Miles Are Relative
Nova Scotia proves ACE fits all sizes

When It Rains, It Pours
Record rainfall doesn't sink Tennessee spirit

Guide Dog Alert
Laws protect canines from further attack

The National Academies of Emergency Dispatch

September/October 2010

THE JOURNAL
OF EMERGENCY DISPATCH

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Ask the right questions. Get the right answers. Send the right information.
I like the summer months as much as the next person, and at this time of year (early fall), I’m feeling a bit anxious about the quickly advancing winter season. After all, it’s much more pleasant heating the barbecue when it’s 90 degrees, rather than 20 degrees or lower, and the same goes for participating in the outdoor sports my family enjoys, whether it’s playing the game or watching the professionals.

The downside to this time of year is the sheer number of accidents that come with the increased amount of time we spend outdoors packing in fun during a short three to four months, and sometimes with the least common sense. Take fireworks for example. Every state allows Class B fireworks (the large community displays) and 40 states allow Class C fireworks (the type sold at neighborhood stands). Both can and do cause injury, which as no surprise considering the 265 million pounds of fireworks lit on average each year in the United States.

The use of fireworks is somewhat distinct in Utah: Class C fireworks are legal for the Fourth of July national holiday and the July 24th holiday (officially called Pioneer Day) honoring the Mormon pioneers’ arrival to the Salt Lake Valley. During these two holidays, Class C fireworks may be discharged for periods of seven days each: from July 1–7 and July 21–27 in approved areas.

The excitement of commemorating these holidays is increased because many cities still allow fireworks during the 30 days surrounding July 4th holiday. According to the CPSC, the use of illegal fireworks results in 9-1-1 call spikes nationwide suffering injuries involving fireworks during the 30 days surrounding the July 4th holiday. Another 3,000 visits to emergency rooms occurred during the Christmas to New Year’s season.

The two firework-related deaths reported in 2009 were related to aerial shells, according to the CPSC. Fireworks Annual Report. In the first incident, a 4-year-old male was killed in an explosion of a professional display mortar shell that he hit in his back yard. In the second incident, a 26-year-old male lit a consumer grade mortar shell in a launching tube he held over his head.

Overall, injuries to children were a major component of total fireworks-related injuries. Children under 15 years old accounted for 30 percent of the estimated injuries. Children and young adults up to age 20 incurred 54 percent of the estimated injuries. Some of these injuries prove my earlier point about common sense. Take, for example, the 20-year-old male who placed a metal can over six large firecrackers packed together. When the firecrackers exploded, shrapnel from the can injured the victim. Probably was the last time he tried that trick.

The dangers, however, are not confined to reasons of misuse or other celebratory acts, neither are they confined to personal injury. Consumer and public fireworks displays also increase the demands on fire departments and firefighters. Fireworks in 2009 caused more than $35 million in damage and more than 30,000 fires. According to the CPSC, the use of illegal fireworks results in 9-1-1 call spikes and the death of firefighters in the United States. While in many municipalities firing an illegal firework within city limits is a misdemeanor, reporting someone using fireworks illegally is not an emergency, and those calls should be made to a city’s administrative line or a hotline that may be set up specifically for firework complaints. The 9-1-1 call should be reserved for firework-related fires or injuries.

In most cases, we don’t know why these accidents happen, and perhaps we never will. But there is one certainty that does hold true: summer is a lot more pleasant when you’re not putting yourself or others at risk. Everyone in this profession can tell you, caution and common sense go a long way in saving lives.
When I was hired to manage the journal almost four years ago, I had by coincidence just signed up for my family’s first cell phone plan. The four phones our plan packaged at no cost to basic subscribers were simple: low-budget models, akin to the bottom-of-the-line dual phones “Ma Bell” rented to households before phone ownership became an option. We didn’t even opt for the princess model. There was nothing special about the family plan cell phones, nor even a ring tone option to distinguish my phone from my husband’s. Pick up the phone, peck out the number, hit the call button, and wait for an answer.

Jump ahead to my current state of phone affairs—a Blackberry—and my 21-year-old daughter’s fanastic. I may never program in Android and UKNavigator. She is a certified ED-Q and EMD improvement manager in the British Columbia Ambulance Service in 1998. Her current post as an EMD-I in 1997. She left the certified as an EMD in 1997 and paramedic emergency Service as a calltaker, dispatcher, and paramedic central controls to support GAQQI processes, ACE application and recertification, and “Audit the Auditor” reviews.

Louise Ganley worked at the development and training in EMS communications in 1997. Prior to accepting a position with the NAED, he spent 10 years working in Pinellas County, Fla.

Audrey Fraizer, Managing Editor
Since the North American release of the MPDS® version 12.1 on March 1, 2010, the Academy has received several inquiries regarding Protocol 28: Stroke (CvA), and the required Stroke Diagnostic (Dx) Tool. The following represents the Academy’s official position on the use and rationale of this evolving protocol.

**Evolution**

Since the actual treatment of ischemic stroke became a possibility, and then a reality, through the International Academies of Emergency Dispatch (IAD) and the required Stroke Diagnostic (Dx) Tool, the following represents the Academy’s official position on the use and rationale of this evolving protocol.

