routinely handle 22 million strangers (the travelers in the population), 550 airport employees, and 14,000 others working at the airport, including restaurants, airlines, gift shops, and newstands.

Four coordinators work under one supervisor during the morning and after- noon shifts, while two coordinators and one supervisor are scheduled for graveyard. Six months of formal training followed by a six-month probationary period promote fluency with the 30 different systems: monitoring airport fire, police, EMS, and airfield and landside operations.

Coordinators also participate in the mock aircraft accident exercise the Federal Aviation Administration (FAA) requires every three years. The most recent exercise, conducted in September 2008, simulated the crash of an Airbus A-319 aircraft to give hands-on experience in Aircraft Rescue Fire Fighting response, logistics and transportation, emergency operations, helicopter landing zones, triage, and the use of the incident command system.

“It takes at least a couple of years until you’re feeling good at this,” said Jenni- fer McNamara, who worked landside at the airport prior to applying for and accepting a job in the control center five years ago. “Then it’s still something new every day. There’s never monotony at this job.”

McNamara wasn’t the top frog earner of the bunch, but her high QA scores nudged out two very close contenders in a quest to achieve Navigator 700, the gold in Orlando, Fl. The contest, which was the grand prize for the motivational program, introduced McNamara to peers struggling with the same issues although in a more traditional 9-1-1 setting.

Unique emergency environment

Salt Lake City International Airport is accredited by the National Academies of Emergency Dispatch® (NAED™) Accreditation Board for the operations center. The center is also the Grand Prize winner of the first annual Navigator contest sponsored by NAED, a recognition associated with an airport’s communications center.

“The salt lake city center frequently handles 22 million strangers (the travelers in the population), 550 airport employees, and 14,000 others working at the airport, including restaurants, airlines, gift shops, and newstands. Four coordinators work under one supervisor during the morning and afternoon shifts, while two coordinators and one supervisor are scheduled for graveyard. Six months of formal training followed by a six-month probationary period promote fluency with the 30 different systems: monitoring airport fire, police, EMS, and airfield and landside operations.

Coordinators also participate in the mock aircraft accident exercise the Federal Aviation Administration (FAA) requires every three years. The most recent exercise, conducted in September 2008, simulated the crash of an Airbus A-319 aircraft to give hands-on experience in Aircraft Rescue Fire Fighting response, logistics and transportation, emergency operations, helicopter landing zones, triage, and the use of the incident command system.

“It takes at least a couple of years until you’re feeling good at this,” said Jennifer McNamara, who worked landside at the airport prior to applying for and accepting a job in the control center five years ago. “Then it’s still something new every day. There’s never monotony at this job.”

McNamara wasn’t the top frog earner of the bunch, but her high QA scores nudged out two very close contenders in a quest to achieve Navigator 700, the gold in Orlando, Fl. The contest, which was the grand prize for the motivational program, introduced McNamara to peers struggling with the same issues although in a more traditional 9-1-1 setting.

Unique emergency environment

Salt Lake City International Airport is accredited by the National Academies of Emergency Dispatch® (NAED™) Accreditation Board for the operations center. The center is also the Grand Prize winner of the first annual Navigator contest sponsored by NAED, a recognition associated with an airport’s communications center.

“We had a year to get the work done,” Stockman says. “Of course, I wanted to put the airport among the best communications centers in the industry, but there was also the status that comes with being No. 1. ‘Of course, I wanted to be first airport to earn accreditation,’” said Julio, a coordinator prior to her current position. “I’m very proud of our coordinators working so hard to accomplish the goal. I’m quite the major achievement.”

NAED Associate Director Carlynn Page was also eager to see the airport control center accomplish what she hadn’t seen done before during her many years of coordinat- ing the ACE process for downtown Chicago. "They set a great example for other airports to follow," she said.

Leaping to accreditation

Julio and Stockman met weekly during the year of “Leap to Accreditation” and pulled in experts from the Academy—like Dale, Brin- ton, and Page—and operations staff to achieve the Twenty Points of Accreditation. The already nerve-racking task only grew more intimidating when two months into the project, they made the average three-minute paramedic response time and almost immediate response of police or operations officers to the scene. In the case of cardiac arrest, AEDs are easily accessible and almost everyone on airport staff is CPR/AED trained and certified.

“Hemorrhaging and cardiac arrest are big ones,” Stockman said. “Especially the types of medical calls fluctuate with the season and weather,” Stockman said.

Lisa Julio

“I’m very proud of our coordinators working so hard to accomplish the goal. It’s quite the major achievement.”

Julie Stockman

Lisa Julio
switch from using cardsets to ProQA software. “That wasn’t an easy adjustment on top of everything else,” Stockman said.

Coordinators accepted the ACE process—what else could they do—but it took some time to understand why they were trying to achieve ACE and what it meant to their center.

Enter the frogs

That’s where the frogs and pep talks came in. Earning a frog was an incentive that developed both camaraderie and rivalry among staff members. Frogs were abducted, borrowed, and stowed away for safe keeping in locked drawers and cabinets. At the end, Stockman gave everyone stuffed, fluffy frogs and gift cards. “It was a lot of work,” she said. The payoff was more than worth the effort. They had a staff attentive to the process and the project helped pull them together as a tighter team. They also felt that their contributions to the goal mattered.

Coordinator Jason vanCampen, a former airport land-side employee, really didn’t understand the effort until going through the steps. “Now it’s a big deal to me,” he said. “I go home with more pride for what I do.”

Dale stands in awe of an accomplishment he wasn’t placing any bets on. “They did a phenomenal job of convincing people this is what they needed and making that happen,” he said. “They deserve lots of credit.”

Jeff Clawson, M.D., inventor of the Priority Dispatch System™ and co-founder of the NAED, seconded the notion, adding, “As much as I fly in and out of here, it’s really nice to know that our city’s international airport is tops in dispatching skills,” he said. “Maybe frogs should be the 21st Point for accreditation. It sure worked for them.”

Best is yet to come

Stockman has more ideas on her plate, although exclusive of projects involving the distribution and counting of frogs. Her current project is designing a scavenger hunt, which would push coordinators out of the control center’s comfort zone and around the airport in a game that provides actual images of a growing, international airport constantly in the clutch of a major construction project. McNamara has her plans, too. “My next goal is dispatcher of the year,” she said. “That would be something.”

“I go home with more pride for what I do.”
– Jason VanCampen

Coordinator Jason VanCampen, a former airport land-side employee, really didn’t understand the effort until going through the steps. “Now it’s a big deal to me,” he said. “I go home with more pride for what I do.”

Dale stands in awe of an accomplishment he wasn’t placing any bets on. “They did a phenomenal job of convincing people this is what they needed and making that happen,” he said. “They deserve lots of credit.”

Jeff Clawson, M.D., inventor of the Priority Dispatch System™ and co-founder of the NAED, seconded the notion, adding, “As much as I fly in and out of here, it’s really nice to know that our city’s international airport is tops in dispatching skills,” he said. “Maybe frogs should be the 21st Point for accreditation. It sure worked for them.”

Best is yet to come

Stockman has more ideas on her plate, although exclusive of projects involving the distribution and counting of frogs. Her current project is designing a scavenger hunt, which would push coordinators out of the control center’s comfort zone and around the airport in a game that provides actual images of a growing, international airport constantly in the clutch of a major construction project. McNamara has her plans, too. “My next goal is dispatcher of the year,” she said. “That would be something.”

“I go home with more pride for what I do.”
– Jason VanCampen

Coordinator Jason VanCampen, a former airport land-side employee, really didn’t understand the effort until going through the steps. “Now it’s a big deal to me,” he said. “I go home with more pride for what I do.”

Dale stands in awe of an accomplishment he wasn’t placing any bets on. “They did a phenomenal job of convincing people this is what they needed and making that happen,” he said. “They deserve lots of credit.”

Jeff Clawson, M.D., inventor of the Priority Dispatch System™ and co-founder of the NAED, seconded the notion, adding, “As much as I fly in and out of here, it’s really nice to know that our city’s international airport is tops in dispatching skills,” he said. “Maybe frogs should be the 21st Point for accreditation. It sure worked for them.”