- The Academy’s Council of Standards has evolved and approved the new Stroke Diagnostic Tool as a field diagnostic tool to help better predict the outcome of stroke early on in the EMS response, not only to enable early hospital notification in the interest of prompt and effective patient care, but as a study methodology to measure and improve the outcomes of stroke patients. The new protocol was released and used extensively in the United Kingdom for about a year prior to its release in North America, with excellent results and positive feedback.

- The Stroke Diagnostic Tool involves the ability to identify, study, and expedite the outcome of stroke early on in the EMS response, and ultimately, will better serve potentially treatable stroke patients.

### Better Prediction.

Diagnostic tool helps with stroke identification

The potential minutes saved through earlier stroke predictability and subsequent hospital notification are worth the seconds spent administering this simple diagnostic.

**Response to stroke patients**

While response options are necessarily second-critical from a pre-arrival perspective, they are not second-critical from a pre-arrival perspective. A primary goal of the new Stroke Dx Tool is to minimize the potential minutes saved through earlier hospital notification by dispatch, some reported stroke symptoms due to small strokes and transient ischemic attacks (TIAs) may not be present when the scene crew evaluates the patient. The Academy highly recommends taking Key Questioning on Protocol 28, the most accurate input of rapid, critical interventions.

**Time on call**

A common concern of nearly all EMS agencies is time spent during caller interrogation. Unfortunately, this is often the most critical time period prior to dispatch, the vast majority of EMS calls are not second-critical from a pre-arrival standpoint, and the ones that are can be identified early on in the interrogation sequence. Nevertheless, the addition of the Stroke Diagnostic Tool has yielded critical reports regarding time-on-call for stroke patients.

- Overall, the Chief Complaint of stroke accounts for about 1.4 to 2.0% of all MPDS cases. In comparison, Protocol 10: Chest Pain (Non-Traumatic) accounts for about 9%, Protocol 6: Breathing Problems about 14%, and 20: Sick Person (Specific Diagnosis) about 10%. Dr. John Briese at the University of North Carolina, lead researcher of the first group to study the on-line use of the Stroke Dx Tool, reported: “Telephone administration took an average of 34 seconds.”

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**Use of the Stroke Diagnostic Tool**

After much discussion at the Academy, both before and after the release of the Stroke (CvA) Protocol modifications, the use of the Stroke Diagnostic Tool in the Stroke (CvA) Protocol evaluation will remain a feature of the MPDS. For more information, please refer to the Academy’s website under the Resources/Research link.

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**A matter of patient care**

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**The critical patient**

A final argument involves the potential for delaying lifesaving interventions for the critical stroke patient by utilizing the Stroke Diagnostic Tool. More importantly, when an initial presentation involves grave priority symptoms, Protocol 28 is not an appropriate Chief Complaint selection. Non-breathing or ineffectively breathing medical patients should be cared for using Protocol 9: Cardiac Arrest or Respiratory Arrest/Death or Protocol 6: Breathing Problems. Unconscious but still breathing patients can have stroke symptoms, Protocol 28 is not an appropriate Chief Complaint selection. Non-breathing or ineffectively breathing medical patients should be cared for using Protocol 9: Cardiac Arrest or Respiratory Arrest/Death or Protocol 6: Breathing Problems.

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**The potential minutes saved through earlier stroke predictability and subsequent hospital notification are worth the seconds spent administering this simple diagnostic.**

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There’s no doubt we’re feeling more and more “stressed” as we struggle to adapt to our fast-paced and ever-changing world. Everyone is affected by stress to some degree and, believe it or not, stress is not an inherently negative emotion. It is a normal part of life. Stress helps us make choices, develop plans, change behaviours, and begin new activities. Stress is good when it is considered a form of Classical Conditioning that actually can provoke stress. Ivan Pavlov, who coined the name for the condition, noted that dogs salivated when a lab assistant responsible for feeding the dogs entered the room. In time, the dogs not only salivated when fed but also, in response to the lab assistant entering the room whether or not the assistant had anything to give the dogs.

Look at the similarity in dispatch work. The ED comes into work and assumes the hot seat for nothing. You can teach your brain and body to change its response. Classical conditioning that leads to chronic stress dehydrates and dehydrates (potato chips, donuts, and candy) are the worst culprits. In many people, caffeine can produce feelings of anxiety and a British study shows that caffeine doesn’t help the weary night shift worker stay more alert. When tired, your body craves a pick-me-up. Snack foods like chips and candy provide a short burst of energy as blood sugar spikes, but that high will diminish leaving you feeling shaky and irritable from the subsequent drop in blood sugar.

The top five stress-busting foods are highly portable and easy to eat right at the dispatch console: whole grains and popcorn, tea (black, green, white), dark green veggies, nuts and seeds, citrus fruits, and berries. Pack a healthy snack and when you feel peckish or tired reach for stress-busting foods instead of stress-producing ones.

Water. Just drink it. The ED environment produces a vicious cycle: stress dehydrates and dehydration increases stress and anxiety. Keep a water bottle at your workstation and take frequent sips. If you don’t like the taste of water add a low calorie flavour. Yes, drinking water throughout your shift may increase your trips to the restroom, but guess what? That will only get you to stand up and walk around more!