Best is yet to come

Stockman has more ideas on her plate, although exclusive of projects involving the distribution and counting of frogs. Her current project is designing a scavenger hunt, which would push coordinators out of the control center’s comfort zone and around the airport in a game that provides actual images of a growing, international airport constantly in the clutch of a major construction project. McNamara has her plans, too. “My next goal is dispatcher of the year,” she said. “That would be something.”
**TUESDAY, APRIL 19TH**

**9:30AM-10:00AM**
Registration Open and Continental Breakfast

**10:00AM-11:15AM**
Exclusive Exhibit Hall Hours and Box Lunch

**11:45AM-12:45PM**
Presentation: **Managing High Morale in Your Agency**

**1:45PM-2:45PM**
Presentation: **Chronic Runaways**
Dr. Jeff Clawson, Brett Patterson

**2:45PM-3:00PM**
Tea and Coffee Break

**3:15PM-4:15PM**
Panel Discussion: Dispatcher Stress

**4:15PM-5:15PM**
Presentation: **It's How You Say It**

**5:15PM-6:15PM**
Networking & CCM Graduation

**THURSDAY, APRIL 21ST**

**7:30AM-8:30AM**
Registration Open and Continental Breakfast

**8:30AM-9:30AM**
Presentation: **Getting Ready for Training with a Purpose**

**9:15AM-10:15AM**
Presentation: **Moving from High Risk/Low Frequency: Stories from Protocol 54**

**11:00AM-12:00PM**
Presentation: **Moving from High Risk/Low Frequency: Stories from Protocol 54**

**1:00PM-2:00PM**
Presentation: **The ABCs of CDE**

**FRIDAY, APRIL 22ND**

**7:30AM-8:30AM**
Registration Open and Continental Breakfast

**8:30AM-9:30AM**
Presentation: **Providing EMD**

**9:15AM-10:15AM**
Presentation: **The Disruptor: A Note on Indicators of Major Incident**

**10:30AM-11:30AM**
Presentation: **What's New in v12.2**

**11:45AM-12:45PM**
Presentation: **Why People Die in Fires—A Human Problem**

**1:00PM-2:00PM**
Presentation: **Bullets and Water: The Nuts and Bolts of Becoming an ACE**
**ANNOUNCING 9-1-1 COMMUNICATION CENTER BEST PRACTICES IN CASES OF MISSING CHILDREN**

A missing child is a critically important and high profile event that can rip the fabric of your agency and community if not handled correctly. In terms of urgency, use of resources and potential impact on the community, a missing child requires a level of readiness akin to a disaster. This joint initiative of NAED, NCMEC, NENA, National AMBER Alert and the National Center for Missing & Exploited Children (NCMEC) was created to:

- Promote awareness of the critical role of the 9-1-1 communication center in handling missing and exploited children calls
- Develop and endorse best practices
- Develop tools for handling incidents of missing and abducted children

**What could be more important than protecting our children?**

**Helping to PROTECT OUR CHILDREN is as easy as 1-2-3!**

1. **Download NCMEC’s 9-1-1 Communication Center Best Practices in Cases of Missing Children document from** www.missingkids.com/911
2. **Request a copy of the Public Safety Telecommunicator Checklist for Missing Children.**
3. **Apply to attend NCMEC’s CEO Overview Course in Alexandria, Virginia.**

**CEO Overview Course**

9-1-1 Communication Center Managers and Directors are invited to apply to attend the two-day overview course held at the National Headquarters of NCMEC in Alexandria, VA. Courses are conducted approximately every six weeks at no cost to participants.
International Navigator is more than a replica of the premier emergency dispatch conference held each year stateside.

Much more.

In fact, since the first trans-Atlantic Navigator more than a decade ago, the event has morphed into two separate conferences—EuroNavigator and UKNavigator—with each holding its own in meeting a diverse and ever-growing international roll of protocol users.

EuroNavigator became its own entity three years ago, splitting off from the formerly solo UKNavigator to better meet the demands of German-speaking members of the International Academies of Emergency Dispatch® (IAED™).

The sessions speak of respective needs, such as avalanche dangers in the Alps, and the same goes for recognition.

Dividing the conference between two major international has proved quite beneficial, according to IAED President Scott Freitag.

"The best part for me is spending more time listening to concerns that aren’t always shared across the board," he said.
**UK Dispatcher of the Year.**

Dispatcher does everything she can for every caller

Emily Darata was stunned when chosen as UK Dispatcher of the Year.

The dispatcher with North West Ambulance Service NHS Trust, Cumbria & Lancashire Control Centre, doesn’t keep track of her accomplishments and to her way of thinking, it was obvious that any of her nominated peers would have been just as well suited to receive the award.

“I was shocked actually,” she said. “Very surprised. People had taken some really good calls.”

The call submitted by Taylor’s supervisor, Peter Balak, acting sector manager, Cumbria & Lancashire Area Emergency Communications Centre, demonstrates Taylor’s skilled use of protocol and techniques including repetitive persistence and reassurance.

In February 2010, Taylor took a call from a mother who found her teenage daughter hanging at the family home. The mother wavered in distress after giving the family’s address and Taylor was able to calm the caller; together they provided CPR to the caller’s daughter while waiting for the ambulance to arrive.

Although the outcome wasn’t what Taylor and the mother had hoped—the daughter died—Taylor knows they worked to do “everything we possibly could.”

“While the incident had a tragic outcome, Katrina displayed the very attitude that she is well known for,” said Beverley Logan, International Academies of Emergency Dispatch (IAED) national accreditation officer.

“Roz has done so much to advance patient care,” Logan said. “We just wanted to thank her and acknowledge the difference she has made throughout the years she’s been involved in emergency services.”

The final day of the conference featured an EMD-Q Certification Course and Instructor Recertification Workshops. Freitag said he likes meeting conference-goers and hearing about the challenges and triumphs they face in their area of the world.

“The Academy conferences are unlike any other event I attend and I look forward to them every year,” he said.

**UKNavigator.**

The conference just keeps getting better

UKNavigator offered educational classes, recognition, and networking in a three-day event attracting 116 people, its largest attendance since the international conference became two—UKNavigator and EuroNavigator—in 2008.

The conference held in Brierley Hill, England, kicked off with the Welcoming Reception on Monday, Sept. 20. Scott Freitag, International Academies of Emergency Dispatch (IAED) president, awarded the Dispatcher of the Year Award to Katrina Taylor from the North West Ambulance Service (NWAS) NHS Trust, Cumbria & Lancashire Control Centre.

A special excellence award was presented to NWAS, Cumbria & Lancashire Control Centre, for handling flooding, a car/school bus crash, and a mobile shooter within an eighth-month period, with the first incident occurring in November 2009 (see separate story). Beverley Logan, IAED national accreditation officer, said it was important to recognize those in the control center for the excellent way they handled the incidents.

“While members of the public have given their praise to emergency services responders, it is vital that we recognize and applaud all those staffing the communications center for their role in providing care during these three major incidents—in particular, when resources are depleted and stress is high,” Logan said.

The West Midlands Ambulance Service (WMAS) NHS Trust received its medical Accredited Center of Excellence award, while still on an accolade high after its smooth delivery of medical cover, in conjunction with St. John Ambulance, during Pope Benedict’s visit to Birmingham during the weekend prior to UKNavigator. WMAS covers a geographical area of about 5,000 square miles and serves a population of more than 5.3 million people. The trust has more than 3,300 staff members and dispatches from three control centers.

The Dublin Fire Brigade Control Room received its medical reaccreditation award. The Dublin Fire Brigade Control Room handles 999 fire calls for Dublin, Carlow, Monaghan, Cavan, Westmeath, Kildare, Offaly, Louth, and Wicklow in addition to approximately 85% of the 999 ambulance requests for the Dublin District.

Then it was off to the races with three days of educational sessions and a chance to network outside of the conference. The first day of classes provided both a general/medical track and a police track featuring classes similar to those at the stateside Navigator—such as Violence in Police Calls—to classes more specific to the conference’s U.K. audience—such as The Contribution of PSIAM to Patient Care Over the Last Decade.

That night, a suggestion to check out curry-based cuisine—ended up in a group surprise.

That evening’s Closing Dinner featured the presentation of a special award and Bristol Blue hand-blown vase to Roz Paskin, who recently retired from the Welsh Ambulance Service after a 20-year career starting at WMAS. Paskin has been an EMD, ED-Q, EMD-I, she remains a national instructor for the U.K.

“I don’t think the restaurant knew what hit them when we walked in,” she said. “We were ushered to the back of the restaurant and hit them when we walked in,” she said. “We were ushered to the back of the restaurant and pretty much took over the place. The meal was fantastic and a good time was had by all.”

The next day it was back to business for attendees with classes including What’s New in v12.22; I Hear Dead People, and Dealing with Aggressive Callers.

That evening’s Closing Dinner featured the presentation of a special award to Roz Paskin, who recently retired from the Welsh Ambulance Service after a 20-year career starting at WMAS. Paskin has been an EMD, ED-Q, EMD-I, she remains a national instructor for the U.K.

“Roz has done so much to advance patient care,” Ganley said. “We just wanted to thank her and acknowledge the difference she has made throughout the years she’s been involved in emergency services.”

By Heather Darata

UKNavigator, for handling flooding, a car/school bus crash, and a mobile shooter within an eighth-month period, with the first incident occurring in November 2009 (see separate story). Beverley Logan, IAED national accreditation officer, said it was important to recognize those in the control center for the excellent way they handled the incidents.

“While members of the public have given their praise to emergency services responders, it is vital that we recognize and applaud all those staffing the communications center for their role in providing care during these three major incidents—in particular, when resources are depleted and stress is high,” Logan said.

The West Midlands Ambulance Service (WMAS) NHS Trust received its medical Accredited Center of Excellence award, while still on an accolade high after its smooth delivery of medical cover, in conjunction with St. John Ambulance, during Pope Benedict’s visit to Birmingham during the weekend prior to UKNavigator. WMAS covers a geographical area of about 5,000 square miles and serves a population of more than 5.3 million people. The trust has more than 3,300 staff members and dispatches from three control centers.