Stress is an ever-present part of the job for emergency dispatchers, but that does not mean that the dispatcher is helpless to reduce the effects of stress. You can train your body and your mind to interrupt the classical conditioning that leads to chronic stress. Imagine yourself as a tall ship and stand up, breathe deeply, eat stress-busting foods, and drink water. These tips are easily put into practice at the dispatch console:

- Yes, drinking water throughout your shift is highly portable and easy to eat right at the dispatch console.
- Prevent dehydration increases stress and anxiety.
- Keep a water bottle at your workstation and take frequent sips.
- Adding a low calorie flavour to water is acceptable.
- Drinking water can increase restroom visits, but it helps reduce stress.
- Stress relief is possible through conscious techniques.

Sources
http://psychology.about.com/od/behavioralpsychology/a/ stresscond.htm
http://www.healthactus.com/stress_food_diet.shtml
The major metropolitan areas of the mid-Atlantic that were pummeled with snow last year will get a break this winter, but that doesn’t mean there won’t be any snow to shovelfor. In contrast, Chicago’s mayor, Richard M. Daley, and Minneapolis could be the heaviest snow zone this upcoming winter.

Forecast calls for heaviest snow in Pacific Northwest to the northern Plains

The American College of Emergency Physicians’ (ACEP) campaign called “Seconds Save Lives” encourages a proactive approach to helping in an emergency and includes advice that gives the public a better insight into the 9-1-1 system.

The brochure carries a warning not to hang up until the dispatcher tells you to do so because he or she may need more information or be in the position to give you instructions.

Students evaluate 9-1-1 response to calls from children

Deborah Limage’s social studies students are nothing short of amazing.

Just ask her about last year’s class. Not only did Limage’s 12- and 13-year-old students at Detroit’s International Academy discover the power of research, but the Supreme Court’s ruling made just four years earlier; in that ruling, the Supreme Court found Chicago’s ban on handguns unconstitutional under the second and fourteenth amendments and established a person’s right to have a handgun in the home for the purpose of self-defense. The Supreme Court, however, did not determine the limits of a person’s rights in so far as carrying the arms outside the house and in Chicago, the latest ordinance makes it nearly impossible to have a handgun anywhere but inside.

The dispatch desk at the Hotel Cadillac in Chicago’s handgun ordinance, approved July 2 and put into effect July 12, is considering a companion section prohibiting false reports of emergencies not made via 9-1-1, a Class A misdemeanor, the high-

They all agreed that this was what they felt was a community problem they wanted to see corrected,” Limage said. Class members talked to family, friends, and neighbors and distributed surveys to see every day and how many of them are prank calls, what consequences they might face if calls from children are not taken seriously, and what changes 9-1-1 operators would like to see regarding their current training.

A large part of the campaign is ACEP’s distribution of 75,000 brochures (also available in PDF form on the ACEP site) that list signs and symptoms of medical emergencies and recommendations about when to call 9-1-1 and what actions to take while waiting for help to arrive. Callers are asked to speak calmly and clearly, giving the dispatcher the name and phone number in addition to the patient location and description of the problem. The brochure carries a warning not to hang up until the dispatcher tells you to do so because he or she may need more information or be in the position to give you instructions.

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The revision allows cities to purchase dispatch equipment, including database provi- sioning, dispatcher furniture, and training expenses specific to managing a Public Safety Answering Point (PSAP) or supervising PSAP staff. The law also modifies the makeup and duties of the state’s 9-1-1 Board and distribution of the 9-1-1 project fund. Among other conditions, the project must have statewide benefit for 9-1-1 services.

San Ramon Fire District dispatch goes mobile

Gone are the days when emergency call junkies using desktop scanners were the only ones privy to the actions of firefighters, law enforcement, and the people who dispatch them.

Well, at least that’s the case in California’s San Ramon Valley where mobile technology now gives residents real-time access to emergency information through a fire dis- trict iPhone app free for download through Apple’s App Store since July 6.

According to information from the San Ramon Valley Fire Protection District website, users can view active incidents and listen to the live actions of dispatchers, firefighter- ies, and paramedics. The app gives current response status of dispatched units en route and on scene and proximities points on an interactive map. Users can access a log of recent incidents and a photo gallery of signific- ant events and even customize their viewing by choosing, for example, to be notified of incidents by category. The fire district can use the application to share information dur- ing disasters with Community Emergency Response Team (CERT) members.

District Fire Chief Richard Price said the handheld technology holds great promise for responders and citizens alike. Real-time access can sound the alert to accidents caus- ing delays and the route the ambulance is taking on the way to your house while the dispatcher is giving Pre-Arrival Instructions (PAI) for childbirth delivery.

District personnel partnering with students at the College of Informatics at Northern Kentucky University for iPhone engineering and programming services designed the iPhone application.

And don’t worry if the San Ramon Val- ley is far from the place you call home. The application is available to anyone visiting www.firedepartment.org/iphone.

Grants aimed at improving emergency preparedness

All states, territories, and the metro areas of New York City, Chicago, Los Ange- les County, and Washington, D.C., received grants totaling $300.5 million in July to help hospitals and other healthcare organizations strengthen the medical surge capacity across the nation. Those eligible included hospitals, outpatient facilities, health cen- ters, poison control centers, EMS, and other healthcare partners working with state or local health departments to develop healthcare system preparations. For the states, amounts range from almost $32 million for California to $11 million for Wyoming. The allocations are based mainly on population.