The Dublin Fire Brigade Control Room received its medical reaccreditation award. The Dublin Fire Brigade Control Room handles 999 fire calls for Dublin, Carlow, Monaghan, Cavan, Westmeath, Kildare, Offaly, Louth, and Wicklow in addition to approximately 85% of the 999 ambulance requests for the Dublin District.

Then it was off to the races with three days of educational sessions and a chance to network outside of the conference. The first day of classes provided both a general/medical track and a police track featuring classes similar to those at the stateside Navigator—such as Violence in Police Calls—to classes more specific to the conference’s U.K. audience—such as The Contribution of PSIAM to Patient Care Over the Last Decade.

That night, a suggestion to check out curry-based cuisine—ended up in a group surprise.

That evening’s Closing Dinner featured the presentation of a special award and Bristol Blue hand-blown vase to Roz Paskin, who recently retired from the Welsh Ambulance Service after a 20-year career starting at WMAS. Paskin has been an EMD, ED-Q, EMD-I, she remains a national instructor for the U.K.

“I don’t think the restaurant knew what hit them when we walked in,” she said. “We were ushered to the back of the restaurant and pretty much took over the place. The meal was fantastic and a good time was had by all.”

The next day it was back to business for attendees with classes including What’s New in v12.22; I Hear Dead People, and Dealing with Aggressive Callers.

That evening’s Closing Dinner featured the presentation of a special award to Roz Paskin, who recently retired from the Welsh Ambulance Service after a 20-year career starting at WMAS. Paskin has been an EMD, ED-Q, EMD-I, she remains a national instructor for the U.K.

“Roz has done so much to advance patient care,” Ganley said. “We just wanted to thank her and acknowledge the difference she has made throughout the years she’s been involved in emergency services.”

The final day of the conference featured an EMD-Q Certification Course and Instructor Recertification Workshops. Freitag said he likes meeting conference-goers and hearing about the challenges and triumphs they face in their area of the world.

“The Academy conferences are unlike any other event I attend and I look forward to them every year,” he said.

By Heather Darata

UKNavigator, for handling flooding, a car/school bus crash, and a mobile shooter within an eighth-month period, with the first incident occurring in November 2009 (see separate story). Beverley Logan, IAED national accreditation officer, said it was important to recognize those in the control center for the excellent way they handled the incidents.

“While members of the public have given their praise to emergency services responders, it is vital that we recognize and applaud all those staffing the communications center for their role in providing care during these three major incidents—in particular, when resources are depleted and stress is high,” Logan said.

The West Midlands Ambulance Service (WMAS) NHS Trust received its medical Accredited Center of Excellence award, while still on an accolade high after its smooth delivery of medical cover, in conjunction with St. John Ambulance, during Pope Benedict’s visit to Birmingham during the weekend prior to UKNavigator. WMAS covers a geographical area of about 5,000 square miles and serves a population of more than 5.3 million people. The trust has more than 3,300 staff members and dispatches from three control centers.

The Dublin Fire Brigade Control Room received its medical reaccreditation award. The Dublin Fire Brigade Control Room handles 999 fire calls for Dublin, Carlow, Monaghan, Cavan, Westmeath, Kildare, Offaly, Louth, and Wicklow in addition to approximately 85% of the 999 ambulance requests for the Dublin District.

Then it was off to the races with three days of educational sessions and a chance to network outside of the conference. The first day of classes provided both a general/medical track and a police track featuring classes similar to those at the stateside Navigator—such as Violence in Police Calls—to classes more specific to the conference’s U.K. audience—such as The Contribution of PSIAM to Patient Care Over the Last Decade.

That night, a suggestion to check out curry-based cuisine—ended up in a group surprise.

That evening’s Closing Dinner featured the presentation of a special award and Bristol Blue hand-blown vase to Roz Paskin, who recently retired from the Welsh Ambulance Service after a 20-year career starting at WMAS. Paskin has been an EMD, ED-Q, EMD-I, she remains a national instructor for the U.K.

“I don’t think the restaurant knew what hit them when we walked in,” she said. “We were ushered to the back of the restaurant and pretty much took over the place. The meal was fantastic and a good time was had by all.”

The next day it was back to business for attendees with classes including What’s New in v12.22; I Hear Dead People, and Dealing with Aggressive Callers.

That evening’s Closing Dinner featured the presentation of a special award to Roz Paskin, who recently retired from the Welsh Ambulance Service after a 20-year career starting at WMAS. Paskin has been an EMD, ED-Q, EMD-I, she remains a national instructor for the U.K.

“Roz has done so much to advance patient care,” Ganley said. “We just wanted to thank her and acknowledge the difference she has made throughout the years she’s been involved in emergency services.”

The final day of the conference featured an EMD-Q Certification Course and Instructor Recertification Workshops. Freitag said he likes meeting conference-goers and hearing about the challenges and triumphs they face in their area of the world.

“The Academy conferences are unlike any other event I attend and I look forward to them every year,” he said.
Events Make International Headlines.
Center handling multiple mass emergencies lauded
By Audrey Fraizer

The stories coming from Cumbria County in North West England made headlines. Storms pummeled Cumbria County as floods predicted. School bus crash leaves three dead and 39 injured. Twelve killed in rampage in rural Britain.
The three events occurring during an eight month period extending from November 2009 to early June 2010 in Cumbria were nothing short of extraordinary, particularly in an area renowned for its tranquility.
"No one could see any of this coming," said Beverley Logan, national accreditation officer for the International Academies of Emergency Dispatch® (IAED™). "No one would. Events of this magnitude don’t happen in Cumbria, let alone in succession over a relatively short time."

The level of emergency each event represented and the corresponding level of professionalism shown by North West Ambulance Service (NWAS) NHS Trust’s Broughton Emergency Control Centre dispatchers brought them special plaudits at UKNavigator, held Sept. 21-23 in Brierley Hill. Colleagues from throughout the U.K. praised their actions when called to the stage to accept the Exemplary Standard of Caring Award during opening ceremonies.
IAED President Scott Freitag, who presented the award, acknowledged the vital role dispatchers played in three events catching international attention.
"This award recognizes and praises the care they provided during times of great public need," he said. "They were the first connection of hope for people in very difficult and stressful situations. In those moments, the dispatchers helped to restore order to their worlds."

The events
On Wednesday, Nov. 18, 2009, homes and businesses in Appleby, Cumbria, prepared for flooding based on warning forecasts of heavy rain and gales. During the next several hours, 52-year-old Derrick Bird, a taxi driver, killed at least 12 people in a rampage involving 25 locations across rural Cumbria. Twenty-five others were wounded. Bird was later found dead from an apparent suicide at a remote hamlet.
The control center staff deployed 13 emergency ambulances, six rapid response vehicles, and four members of the command team to West Cumbria, and handled calls from the multiple locations. During the day, another 666 calls were processed of which 239 were life-threatening emergencies.

On Monday, May 24, 2010, two teenagers and an adult driver were killed and four others were critically injured following a crash between a car and a school bus in Keswick, Cumbria. Thirty-five people suffered minor injuries in the accident. The accident was within 13 miles of the floods only five months earlier.

On June 2, 2010, an initial report of a single shooting quickly turned into multiple calls reporting multiple shootings. During the next several hours, 52-year-old Derrick Bird, a taxi driver, killed at least 12 people in a rampage involving 25 locations across rural Cumbria. Twenty-five others were wounded. Bird was later found dead from an apparent suicide at a remote hamlet.

The conduct that the staff showed during all of the above (incidents) was second to none and I am proud to say that I work with them," Ballan said. "All calls relating to all of the above (incidents) were dealt with in a professional manner with compassion for the patients and callers at the scene."

The ambulance control staff documented a total average compliance of 94.45% with customer service at 95.84% during the eight-month period.

About Cumbria
Cumbria is the second-largest county in England by area, though it is one of the most sparsely populated counties with a population of just under half a million. The county extends along the Irish Sea coast from Morecambe Bay to Solway Firth, and draws 20 million tourists each year to its many scenic and historic attractions, including the Lake District National Park, the 11th century Furness Abbey, and the conservation-friendly South Lakes Wild Animal Park.

The territorial police force Cumbria Constabulary is the fifth-largest force in England and Wales in terms of geographic size covered but one on the smallest in terms of officer numbers. NWAS NHS Trust covers an area of more than 5,400 square miles with a population of more than seven million people. The control center answers more than one million emergency calls each year.
The third annual EuroNavigator held in as many years drew a record number of attendees, attracting dispatchers from 10 centers in Germany and Austria and highlighting the unique features of these countries while, also, confirming the universal appeal of the life-saving protocol.

**Topics close to home**

The 15 educational sessions ranged from those popular at UKNavigator and the state-side Navigator—stress management, ProQA® Tips and Tricks, and protocol updates—to those specific to the local populations—avalanche dangers and at least one-third of the patients suffering a heart attack exhibit none of the classic risk factors such as smoking or elevated concentrations of blood lipids. Recent studies led by Dr. Johann Wotza at the Clinical Division of Cardiology (Department of Medicine II in Vienna) indicate a specific protein found in the Austrian Alps to tackle deep powder avalanches. The Fire Priority Dispatch System (FPDS®) addresses avalanche rescue in Protocol 54: Confined Space/Structure Collapse and the Medical Priority Dispatch System (MPDS®) addresses the medical trauma associated with avalanche in several protocols, including Protocol 20: Heat/Cold Exposure.