The Department of Health and Human Services (HHS) Office of the Assistant Secre- tary for Preparedness and Response provided the funds through the Hospital Preparedness Program (HPP), with this year’s awards going to interoperable communication systems, bed tracking, personnel management, fatality management planning, and hospital evacua- tion planning. During the past five years HPP funds have also improved bed and personnel surge capacity, decontamination capabilities, pharmaceutical supplies, training, education, drills, and exercises.

The grants for healthcare surge capacity and state public health preparations were launched in the wake of the terrorist attacks of 2001.

San Ramon Valley Fire Protection District

The nearly 900 emergency service calltak- ers, dispatchers, and administrators from 45 states, Canada, and Australia responding to a survey of working conditions could be the ones laying the groundwork for organiza- tional development in Public Safety Answering Points (PSAPs). Although the results have yet to be released, the study’s author, Lora Reed, Ph.D., said the respondents to the survey—designed to provide data about organizational culture, leadership, and peer interaction—provided valuable information describing what it is like to work in a single- or a multi-agency PSAP.

Reed said the research can assist in efforts toward change, such as the implemen- tation, improved employee retention rates, and increased organizational effectiveness.

“Right now, the goal of the research is to make your workplace even better than it is,” she said.

According to a preliminary analysis, 416 respondents were females, 238 males an- d 255 did not complete the gender item on the questionnaire. More than 50 percent of the respondents were calltakers and dis- patchers, some were cross-trained and others had paramedic training. The balance was managers of information, technology staff, and other PSAP support staff.

If you are interested in participating in the study or if you have questions, contact Reed at lreed@tampabay.rr.com.

Keeping up with jargon

Blogger’s News provides these defini- tions for jargon applied to 9-1-1.

Swatting is making prank calls to emer- gency services with the intent of send- ing those services to the victim’s home. Emergency services personnel, such as a 9-1-1 operator, may dispatch an emergency response team, and depending what the story is being told by the prank caller, the opera- tor may dispatch a SWAT team. A recent example is a family from Delaware County, Pa., shocked to find a small army of police, including SWAT, at the doorstep on a late night in early June 2010. A caller playing a hoax told the 9-1-1 dispatcher that the man at the house had killed his two children. Just a few days earlier, a police officer told him to come out of the house, at which time he was tackled and handcuffed.

The call reaching the Delaware County 9-1-1 Call Center had been relayed through a com- pany in Salt Lake City, Utah.

Caller ID spoofing is the practice of caus- ing your own outgoing caller ID information to be displayed on a receiving party’s incoming call screen. For example, a caller places a 9-1-1 call from a business, but the telephone network to display a num- ber on the recipient’s caller ID display that is not the true number of the caller. The Federal Communications Commission has ruled that aggregators are responsible for blocking the numbers of spoofed calls.

Caller ID spoofing is different from caller ID fraud, which is making prank calls to emer- gency services operators and the technology behind these calls.

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Size Is No Barrier.
Nova Scotia proves ACE can accommodate any number of miles

By Heather Darata

The province, nicknamed Canada's Ocean Playground—nowhere in Nova Scotia is more than 42 miles from the ocean—is surrounded by the Gulf of Saint Lawrence to the north, the Bay of Fundy to the west, and the Atlantic Ocean to the south and east.

The Bay of Fundy, a 170-mile long bay that stretches between Nova Scotia and New Brunswick, boasts some of the world's highest tidal ranges at approximately 50 feet. It's no surprise that fishing is one of the province's main industries. Nova Scotia is made up of three parts: the mainland, Cape Breton Island, and about 3,800 coastal—mostly unhabited— islands. About 940,000 people call the province home, and approximately 290,000 of them can be found living in Halifax.

The province's nickname, Canada's Ocean Playground, is well deserved. Nova Scotia is a treasure trove of history, culture, and natural beauty. From the historic sites like the Citadel National Historic Site to the charming coastal towns, there's something for everyone in this beautiful province.

The Halifax Citadel National Historic Site is a must-see for anyone visiting the city. The site offers a glimpse into the past, with its history stretching back to the early 18th century. Visitors can take a guided tour of the fort or explore it on their own, learning about the military history of the region.

The Halifax Citadel National Historic Site is a great place to learn about the city's history, but it's not the only attraction. Visitors can also explore the stunning coastline, hike through the woods, or simply relax and enjoy the beautiful scenery.

Nova Scotia is also famous for its seafood. Fresh fish and lobster are a staple of the local cuisine, and there are many restaurants and seafood stands throughout the province where you can try some of the best seafood around.

The province is home to a variety of other attractions, including historical sites, museums, and parks. Visitors can explore the province's rich history and culture, and take in the natural beauty of the area.

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Lesly Hernandez could barely keep her balance. She heard screaming, and not far from where she stood in waist-deep water she saw people clinging to the edges of a plastic outdoor playhouse spinning in a whirlpool of fast-moving current.

She fought the torrent to rescue a dog tied to a tree, its brown eyes glowing in a fear she had never seen before. The force of the water held her back; she turned her head, refusing to watch as the rushing stream pulled the pup under.

“The time was endless,” said Hernandez, a dispatcher for the Metro Nashville (Tenn.) Emergency Communications Center (ECC). “We couldn’t walk in the water. The current was too strong. There came a point we thought we couldn’t do anything.”

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Rain, Rain, Stay Away.
Nashville rebounds from record rainfall

BY AUDREY FRAIZER

Photos compliments of Rodney Knight, U.S. Geological Survey, Tennessee Water Science Center, and Amanda Sluss, Nashville Office of Emergency Management and Emergency Communications Center

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“The time was endless,” said Hernandez, a dispatcher for the Metro Nashville (Tenn.) Emergency Communications Center (ECC). “We couldn’t walk in the water. The current was too strong. There came a point we thought we couldn’t do anything.”
Hernandez and her sister Giselle pushed on. Already soaked from the heavy rain and floodwaters from the nearby creek, they plunged into the current, kicking against the strong flow. They found their dad—Hernandez had driven the back roads to reach her father’s neighborhood—struggling to find safety after escaping from his truck subsequently swept away by the current. But they couldn’t just leave when others might not be so lucky.

“Everything was chaotic,” Hernandez said. “We didn’t think about anything that might knock against us in the water. We knew our dad was OK so we just wanted to help anybody we could.”

Dodging debris, the two women battled to stay afloat, pushing past houses while water crashed through front doors and smashed windows. A house addition torn from its foundation sped by them opposite the creek. They, and several others from the neighborhood, rescued a woman and her three-month-old infant, bringing them to dry ground, away from the water that in some places was now over their heads.

Once back in their car, Hernandez headed toward her mother’s house on the other side of town. Their stomachs churned from the agony of destruction. Rushing water had scattered drywall and furniture into yards and roads. Hard rain had buckled roofs. People were crying. An older neighbor, she later learned, had nearly died from asphyxiation while in her attic waiting for help to arrive.

Hernandez had never seen anything like it.

“I have pictures on my phone showing the water coming in waves,” she said. “It makes me never want to live near water again.”

Experts surprised

The event even startled the weather experts.

Meteorologists at the National Oceanic and Atmospheric Administration (NOAA) National Weather Service Office in Nashville issued outlooks for potential flooding Tuesday prior to the weekend storms. While the four inches of rainfall predicted would be more than plenty to raise an alert, no one knew if the four inches of rainfall predicted would ever be seen before in metro Nashville, including the floods of 1927, 1975, and all others storms since the start of record keeping in 1871. The two days of rain now rank as the first (Sunday) and third (Saturday) rainiest days of all time for metropolitan Nashville.

Rain swelled the creeks flowing into the Cumberland and Tennessee Rivers and toppled historic bridges spanning the scenic waterways accentuating Tennessee’s beauty. The flood peak on the Cumberland River in downtown Nashville was the highest observed during 73 years of upstream regulation by flood-control reservoirs.

And in the area of concentrated rainfall, the results surprised most everybody.

According to the storm data collected by hydrologists from the U.S. Geologic Survey (USGS) Tennessee Water Science Center during the storm, many of the rivers were at or above the 100-year flood level. In other words, there was a 1 percent or less chance that the specific river would overflow to at or above the flood stage; and two more bodies were recovered from inside a flooded home.

Meteorologists cite the overall storm pattern set up across the South as the cause of the extreme rain and flooding. A low-pressure area to the west formed thunderstorms, and when one series moved out another would begin. Rain kept falling over the same areas again and again.

NOAA satellite images showed that the low-pressure system had a so-called “tropical connection” as rich moisture from deep within the tropics flowed directly to Tennessee—swelling watermarks six to eight feet high.”

Tennessee wasn’t alone in a weekend of catastrophic weather. Rain, and in some places tornadoes, claimed at least 31 lives throughout three states—Kentucky, Mississippi, and Tennessee. Twenty-one of the victims died in Tennessee, swept away by flash floods. On the second day of storms (May 2) in Tennessee, the bodies of an elderly couple were found in their car turned upside down in now standing water. One man was reported missing from the raft he and two friends had made out of inner tubes to float Mill Creek—the first stream of water to reach a major flood stage, and two more bodies were recovered from inside a flooded home.

Amanda Shuss, public information officer, Nashville Office of Emergency Management and Emergency Communications Center, came home to Nashville from an out-of-town trip only to see photos of water in places she had never imagined could flood.

“It was amazing,” she said. “It could take a while for people not to get a little nervous when it starts to rain.”

Dispatch responds

The Metro Nashville ECC took 6,557 9-1-1 calls on May 1 and May 2, and that number excludes direct calls made to police, fire, EMS, and the 8600 administrative line. A majority of 9-1-1 calls on the first day (May 1) came from an Interstate (I-24) in southeast Davidson County (Nashville is the county’s seat). Calls ranged from people needing water rescue to drivers stranded in the three feet of water covering the six-lane divided highway.

The first few cars flooding out initiated a domino effect, said Metro Nashville ECC Director Duane Phillips. Some tried exiting the road but, instead, joined a flotilla of cars, trailers, trucks, and tractors backed up at the several times Saturday and again several more times on Sunday.

“We had land-falling hurricane rains without the hurricane winds,” Vannozi said. “I hate to say it was exciting. But the magnitude was certainly interesting and, even for us meteorologists, hard to comprehend. It was amazing.”

Knight said the 20 inches of rainfall observed at some USGS streamgages was an amount they had never seen.