Heart attacks and strokes are the most common cause of death among Austrians and at least one-third of the patients suffering a heart attack exhibit none of the classic risk factors such as smoking or elevated concentrations of blood lipids. Recent studies led by Dr. Johann Wotza at the Clinical Division of Cardiology (Department of Medicine II in Vienna) indicate a specific protein found in the Austrian Alps to tackle deep powder avalanches. The Fire Priority Dispatch System (FPDS®) addresses avalanche rescue in Protocol 54: Confined Space/Structure Collapse and the Medical Priority Dispatch System (MPDS®) addresses the medical trauma associated with avalanche in several protocols, including Protocol 20: Heat/Cold Exposure.

The third annual EuroNavigator held in as many years drew a record number of attendees, attracting dispatchers from 10 centers in Germany and Austria and highlighting the unique features of these countries while, also, confirming the universal appeal of the life-saving protocol.

**By Audrey Fraizer**

The professional and personal traits are also the reason Lausch nominated Michalek for the Dispatcher of the Year Award that he subsequently accepted at EuroNavigator 2010 held in Innsbruck, Austria. Michalek has been in dispatch since 2005, having transferred to the inside job following six years on the street as a paramedic.

Avalanches are the No. 1 cause of death among Austrians and tourists participating in winter sports, claiming an average of 26 lives each year, with the majority occurring among skiers venturing off patrolled slopes in the Austrian Alps to tackle deep powder avalanches. The Fire Priority Dispatch System (FPDS®) addresses avalanche rescue in Protocol 54: Confined Space/Structure Collapse and the Medical Priority Dispatch System (MPDS®) addresses the medical trauma associated with avalanche in several protocols, including Protocol 20: Heat/Cold Exposure.

The out-of-classroom events included the Dispatcher of the Year Award and a tour of the Emergency Medical Service in Innsbruck, an urban university-affiliated system serving more than 250,000 events annually, sending medical response to about 800 events per day. All dispatchers must have prior experience as a paramedic with the ambulance service.

"He wanted the challenge, and he's very good at it," said Lausch, a paramedic who has been at MA 70 for more than a decade. "No matter the call, he's able to keep the people calm and doing what they should."

"Perseverance paid off. Michalek coaxed the caller into a continuous pattern of CPR chest compressions. The ambulance arrived, and the caller's wife repeated to the distressed caller and managed to keep the caller on task says a lot about Michalek, Lausch said.

"He thought I was pulling his leg when I told him about the nomination," he said. "He was very pleased to find out how serious I was."

"He was the perfect choice," Lausch said. "He has all the qualities that made him the ideal candidate."

The award surprised and thrilled Michalek, Lausch said. "He wanted the challenge, and he's very good at it," said Lausch, a paramedic who has been at MA 70 for more than a decade. "No matter the call, he's able to keep the people calm and doing what they should."

The Vienna Ambulance Service is a municipal department of the City of Vienna. The emergency communications center, MA 70, receives 250,000 events annually, sending medical response to about 800 events per day. All dispatchers must have prior experience as a paramedic with the ambulance service.
Toursists literally spend hours morning and night across a stream from Hayden Valley at Yellowstone National Park waiting for their chance to see black bears, grizzlies, wolves, and other animals emerge from the forested area at its perimeter.

The valley offers a "safe" place to observe wildlife at a comfortable distance and away from a backcountry close encounter.

While there is always the risk of bumping into a bear or other animal, attacks are actually quite rare. In fact, if you had to rate the chance of an animal attack against the chance of a motor vehicle accident during any season, the latter would win hands down for reasons unrelated to wildlife jams (visitors creating traffic backups when lining up cars roadside to watch wolves, bears, bison, elk, and other Yellowstone favorites).

"People speed and miss the turns," said Kaelyn Johnson, EMD, manager of the Emergency Communications Center headquartered at Mammoth Hot Springs in the northwest corner of Yellowstone. "You'd think they'd slow down to admire the scenery but for some reason they're in a hurry to get wherever they're going."

Johnson's been in dispatch for 25 years, a length of time that doesn't include the years she spent volunteering and working part-time with the National Park Service (NPS). While in high school, the native of Provo, Utah, accepted a summer contract working at Grand Canyon National Park in the role of a Harvey Girl. Dressed in a victorian dress, she told period stories describing the travails of Western migration. Johnson funded her bachelor's degree in communications from Provo's Brigham Young University (BYU) through money raised from seasonal park jobs. Her subsequent federal career with the NPS has taken her to Grand Teton National Park, Golden Gate Park, and Sequoia National Park (Calif.), and finally, in 2003, to Yellowstone. She lives less than a two-minute walk or 30-second drive from the communications center in the housing section of Lower Mammoth Hot Springs established for employees required to live on site ("required occupancy").

"Where else can you live that has wolves and other animals emerging from the woods, bumping into a bear or other animal, and other Wyoming National Park waiting for their chance to see black bears, grizzlies, wolves, and other animals emerge from the forested area at its perimeter?," she said.

Although admittedly not an outdoor enthusiast—only once consenting to a cross-country ski outing and never to a backpacking trip or an all-day hike—Johnson enjoys the complexity of managing dispatch in the 2.2 million acre (3,472-square-mile) sanctuary straddling Wyoming, Montana, and Idaho.

"I wanted to work with the cream of the crop, but I don't enjoy hiking," she said. "I have a great staff. We see and hear everything."

Yellowstone. It's a big city with bears and elk and bison among your neighbors.

Nerve center of Yellowstone

Johnson runs the nerve center of Yellowstone from a renovated barn built more than a century ago as part of Fort Yellowstone. The center, accessible by a staircase leading to the second floor, overlooks the Mammoth Hot Springs Terraces and gives dispatchers a balcony seat for watching the bear, elk, and bison passing through park headquarters.

The nine permanent full-time and three seasonal (summer) dispatchers are host to anyone and anything coming through the gates, and that includes an annual average of three million tourists, park rangers, volunteers, seasonal park staff, and concessionaire employees. The 40 to 50 research specialists in the backcountry on any given day are required to check in with dispatch every morning; the first missed call is reported to the district ranger while a second missed call prompts a search and rescue mission. A team failing to understand the importance of calling stands to lose future research privileges.

Dispatchers monitor access into restricted areas and keep in constant radio contact during high-profile police investigations, which recently meant staying tuned to the more than 100 armed park rangers on patrol when Arizona prison escapee John McCluskey and his fiancé and cousin accomplice Cassidy Welch, referred to as the modern “Bonnie and Clyde,” were among the 969,000 visitors to the park in August 2010. They were apprehended August 20th in the Apache-Sitgreaves National Forest in eastern Arizona.

They send officers to the average 600 traffic accidents that occur during the months of June, July, and August and to the 15 to 20 daily bear and bison jams. The EMD-certified dispatchers provide Pre-Arrival Instructions, most often related to breathing problems (such as shortness of breath, allergic reaction), traumatic injuries, stroke, and cardiac arrest. Rare are the calls reporting animal bites.

Calls for cardiac arrest have surpassed those for traumatic injury during winter’s deep freeze owing to a temporary rule regarding the limited use of snowmobiles and snowcoaches. Yellowstone hosted as many as 1,400 snowmobiles daily during the 1990s, while the current rule allows up to 318 commercially guided BAT (Best Available Technology) snowmobiles in the park each...
A record 2.5 million visitors passed through the gates during June, July, and August 2010, and 30,000 regularly fill the parking lots at each peak. “A typical day is flat-out busy,” he said. “Anything that happens in a city of 30,000 happens here.”

Dispatchers respond to everything from a flat tire and bison Jump to an assault, driving under the influence of drugs and alcohol, narcotics, and public indecency. They triage calls. A life-threatening call receives full attention, while the dispatcher may suggest a visit to one of three medical clinics in the park for a person complaining of a sore throat.

Visitors tend to escalate minor complaints into major concerns, Johnson said. From away from home, they have difficulty deciding what they should do, she said. “They panic. They’re in an unfamiliar environment.”

While staff and tourist numbers decline following the Labor Day weekend when the campgrounds begin to shutdown for the season, that doesn’t mean a twiddle-your-thumbs existence for dispatchers. There are still calls to answer. Most entrances (except the north and northeast entrances) close in November while interior maintenance staff prepares roads for the winter season and in late March and early April clears the snow. Black crews detonate explosives for avalanche control. Each interior location (Madsen, Old Faithful, Grant, South Lake, East, Canyon, Tower, and Lamar) has year-round staff living at that location. The only interior location that does not have staff there year-round is Norris.

Dispatcher Amy “loved” the adventure of living in the interior, moving to the Mammoth Hot Springs community after she married Jerry, a telecommunications specialist who works on the floor below the dispatch center, and they had their first child.

The Bartletts hike and ski, she photographs, and they took their son Hayden on his first backpack trip when he was four months old.

“With the adrenaline they get to see anywhere else,” she said. “There’s always somewhere new to explore.”

Yellowstone means adventure

The “somewhere” can mean any of the literally hundreds of destinations in the crown jewel of national parks. Most entrances’ “must-see” lists include Old Faithful, Lower and Upper Falls of the Yellowstone, Mammoth Hot Springs, and Hayden Valley. These places draw the highest number of tourists, many of whom haven’t encountered wild animals except those caged behind bars and fences at their local zoo.

Because of inexpertness in the wild, some tourists tend to take excessive risks without understanding let alone giving a second thought to the possible consequences, Nash said. Take the elk gathering on the grounds of the park’s headquarters at Mammoth Hot Springs. Warning signs posted along and inside of the perimeter—created by administrative buildings, housing, and the Terraces Hot Springs serve as constant reminders of the inherent dangers of approaching the animals. It’s not often, but there are instances when a photo op trumps common sense.

“I’ve seen parents pose their children for photos with elk behind them,” he said. “And that’s way too close for safety.”

The wild elk are very easy at temperamental as the American bison, wolf, and black and grizzly bears roaming the park, particularly when the animal is hungry, squiring their young, or scouting out a mate or a collection of mates.

There are obvious dangers when standing between two 700-pound elk gathering up harem of female elk or a grizzly sow and her two cubs; while the park steps up ranges in the more heavily-traveled areas, they can’t be everywhere at a moment’s notice in case of an emergency.

“Once you’re fairly quick or it can take hours for help to reach someone,” Nash said. “It all depends on when and where.”

Not an easy call to make

The calling logistics compounds the when and where.

A

my Bartlett pinned down a typical weekday a couple of days, spread across the back of a snowmobile behind her old dispatching days at the policy’s headquarters at Mammoth Hot Springs. Warning signs posted along and inside of the perimeter—created by administrative buildings, housing, and the Terraces Hot Springs serve as constant reminders of the inherent dangers of approaching the animals. It’s not often, but there are instances when a photo op trumps common sense.

“I’ve seen parents pose their children for photos with elk behind them,” he said. “And that’s way too close for safety.”

The wild elk are very easy at temperamental as the American bison, wolf, and black and grizzly bears roaming the park, particularly when the animal is hungry, squiring their young, or scouting out a mate or a collection of mates.

There are obvious dangers when standing between two 700-pound elk gathering up harem of female elk or a grizzly sow and her two cubs; while the park steps up ranges in the more heavily-traveled areas, they can’t be everywhere at a moment’s notice in case of an emergency.

“Once you’re fairly quick or it can take hours for help to reach someone,” Nash said. “It all depends on when and where.”

Not an easy call to make

The calling logistics compounds the when and where.

A

my Bartlett pinned down a typical weekday a couple of days, spread across the back of a snowmobile behind her old dispatching days at the policy’s headquarters at Mammoth Hot Springs. Warning signs posted along and inside of the perimeter—created by administrative buildings, housing, and the Terraces Hot Springs serve as constant reminders of the inherent dangers of approaching the animals. It’s not often, but there are instances when a photo op trumps common sense.

“I’ve seen parents pose their children for photos with elk behind them,” he said. “And that’s way too close for safety.”

The wild elk are very easy at temperamental as the American bison, wolf, and black and grizzly bears roaming the park, particularly when the animal is hungry, squiring their young, or scouting out a mate or a collection of mates.

There are obvious dangers when standing between two 700-pound elk gathering up harem of female elk or a grizzly sow and her two cubs; while the park steps up ranges in the more heavily-traveled areas, they can’t be everywhere at a moment’s notice in case of an emergency.

“Once you’re fairly quick or it can take hours for help to reach someone,” Nash said. “It all depends on when and where.”

Not an easy call to make

The calling logistics compounds the when and where.

A

my Bartlett pinned down a typical weekday a couple of days, spread across the back of a snowmobile behind her old dispatching days at the policy’s headquarters at Mammoth Hot Springs. Warning signs posted along and inside of the perimeter—created by administrative buildings, housing, and the Terraces Hot Springs serve as constant reminders of the inherent dangers of approaching the animals. It’s not often, but there are instances when a photo op trumps common sense.

“I’ve seen parents pose their children for photos with elk behind them,” he said. “And that’s way too close for safety.”

The wild elk are very easy at temperamental as the American bison, wolf, and black and grizzly bears roaming the park, particularly when the animal is hungry, squiring their young, or scouting out a mate or a collection of mates.

There are obvious dangers when standing between two 700-pound elk gathering up harem of female elk or a grizzly sow and her two cubs; while the park steps up ranges in the more heavily-traveled areas, they can’t be everywhere at a moment’s notice in case of an emergency.

“Once you’re fairly quick or it can take hours for help to reach someone,” Nash said. “It all depends on when and where.”

Not an easy call to make

The calling logistics compounds the when and where.

A

my Bartlett pinned down a typical weekday a couple of days, spread across the back of a snowmobile behind her old dispatching days at the policy’s headquarters at Mammoth Hot Springs. Warning signs posted along and inside of the perimeter—created by administrative buildings, housing, and the Terraces Hot Springs serve as constant reminders of the inherent dangers of approaching the animals. It’s not often, but there are instances when a photo op trumps common sense.

“I’ve seen parents pose their children for photos with elk behind them,” he said. “And that’s way too close for safety.”

The wild elk are very easy at temperamental as the American bison, wolf, and black and grizzly bears roaming the park, particularly when the animal is hungry, squiring their young, or scouting out a mate or a collection of mates.

There are obvious dangers when standing between two 700-pound elk gathering up harem of female elk or a grizzly sow and her two cubs; while the park steps up ranges in the more heavily-traveled areas, they can’t be everywhere at a moment’s notice in case of an emergency.

“Once you’re fairly quick or it can take hours for help to reach someone,” Nash said. “It all depends on when and where.”

Not an easy call to make

The calling logistics compounds the when and where.
Less than one-tenth of the park has cell phone coverage, and there aren’t plans to increase access anytime soon. They do not have enhanced 9-1-1, which under the Federal Communications Commission’s Phase I plan requires dispatcher access to the telephone number of the originator of a wireless 9-1-1 call and the location of the cell site or base station transmitting the call.

A plan in 2005 to develop a wireless plan, including an increase in the number of cell phone towers from the six towers already existing in five locations, met with public outcry. Environmental groups protested long-range plans for towers at places such as Old Faithful and Yellowstone Lake, fearing that conversations over the phone would destroy the solitude others travel sometimes hundreds of miles to find.

Cell phones also give a false sense of technological security and, in some cases, a false sense of entitlement. People with cell phones call rangers to request refreshments, directions, or information about pending weather conditions.

Park officials reached a compromise in 2009, issuing a plan prohibiting cell tower construction from December to March to ride snowmobiles. No cars or trucks are permitted to enter entrances open for skis, snowshoes, and snowmobiles. No entrances open for skis, snowshoes, and snowmobiles. No cars or trucks are permitted to enter Yellowstone through these entrances, creating a center in a cooler climate at high elevation for a warm destination at sea level.

Laura Dooley is grateful for the fairly typical 2009 fire season in Yellowstone National Park. No one was killed as a result of the nine wildfires reported in an area of the park, but they burned without jeopardizing places like the trails and campgrounds tourists frequent.

“lt’s never easy working here, but we certainly welcome a mellow fire season,” said Dooley, who has worked full-time in the park for 16 years, including six years down the hall in emergency communications. The Beach fire discovered burning by a research flight on July 18 was the largest of the season’s fires. Gusty winds spread the fire from about a half-acre to nearly 395 acres overnight and a decision to suppress the fire—rather than let it burn—progressively required the efforts of 156 firefighters, along with two helicopters from the Gallatin National Forest, an air tanker from Helena, Mont., and a second air tanker from Pocatello, Idaho.

The fire burned nearly 600 acres over a week’s time before it was contained. The Beach fire consumed an area about the size of a pinhead on a map of the area Dooley dispatches. Her office on the second floor of a renovated historic barn in the Mammoth Hot Springs administrative headquarters is responsible for 2,221,772 acres (2,095,287 burnable acres) located primarily in northwestern Wyoming, with smaller sections in Montana and Idaho.

Dooley takes fire reports from lookouts, visitors, park employees, and the random sightings such as the research flight that discovered the Beach fire. She dispatches the resources, initially a park contract helicopter and attack crew and the additional resources identified once personnel arrive on the scene. If the incident demands more resources than available from park, she passes the request to Bozeman Interagency Dispatch where it will be filled or moved up to the next level of the dispatch chain.

Dooley also tracks all resources assigned to park incidents, which in addition to fire-suppression include search and rescue operations and any special events such as presidential visits. She maintains regular check-ins of the research flights, the contract helicopters, and aircraft used in support of remote sensing, insect and disease survey and control, aerial photos, law enforcement, and administrative transportation. She also coordinates interagency and external agreements with the five national forests bordering Yellowstone, six counties, and the Grand Teton National Park.

The peak season between mid-April and mid-September might mean hiring a seasonal employee to help. But even with assistance, Dooley said days can be long.

“Ten hours isn’t unusual,” she said. “We sometimes go up to 16 a day.”

The schedule and priority of fire dispatch mandate Dooley’s required occupancy. She and husband Kevin, a ranger at the Tower Station in Yellowstone, and their son live in a home at Mammoth Hot Springs. They like the arrangement, despite the problems that come with the territory.