“Eight to nine inches isn’t all that unusual for us, but 20 to 12 inches and it’s a whole different world,” he said. “It was amazing.”

Rush kept watermarks six to eight feet high.”

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interchanges. Water dragged a portable classroom from its space behind a school, pushing it with such force that it broke apart during its race down the I-24 beltway. Miraculously no one was hurt.

“We had boats going down the highway rescuing people from the tops of their cars,” Phillips said. “The forecast was for heavy rain but there was no predication close to the amount of rain we did receive.”

Dispatchers, certified to use the Medical Priority Dispatch System (MPDS®) and Fire Priority Dispatch System (FPDS™), were swamped by calls. The average answering time but one minute and 40 seconds on May 1, up from a six second average on the same day in 2009.

“We tried to stay on the line until the people were rescued,” Phillips said. “We had to tell them what to do, even if it meant wading, because we couldn’t see where they were at.”

On Sunday, June 24 was open and the hard rain had moved to another part of the city; her grandson used a kitchen towel to float from the first floor of her home to the attic; her grandson used a kitchen towel to float from the first floor of her home to the attic.

They’re like my second family.” – Duane Phillips

Taking control

By Monday, May 3, calls to 9-1-1 dropped by nearly half compared to Sunday, the day with the heaviest call volume during the event (3,281 calls). By Tuesday, May 4, the call volume at the ECC was back to close its normal daily average (1,100 calls).

Lisa Fulton worked as the ECC representative in the Emergency Operations Center (EOC) until the flood effort was deactivated on May 14. The “War Room,” as it is commonly called, is Nashville’s central monitoring, notification, and warning point for major disasters and coordinates resources needed at the scene of a major incident.

“Nothing compares to what we had here on those days, said Fulton, who has spent 30 years in public safety. “Our recovery team had their hands full.”

In addition to the EMS, police, and fire dispatchers stationed in the War Room (and those working out of the ECC), two dispatchers reported daily to a remote command center to coordinate police. Police officer teams stayed in some areas to prevent looting, which amounted to 22 incidents. Fulton said there were no murders, rapes, or aggravated assaults during the weekend (May 1 and May 2).

“I don’t know if the criminals were staying in out of the rain or out helping people,” she said. “It seemed everybody pitched in and we even made the national news for taking care of the disaster ourselves.”

Rain’s aftermath

Two days post-flooding and Nashville was, for the most part, accessible; people were going to work, checking the welfare of friends and family, running errands, and pitching in hand among the other volunteers. The nightmare, however, continued for homeowners stung by damages.

Flood damages in the private sector totaled more than $1.9 billion and involved minor damage to total destruction of 11,000 structures. The Grand Ole Opry, which generates a fourth of the city’s revenue from the city’s hotels and motels, will cost an estimated $20 million to rebuild.

The pounding thunderstorms and flooding rivers near Nashville destroyed the home of Hernandez’s father. He lost everything—furniture, clothing, appliances, and keepsakes—in the flood and for days after the storm, he slept atop a borrowed comforter on the floor at his brother’s house.

“It’s been truly remarkable,” Davis-Purcell said. “The community is trying hard to rally, and volunteers have done everything from gutting homes, delivering food and water, and cleaning. We’re now in the stabilization and rebuilding phase.”

The current phase includes rebuilding 75 homes identified through Nashville Mayor Karl Dean’s “We Are Home” assistance initiative. The program provides funds that purchase building materials, while volunteers do the actual labor.

The flooding certainly caught the attention of local, state, and national officials, Karl Dean said. “We have to think seriously about flood inundation,” he said. “What works. What doesn’t. And the places we should or shouldn’t build houses.”

Hernandez said the worst part is the memories lost.

“I walk inside my dad’s house and think ‘this is where something used to be,’” she said. “It gives me a knot in my throat. We are all part of some kind of sad history.”
The value found in helping a caller in despair is a common thread binding dispatchers together. The significance of being the calming voice on the other end of the line can nullify long shifts, staggered hours, and oft-tragic circumstances without ever knowing the outcome. The confidence from a positive experience inspires success, and not only increases personal satisfaction, but boosts energy, reduces absenteeism, and helps lower stress.

But there’s also another side to the story. The loss of a balanced life represented by the triangle of healthy living—physical, mental, and social well-being—does take its toll on dispatchers. It’s no surprise that communications centers suffer from an alarming turnover rate; according to Jim Kuthy, an industrial and organizational psychologist specializing in employee retention, some studies place the rate at 17% while elsewhere it might be as high as 85%, as found in a March/April 2008 Journal article.

And many comm. centers are doing something to reverse the trend.

Physical fitness

In the dispatch world, snacking on the chips and donuts coworkers may bring to the center can add up to weight gain. Even a few extra pounds increase the risk of disease and can turn into a health wake-up call, which was the case for EMS and fire dispatcher Shelly Kroger of St. Joseph County (Ind.) Fire Dispatch. In January 2008, Kroger’s trip to the hospital for a leg infection ended with a life-changing diagnosis—type 2 diabetes. Losing weight could only help her situation.