“you can’t take your lunch hour for a dental appointment,” she said.
It’s a hot, humid day and technical support has taken ProQA® down for its periodic maintenance check. While using the v5.0 Fire Priority Dispatch System™ (FPDS ™) for structure fires, the building or structure. The occupancy of the structure, which is dependent on the time of day, has considerable bearing on the extent of the life hazard. For example, a fire in a school building during school hours would pose a much higher life hazard than the same building engulfed in flames at night when no one is inside the structure. A building’s occupancy is not the only consideration of life hazard, however. A vacant shell of an abandoned warehouse still poses a threat to life once the fire department sends personnel to the scene; the fire alarm only sounds on those floors in direct vicinity of the fire, allowing those at highest risk to exit the area quickly as possible. A bulletin from the Seattle Fire Dispatch department goes reasons for a controlled evacuation, which includes:

- Evacuating all floors at once may create serious backups in the stairwells.
- Stairwell pressurization could be lost if all doors were open at the same time.
- Evacuation of a high-rise building requires more resources than other structures.

Four types of property classifications account for the majority of high-rise fires:

- Office buildings, hotels, apartment buildings, and facilities that care for the sick. Most high-rise building fires begin on floors no higher than the sixth story.[9]

Another slight difference in high-rise structural fires is the percentage of fires that begin in means of egress, defined as areas that provide an exit pathway (e.g., hallway or corridor, escalator, stairs). High-rise buildings in these properties have a smaller percentage of fires originating in means of egress.

Since a high-rise building fire often requires more resources than other structure fires, the FPDS assigns a DELTA-level response. Evacuation of a high-rise building during emergency can be a major undertaking. For the majority of high-rise buildings, the fire alarm only sounds on those floors in direct vicinity of the fire, allowing those at highest risk to exit the area quickly as possible. A bulletin from the Seattle Fire Dispatch department goes reasons for a controlled evacuation, which includes:

- Evacuating all floors at once may create serious backups in the stairwells.
- Stairwell pressurization could be lost if all doors were open at the same time.
- Evacuation of a high-rise building requires more resources than other structures.

Four types of property classifications account for the majority of high-rise fires:

- Office buildings, hotels, apartment buildings, and facilities that care for the sick. Most high-rise building fires begin on floors no higher than the sixth story.[9]

Another slight difference in high-rise structural fires is the percentage of fires that begin in means of egress, defined as areas that provide an exit pathway (e.g., hallway or corridor, escalator, stairs). High-rise buildings in these properties have a smaller percentage of fires originating in means of egress.

Since a high-rise building fire often requires more resources than other structure fires, the FPDS assigns a DELTA-level response. Evacuation of a high-rise building during emergency can be a major undertaking. For the majority of high-rise buildings, the fire alarm only sounds on those floors in direct vicinity of the fire, allowing those at highest risk to exit the area quickly as possible. A bulletin from the Seattle Fire Dispatch department goes reasons for a controlled evacuation, which includes:

- Evacuating all floors at once may create serious backups in the stairwells.
- Stairwell pressurization could be lost if all doors were open at the same time.
- Evacuation of a high-rise building requires more resources than other structures.

Four types of property classifications account for the majority of high-rise fires:

- Office buildings, hotels, apartment buildings, and facilities that care for the sick. Most high-rise building fires begin on floors no higher than the sixth story.[9]
reduces the airflow and creates a highly flamm-
able fuel source. Four out of 10 home-fire
deaths occur in homes without fire alarms,
and nine out of 10 die from smoke or toxic-gas
inhalation, not burns.

Most injuries from fires originating inside
the house occur when the homeowner tries
to extinguish the fire while awaiting help to
arrive, which is contrary to the Post-Dispatch
Instruction (in this case PDI-c) “Do not try
to put the fire out.” As the FDs further
instruct, callers reporting a fire from inside
the burning structure should leave the build-

In 2008 residential fires represented about
84% of all fire deaths and
81% of all fire injuries to civilians
Between 2000 and 2009, there were an estimated
399,200 fires annually resulting in
2,960 Civilian deaths
14,265 Civilian injuries
$6.72 Billion in average dollar loss
According to the U.S. Fire Administration
345 Americans lose their lives in
mobile-home fires each year
32%-50% higher than for those living in other
types of homes

The percentage of 2003-2006
high-rise fires that began on the
seventh floor or higher in means
of egress was only
4% vs. 3%
In high-rises vs. standard-height
apartments
5% vs. 4%
For high-rise vs. standard hotels

However, the differences in
percentages are larger and
opposite for
3% vs. 5%
For high-rise vs. standard offices
2% vs. 6%
For high-rise vs. standard facilities

If fits for the sick

2. high-rise apartments have a slightly larger percentage of fires originating in means of egress than
apartments of a standard height.

3. On average, for every 100,000 fires reported, how many firefighters die each year in residential
structures?

4. high-rise apartments have a slightly larger percentage of fires originating in means of egress than
apartments of a standard height.

5. Most high-rise fires occur between the hours of:

6. Which of the following is the leading cause of home fires and home fire injuries?

7. Which of the following is the leading cause of home fires and home fire injuries?

8. If a garage is attached to the residential unit, the call is treated as a house fire.

9. The following month is considered the most dangerous for electrical fires because of the increase
in lighting, heating, and appliance use:

10. Appliances such as dishwashers, washing machines, hot water heaters, and outdoor appliances have a
higher fire risk due to the potential of:

In the event of a CDE error, this answer sheet must be returned no later than
November 30. A passing score is worth 10 CDE continuing education units. If you have any questions in this answer sheet, ask for help and mail it with your passing score to receive credit.

Please refer to your CDE acknowledgement letter for future reference.

Name:
Organization:
Address:
City __________________ St./Prov. __________
Country __ZIP 
Academy Cert.
Daytime Phone __________________ E-mail: __________________

Prize function

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

Other

1. Which type of fire is responsible for the highest number of civilian injuries and deaths annually?

2. In the FPDS, _______ is defined as “any location that poses multiple life threats due to difficulty exiting
or lack of mobility of the inhabitants.”

3. __________ is defined as “not occupied but may have an alarm.”

4. __________ is defined as “any location that poses multiple life threats due to difficulty exiting
or lack of mobility of the inhabitants.”

5. When the burning structure should leave the build-

6. In high-rises vs. standard-height apartments

7. In the FPDS, _______ is defined as “any location that poses multiple life threats due to difficulty exiting
or lack of mobility of the inhabitants.”

8. In high-rises vs. standard-height apartments

9. In high-rises vs. standard-height apartments

10. In high-rises vs. standard-height apartments

If you have any questions in this answer sheet, ask for help and mail it with your passing score to receive credit.

Please refer to your CDE acknowledgement letter for future reference.

Name:
Organization:
Address:
City __________________ St./Prov. __________
Country __ZIP 
Academy Cert.
Daytime Phone __________________ E-mail: __________________

Prize function

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

Other

1. Which type of fire is responsible for the highest number of civilian injuries and deaths annually?

2. In the FPDS, _______ is defined as “any location that poses multiple life threats due to difficulty exiting
or lack of mobility of the inhabitants.”

3. __________ is defined as “not occupied but may have an alarm.”

4. __________ is defined as “any location that poses multiple life threats due to difficulty exiting
or lack of mobility of the inhabitants.”

5. When the burning structure should leave the build-

6. In high-rises vs. standard-height apartments

7. In the FPDS, _______ is defined as “any location that poses multiple life threats due to difficulty exiting
or lack of mobility of the inhabitants.”

8. In high-rises vs. standard-height apartments

9. In high-rises vs. standard-height apartments

10. In high-rises vs. standard-height apartments

If you have any questions in this answer sheet, ask for help and mail it with your passing score to receive credit.

Please refer to your CDE acknowledgement letter for future reference.
Stomach This.

Bacteria in food can wage inner war

By Heather Darata

Sarah Lewis polished off her custard tart topped with fruit at a Santa Clara, Calif., restaurant in May, she never imagined her younger sister’s college graduation would out of the hospital for a month.1

When Sarah Lewis was 28-years-old her 28-year-old sister Stacey was brought up in the fetal position on a gurney in the emergency room with intense pain, diarrhea, and vomiting; she was in and out of the hospital for a month.2

Calif., restaurant in May, she never imagined the dessert she ate at the celebration of her younger sister’s college graduation would change both her life and her sister’s.

Forty-eight hours after the 30-year-old mother of two had been out celebrating with family, she was in the hospital in intensive care, experiencing severe intestinal distress after eating the food she ordered at the restaurant. Lewis and her 28-year-old sister Stacey Walker were infected with Salmonella, a

strains—of which there are more than 2,500 species—linked to an outbreak that led to a massive egg recall. Lewis remembers being curled up in the fetal position on a gurney in the emergency room with intense pain, diarrhea, and vomiting; she was in and out of the hospital for a month.3

The sisters weren’t the only ones affected. The Centers for Disease Control and Prevention (CDC) estimates that, from May 1 to Sept. 14, 2010, there were 1,608 reported illnesses likely associated with Salmonella typhimurium from eating contaminated peanut products shipped across the country.4 The highest numbers were found in Ohio (102), California (381), Massachusetts (49), Minnesota (44), Michigan (38), and New York (34). Even as recently as October, Montalvai’s Sales Inc. of Ontario, Canada, voluntarily recalled “La Nuestra” brand frozen Maney Ice Cream as a precautionary measure because of a potential health risk posed by Salmonella typhi.5

While the number of people affected by the contaminated eggs and peanut products seems high, these cases add up to only a small percentage of the estimated 325,000 hospitalizations and 5,000 deaths from foodborne disease each year in the U.S.8 Estimates put the figure at 76 million cases annually.7

Not only the egg

Not only eggs are cracking the public’s sense of security when it comes to food, but peanut butter has its own, dart, brittle past.5 From Sept. 1, 2008, to March 31, 2009, 714 people from 46 states were infected with Salmonella typhimurium from eating contaminated peanut products shipped across the country.4 The highest numbers were found in Ohio (102), California (381), Massachusetts (49), Minnesota (44), Michigan (38), and New York (34). Even as recently as October, Montalvai’s Sales Inc. of Ontario, Canada, voluntarily recalled “La Nuestra” brand frozen Maney Ice Cream as a precautionary measure because of a potential health risk posed by Salmonella typhi.5

While the number of people affected by the contaminated eggs and peanut products seems high, these cases add up to only a small percentage of the estimated 325,000 hospitalizations and 5,000 deaths from foodborne disease each year in the U.S.8 Estimates put the figure at 76 million cases annually.7

Not only the egg

Not only eggs are cracking the public’s sense of security when it comes to food, but peanut butter has its own, dart, brittle past.5 From Sept. 1, 2008, to March 31, 2009, 714 people from 46 states were infected with Salmonella typhimurium from eating contaminated peanut products shipped across the country.4 The highest numbers were found in Ohio (102), California (381), Massachusetts (49), Minnesota (44), Michigan (38), and New York (34). Even as recently as October, Montalvai’s Sales Inc. of Ontario, Canada, voluntarily recalled “La Nuestra” brand frozen Maney Ice Cream as a precautionary measure because of a potential health risk posed by Salmonella typhi.5

While the number of people affected by the contaminated eggs and peanut products seems high, these cases add up to only a small percentage of the estimated 325,000 hospitalizations and 5,000 deaths from foodborne disease each year in the U.S.8 Estimates put the figure at 76 million cases annually.7

How it happens

The mere presence of bacteria in food does not alone cause sickness. After all, the human body, which consists of about 100 trillion cells, carries about 10 times as many microorganisms in the intestines.6 Microorganisms, such as bacteria, viruses, protozoa, and fungi, can cause disease. The very young, very old, those with an impaired immune system, and healthy people exposed to an extremely high dose of an organism are among the most vulnerable.14

The very young, very old, those with an impaired immune system, and healthy people exposed to an extremely high dose of an organism are among the most vulnerable.14

serious symptoms of dehydration, such as feeling dizzy, light-headed, and unable to urinate or vomit. In mild cases, diarrhea and vomiting are less severe. If diarrhea continues for more than two days, a person with an impaired immune system may be at risk for a more serious bacterial infection.12

The very young, very old, those with an impaired immune system, and healthy people exposed to an extremely high dose of an organism are among the most vulnerable.14

As of September, neither Lewis nor Walker had fully recovered, four months since the now-dressed dessert. The infection and the antibiotics taken to fight the infection have compromised their immune systems. They tire easily and pay strict attention to what they eat.

The severity of the disease varies, but people who get campylobacteriosis usually recover completely within 10 days. Food is the most common vehicle for the spread of Campylobacter, and chicken is the most common food implicated.5

E. coli is a member of a large group of bacterial species that inhabits the intestinal tract of humans and other warm-blooded animals (e.g., mammals, birds); E. coli O157:H7 is responsible for the majority of human illnesses attributed to this group.5

In one 1999 study, the CDC estimated that 85% of E. coli O157:H7 infections are foodborne in origin. In fact, consumption of any food or beverage that becomes contaminated mostly through humans such as an infected fisherman handling oysters during harvest or infected kitchen workers making a salad with the virus on their hands.

A disease is born

After consuming something that is contaminated, the infecting microbe first enters the body’s gastrointestinal (GI) tract. Symptoms of nausea, vomiting, cramps, and diarrhea can appear after a brief incubation period or may sneak up on the victim days or weeks after ingestion, well past the time the individual may be able to tie the illness to a single event. During incubation, the microbe travels through the stomach to the intestine, where it attaches to the cells lining the wall of the small intestine. The microbe invades the cells and multiplies. Some types remain in the intestine; others cause severe damage to the cells lining the intestine, making it impossible to keep liquids down, or if the diarrhea lasts more than three days, emergency medical assistance is needed for severe symptoms or conditions: if you have watery diarrhea that turns bloody within 24 hours, if you are in a high-risk group, or if you think you have botulism poisoning.23

Botulism occurs after ingestion of a toxin formed by certain spores in contaminated food—typically in home-canned foods, especially tomatoes and green beans—and can be fatal. Within 12–36 hours after eating the

Symptoms of diarrheal illness

Diarrhea or vomiting can lead to dehydration if a person loses more salts (electrolytes) and body fluids than the amount stored or absorbed. To avoid this condition, you must replace fluids and electrolytes to prevent dehydration, such as feeling light-headed and a rapid heartbeat.22

The CDC recommends consulting a doctor in cases of diarrheal illness accompanied by a fever higher than 101.5°F (38.6°C), blood in the stools, or prolonged vomiting that makes it impossible to keep liquids down, or if the diarrhea lasts more than three days.19

Emergency medical assistance is needed for severe symptoms or conditions: if you have watery diarrhea that turns bloody within 24 hours, if you are in a high-risk group, or if you think you have botulism poisoning.23

Botulism occurs after ingestion of a toxin formed by certain spores in contaminated food—typically in home-canned foods, especially tomatoes and green beans—and can be fatal. Within 12–36 hours after eating the
Calling 9-1-1

The Emergency Medical Dispatcher (EMD) should keep in mind Rule 3 found on the Case Entry Additional Information Protocol in the medical Priority Dispatch System (MPDS®). Rule 3 states: “If the Chief Complaint appears to be MEDICAL in nature, choose the protocol that best fits the patient’s foremost symptom, with priority symptoms taking precedence.”

It’s important to remember this when a caller offers a diagnosis of food poisoning in response to the question, “Okay, tell me exactly what happened.” For example, a caller might say “I ate pizza for dinner a couple of hours ago and now I have food poisoning!” This statement does not address the foremost symptom the caller is experiencing, which is crucial for the EMD to choose the most appropriate Chief Complaint Protocol, if necessary.

Once the caller describes the symptoms triggering the call—nausea, vomiting, diarrhea, difficulty breathing, fever, etc.—the EMD can then select the appropriate Chief Complaint. If the caller tells the EMD that the vomiting and diarrhea followed a dinner of pizza and tossed salad, the EMD should choose Protocol 26: Sick Person (Specific Diagnosis). Because the foremost symptom can’t be categorized into the 33 Chief Complaints listed, Through the use of Key Questions on Protocol 26, the EMD can determine whether the caller is experiencing any priority symptoms. In this case, the caller is suffering from NON-PRIORITY Complaints (both Alpha-level and Omega-level).

However, if the caller were to answer “Yes” to Key Question 4 on Protocol 26, “Is she bleeding or vomiting blood?” then the EMD would shunt to Protocol 21: Hemorrhage/Lacerations.

Also at Case Entry, a caller who replies to “Okay, tell me exactly what happened,” complaining of blurry vision, constipation, and abnormal breathing after eating home-canned green beans might be the victim of botulism. In this situation, the EMD should focus on the priority symptom, which is abnormal breathing, and select Protocol 6: Breathing Problems. The EMD must choose the protocol that best fits the patient’s foremost symptom, with priority symptoms taking precedence. If a caller provides a diagnosis, the EMD must dig deeper to identify the caller’s symptoms and then select the correct Chief Complaint Protocol to address the necessary response. Signs and symptoms take precedence over a caller’s diagnosis in the dispatch environment.

While an emergency physician’s diagnosis is certainly important to the treatment and outcome of the patient, the EMD’s goal relates to pre-arrival needs, including response mode and allocation, and the potential need for critical Pre-Arrival Instructions.

You Must be Medical Certified to Take This Quiz.

CDE Quiz Mail-In Answer Sheet

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

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

Clip and mail your completed answer sheet along with the $5 NON-REFUNDABLE processing fee to:

The National Academies of Emergency Dispatch
130 East South Temple, Suite 200
Salt Lake City, UT 84111 USA
(800) 902-6258 (US) (801) 595-0416 Int.
Attn: CDE Processing

Please retain your CDE acknowledgement for future reference.

Name

Organization:

Address

City __________________ St./Prov. ______
Country __________________
Academy Cert. # ______________________
Daytime Phone ( ) ___________________
E-mail: _______________________________

Primary Function

O Public Safety Dispatcher (check all that apply)

O Medical
O Police
O Paramedic/EMT/Firefighter
O Comm. Center Supervisor/Manager
O Training/Coordinating
O Instructor
O Comm. Center Director/Chief
O Medical Director
O Commercial Vendor/Consultant
O Other

Answer Sheet — Medical

Name __________________ Date __________________

For each question on the MPDS® chart (to be accompanied by your completed answer sheet), please mark your answer in the appropriate box below.