Encouraged by The Biggest Loser reality television show, Kroger proposed her team of dispatchers join her in losing weight. 9-1-1 Operations Manager Nancy Lockhart liked the idea. “As management, we really embraced the concept,” she said. “It encourages camaraderie, healthy competition, eating right, and working out the stress of the job. There are endless benefits.”

For the group of participants, five dollars a week showed each person’s commitment to weight loss, Kroger among them. A weekly weigh-in, like those done on the show, helped dispatchers track their progress. The competition became a source of positive teasing and support, Kroger said. “I feel more confident, I have more energy, and I feel better because I’m eating better,” she said. “I think when we’re feeling positive about ourselves and life in general, it rubs off on our work.”

Fit, Fun, & Focused:
A Guide for Healthy Dispatchers

BY HEATHER DARATA
CYNTHIA HARMON
The management at St. Joseph has been encouraging, providing books dispatched-
ners can read when on break or waiting for calls, involving local gyms that offer $10
memberships for dispatchers, and creating a Facebook page for sharing healthy recipes,
bragging about recent successes, and offering messages of support.

Of course, the reward of the 12–16 week competition isn’t a bad source of motivation
either. The winner receives a gift certificate for a massage; a day at the spa ($200), a mani-
cure, a haircut, and any remaining cash. If a male participant wins, he can trade it for a
sporting goods gift card.

“They’re really trying hard to improve themselves, and that definitely has an impact
on the organization,” Lockhart said. “That we can be proud of.”

During the competition, repeated several times, Kroger has lost 79.6 pounds, the result
of exercise and healthy choices. The team has lost more than 200 pounds.

Long-lasting results are not measured in pounds, however, but in the benefits
reaching beyond health and individual satisfaction.

“Happy, healthy dispatchers make fewer mistakes,” Lockhart said. “Their minds and
bodies are sharper. There is no substitute for an experienced and healthy dispatcher.”

Hunter’s Ambulance Service (Conn.) would agree. Similar to the program at St.
Joseph, a big hit at Hunter’s is the Biggest Loser Weight Loss Challenge, with some
twists such as participants receiving $1 for each pound lost.

Their pedrometer and journal program promotes tracking activity through the
amount of steps employees take as well as what they eat. Points are earned for eat-
ing fruits and vegetables, whole grains, and nuts, and drinking 64 ounces of water per
day. Each week the person with the most points wins a personal parking space for the
week and the choice of an Ear This, Not That book, a Subway gift card, or a Biggest Loser
Cookbook.

Hunter’s also arranges for an employee health fair, guest speakers on healthy cook-
ing, eating, and living; weekly exercise DVD classes; walks; and free seminars on disease-
prevention topics like breast cancer, diabetes, and cholesterol.

Michael Loiz, telecommunications co-
director, said the activities promote health awareness and encourage camaraderie.

“It allows departments that don’t normally interact the opportunity to have fun together,”
he said. “There also seems to be the opportu-
nity for the mending of frustrations.”

Mental wellness

While being physically fit is one key to
overall wellness, an equally important aspect
is monitoring mental health to prevent burn-
out and susceptibility to dispatch error.

Dispatchers feel the effects of dealing with
trauma. Sometimes the effects of shift
work, tragic calls, and verbal abuse from
callers build until dispatchers can’t con-
trude. And the boiling point isn’t the same
for everyone.

While a dispatcher might not
break a sweat sending resources following a
hurricane, one call from a young man who has
ingested pills in a suicide attempt might
put the same dispatcher over the edge.

Michelle Pwniuk, Medical Transportation
Coordination Center (MTCC) clinical
manager, knew she needed to address stress
management in addition to daily job respon-
sibilities through the training program she
was establishing for the soon-to-open comm.
center in Manitoba, Canada.

“I wanted to make sure that we kept
the good people that we worked so hard to
recruit and train,” she said. “It’s training
they’ll be able to draw on when they need it.”

Her course for mental well-being began
with the center’s trainers receiving a “staff tool-
box” covering the heavy hitter dispatch topics:
Applied Suicide Intervention Skills Training
(ASIST), vicarious trauma, and Critical Inci-
dent Stress Management training (CSM).

Not long after training and starting the
new job, however, one MTCC dispatcher
noticed she had become a different person—
even away from work. She was moody and
prone to tears, stressed, losing weight, hav-
ing nightmares, and when at work, dreading
the next call. The cause of her symptoms was
summed up in two words that presented a
tough opponent: vicarious trauma.

“I knew that I shouldn’t be feeling this
way,” she said. “Having the training made
me recognize that what I was feeling wasn’t
natural.”

With a supportive push from her hus-
band, she approached Pwniuk.

“I guess part of me was embarrassed that
I wasn’t coping as well,” she said. “Until I
decided that I needed help for myself, no one
was able to help me.”

Pwniuk reluctantly accepted her resig-
nation and strongly encouraged her to seek
additional counseling. The counselor gave
her materials to read, provided her with stress-
relieving exercises, and had her log her symp-
toms. She found herself opening up a bit with
several coworkers and other family members.

As time went by, she was returning to the self
she had been before the job’s effects domi-
nated her thoughts and actions.

The difference made her next decision
easy: she stayed.

“I absolutely love my job,” she said. “I
think that my supervisors often for convin-
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“I absolutely love my job,” she said. “I
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ing me to look at alternate solutions to my
stress and for the support they provided and
courage me to continue my employment with
MTCC.”