O A
O B
O C
O D

1. A
2. A
3. A
4. A
5. A
6. A
7. A
8. A
9. A
10. A

In order for your CDE letter to be considered for certification, the answer sheet must be returned to us from 12/31/10. A passing score is worth 1.0 CDE unit. Different in content will result in a CDE score audit. Please retain your responses for a future reference.

To process your CDE letter for future reference.

You must answer all 10 questions correctly to receive credit.
Hitting The Right Note.

Music video inspires 9-1-1 dispatcher to tell her story

Raymond Clifford was doing just what he’d been taught when he picked up the phone and made the 9-1-1 call during the wee morning hours of April 5, 2010. The six-year-old had no idea he would not only save his grandma’s life but that he would receive the attention of those much bigger than him in return.

Raymond was staying overnight at his grandmother Sandy Williamson’s house in Spearfish, S.D., while his mother was at work. At some point during the night he crawled into bed with his grandmother and woke up to her elbowing him in the ribs. When he asked what was wrong, Raymond told her he wanted a glass of milk, and then he got back into bed with her.

Williamson was doing her shift in the medical dispatch center things could have turned out differently, she wrote. “An ambulance in the vicinity that had a patient already on board was dispatched at first response. They were able to assess him and tend to the emergency in the making.”

Not long into the call, Raymond told Adams his grandmother had woken up, and he hung up the phone. But Adams didn’t leave it at that. She relayed the information to officers on route and called Raymond back. Adams asked him to put his grandma on the phone. Her nagging sense that something wasn’t right was confirmed when Williamson came on the line sounding groggy and slurring her words.

“YourSpace” started into Medical Priority Dispatch System he told her the reason for his call. She immediately dispatched him a glucose I.v., which brought her around.

“Apparent he blood sugar was too low he (Sgt. Hofmann) was told that the female (Williamson) would have been treated in a half-hour to an hour if Raymond hadn’t called,” Adams said. Raymond’s mother, Nikki Williamson, took him to Wal-Mart the next day to reward him for helping his grandmother. She could have anything in the store that he wanted and all he asked for was for a box of Cheerios, Adams said.

During a presentation at his school in May, Raymond was recognized thanks in part to Sgt. Hofmann’s recommendation—and he received a plaque and a brand new bike from Wal-Mart. Adams, a dispatcher since 1981 with the past 13 years spent at Spearfish PD, was also recognized for the role she played.

Go With The Flow.

Dispatcher ready for anything thrown her way

All in a day’s work took on a whole new meaning for Lorraine (Y.C.) Police Department EMD Melony Markel last fall.

She posted a note on Carroll’s website acknowledging his tribute to dispatchers in any way or form. As a Public Safety Answering Point (PSAP) in Colorado. He went home and “was off to the races” in composing the words and lyrics.

“The whole system rests on a simple promise made by people with integrity and the technology they use,” he said.

Carroll credited dispatchers as the first link in the chain responsible for gathering accurate information under very trying situations, and he hopes to collect and post their stories along with those from other positions in emergency response. Reaction to the music video, even during the first week of posting, has been incredible, he said.

“Thier stories resonate with all of us,” he said. “There’s nothing like hearing the warm sound of response when we call for help.”
Help.

It’s a four-letter word that provides personal satisfaction.

Chris Knight, Debora Johnson, and Geri Pagenkopf have at least one thing in common: they each like helping others on and off the clock.

By day, PDC Police Consultant Knight helps law enforcement with their questions regarding the Priority Dispatch System ™ (PPDS ™). Johnson and Pagenkopf are emergency medical dispatchers for Waukesha County (Wi.’s 3 Communications).

After hours, each donates their time to benefit causes close to their hearts. Each of them volunteers their services for people with leukemia and lymphoma, as well as fund research.

The experience reaffirmed the self on the side of the phone she’s usually not making, two calls to 9-1-1 (the second time was to update dispatch on the man’s condition). The situation was nerve-wracking since Markel didn’t know if the shooting was over, but she stayed calm and found herself on the opposite side of the phone she’s usually not making, two calls to 9-1-1 (the second time was to update dispatch on the man’s condition). The experience reaffirmed the self on the side of the phone she’s usually not making, two calls to 9-1-1 (the second time was to update dispatch on the man’s condition). The experience reaffirmed the self on the side of the phone she’s usually not making, two calls to 9-1-1 (the second time was to update dispatch on the man’s condition).

Watching her sister fight and later die from the disease convinced Knight she had to get to her feet, which he did through the Susan G. Komen 3-Day for the Cure ™ (organizing multiple cities each year). In 2003 and 2009, he walked 60 miles in Tampa Bay, Fla., and in 2010, he crossed the route from Milwaukee with the twin cities of St. Paul and Minneapolis, Minn. Next year, he’s booked to do the same in Washington, D.C.

Like everyone agreeing to walk, Knight raises a minimum of $2,300, an amount in 2009 that was part of the $91 million sponsors of walkers in 15 cities donated to national cancer research and community-based breast health programs.

“Everybody is in it for the same reason,” said Knight, who walks as part of a seven-day team ride to benefit causes close to their hearts. Pagenkopf went from her phones at Waukesha Memorial Hospital.

Knight helps law enforcement with their questions regarding the Priority Dispatch System ™ (PPDS ™). Johnson and Pagenkopf are emergency medical dispatchers for Waukesha County (Wi.’s 3 Communications).

Pagenkopf figured she would be assigned to a desk job when offering voluntary help at Waukesha’s Women’s Shelter.

“I thought she was crazy for doing the ride,” said Knight, who rides the Scenic Shore’s 150 sponsored by the Wisconsin Chapter of the Leukemia and Lymphoma Society. The minimum $250 each rider is required to donate in order to participate added up to nearly $630,000 in 2010 to cover programs and services for people with leukemia, lymphoma, and other blood cancers as well as fund research.

Johnson’s sponsors contributed $1,200.

The ride wasn’t easy. Johnson started biking three years ago and a 36-mile ride was the farthest she had gone in an organized ride to bring awareness to the fight against childhood cancers. The Scenic Shore 150 was nearly five times the distance but for a cause that touched her personally.

Knight would be putting in the miles and helping her community. Her mother, Joan Skenandore, was living with Hodgkin’s lymphoma, a type of cancer originating from white blood cells.

Johnson did more than watch her mom during the 12 years of intense medical treatment. She sold her own home to get her in the door. She climbed straight into her role as a trooper, never complaining despite a chronic cough, backaches, and heart surgery.

Will she do it again? "Yes," she said without hesitation, and told him just watch how nuts we can be.”

Pagenkopf would be assigned to a desk job when offering voluntary help at Waukesha’s Women’s Shelter. “Instead they told me about an advocacy program,” she said. “This is something I wanted to do.”

Pagenkopf is an on-call advocate (OCA) in the county’s sexual assault program for patients 14 years and older. As part of the Sexual Assault Response Team (SART), she works alongside a sexual assault examiner (SAFE) to provide compassionate support while the nurse is collecting evidence of an assault.

Pagenkopf does not offer counseling—she was not trained to do so—but she is there to reassure the victim and provide referrals. A month can go in between calls for her assistance, while at other times there may be three calls in a week.

The visits are draining, Pagenkopf said. “We help victims deal with their shame, guilt, and fears after the terrible incidents we’ve answered [as dispatchers],” she said. “As an OCA, we advocate for the victim and help them deal with their feelings and remind them that the violence was not their fault and they are not alone.”

Pagenkopf had been looking for a volunteer opportunity and wasn’t quite sure what she would find or what she could do. Her children are older and out of the house and she valued the 25 years spent in emergency communications. She wanted a position on the frontlines—at least in the long runs—and reasoned an administrative task would get her in the door. She climbed straight up the ladder and is going on her second year of advocacy.

“I wouldn’t have lasted at stuffing envelopes,” she said. “I’m not that kind of personality. My nature is to help in more hands-on roles. I’m truly excited to be part of the process of helping female victims of abuse.”
Doug Edmonds recognized “something great” when he interviewed for the job of executive director of the Northwest Central Dispatch System (NWCDS) in 1986. The chief deputy sheriff for the Johnson County Sheriff’s Department, Iowa, was looking for a challenge that would build on his already 20 years in public safety and propel him to the next level of his career.

“Consolidation pools resources for top-notch technology,” Carol Price, NCWDS communications director, explained.

Audrey Fraizer

D way to have the technology minus the burden of full cost. NWCDS never went out “beating a drum,” Edmonds said, and the decision to take on another community boiled down to analyzing whether the prospect would complement the system and existing members.

Palatine Police Chief Jerry Bratcher said the choice for them in 1990 was a matter of economics, between spending $850,000 to update the village’s existing center or saving $100,000 through a regional hook-up. Not only would they save money, but they also would be part of a system staying abreast of state-of-the-art technology.” (Daily Herald, April 13, 1990)

Edmonds said Palatine proved a “win-win” situation. “It worked out for them and brought another municipality to in...