Centers with an eye toward educating
dispatchers about stress disorders and vicarious trauma are looking out for every-
one—dispatchers and callers alike.

“People are here and they are staying here,” Pwniuk said. “We just try to provide
a good mental health work environment that
allows people to deal with the challenges of the job.”

Social well-being

When it comes to happy, healthy dis-
patchers, a balanced lifestyle includes oppor-
tunities for people to share experiences,
which in turn helps them feel confident, sup-
ported, productive, and valued. Since shift
work and social life are not always congruent,
some communications centers have stepped
up to fill the gap.

Sunstar Paramedics (Fla.) offers company
outings at least once a month and boasts an
impressive variety from trying restaurants
featuring cuisine from around the world,
tours of Busch Gardens, and even dressing
up for skating nights (1970s and 90s style).

Outings that have drawn the biggest turnout
include Tampa Bay sporting events, Bucca-
nees football games, and particularly the Rays
baseball game when a Sunstar employee was
asked to throw the first pitch.

Sunstar’s Education Coordinator Char-
lene Cobb, referred to as “Julie” from the
Love Boat by teasing coworkers, said dispatch-
ers especially respond to events that involve
charity work. Whether pitching in to build
Habitat for Humanity homes, walking to
raise funds to fight cancer, or caroling and
distributing carnations at assisted living cen-
ters, the dispatchers love giving back.

“The giving builds human relationships,”
Cobb said.

The outings also show others the faces
of 9-1-1 and they build camaraderie, Cobb
said. For example, they still chuckle over the
case of transportation Sunstar once rented
for an event.

“The dispatchers bust out laughing

The Journal | September/October 2013
Don't take the negative effects of work sitting down. Each time you sit for an 8-12-hour shift, consequences follow—headaches, poor vision, listlessness, and strain on your eyes, neck, and shoulders. Combat it with the minimal changes listed below.

Adjust your workstation
• Sit in a chair that promotes good posture. Sit up straight with your shoulders back. Fight slouching by opening your arms wide (as if to hug someone) and rotating your wrists (thumbs going up and back).
• Place your monitor at eye level. If the monitor is low, place a book under it to alleviate the strain on your eyes and neck. Periodically look away from the screen to refocus your eyes.
• Use a keyboard or mouse pad with a cushion for wrist support. If your wrists rest below your keyboard/mouse, it may cause carpal tunnel syndrome. Roll your wrists regularly as an added measure of prevention.
• Replace the Snickers with a water bottle. We know about your stash of temptation in the bottom drawer. Work is stressful, but treats won’t satisfy. Most likely you’re dehydrated, which causes you to feel tired. You need water (not carbonation or even coffee). So put down the candy, and refresh with H2O.

Adjust your routine
• Get active. Find ways to work in a brief workout whenever you can by parking far away, using the restroom on a different floor, or walking with a coworker during lunch.
• Activate your abs and gluteal muscles. Contract, release, and repeat. You can burn up to 500 calories daily by simply fidgeting.
• Stretch. Stretching is essential to keep limber and maintain your energy level.
  o To stretch your neck, flex your head forward and backward, side to side, and right to left. (Do not roll your head as this can cause damage.)
  o To stretch your arms, pretend to reach for the sky and extend them for ten seconds, pushing one hand above the other, then alternate.
  o To stretch your back, sit up straight and try to hold your shoulder blades together tightly, then relax and breathe deeply.
• Waste not. If possible, use one minute of your break to do jumping jacks. Going from a resting heart rate to “pumped” in less than 60 seconds is proven to decrease the risk of heart disease.

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RECEPTION IN EXHIBIT HALL

SCHEDULE AT A GLANCE | NAVIGATOR® 2011 | LAS VEGAS, NEVADA | APRIL 20–22
Topics and speakers are subject to change. Visit www.emergencydispatch.org for the latest updates.

TUESDAY, APRIL 19TH

6:00 PM–9:00 PM

POOL Party

Sponsored by:

ACE

8:30 AM–10:30 AM

OPENING SESSION

SPONSORED BY EnROUTE

Gala OPENING SESSION

CE_course: What do They Know? Novel Territories

9:15 AM–10:15 AM

Exhibit Hall

9:45 AM–10:00 AM

Award
day

1:00 PM–2:30 PM

CLOSING LUNCHEON

SPONSORED BY EnROUTE

DR. JEFF CLAWSON

LEADERSHIP AWARD

Tea and Coffee Break

WEDNESDAY, APRIL 20TH

8:30 AM–10:30 AM

OPENING SESSION

SPONSORED BY EnROUTE

Gala OPENING SESSION

10:30 AM–11:30 AM

Tea and Coffee Break

12:30 PM–1:30 PM

Tea and Coffee Break

Thursday, APRIL 21ST

8:30 AM–10:30 AM

ACE PRESENTATION & CM GRADUATION

FEATURED SPEAKER

Tea and Coffee Break

FRIDAY, APRIL 22ND

7:30 AM–9:00 AM

Tea and Coffee Break

8:00 AM–9:00 AM

Tea and Coffee Break

9:15 AM–10:15 AM

Tea and Coffee Break

10:30 AM–11:30 AM

Tea and Coffee Break

11:45 AM–12:45 PM

Tea and Coffee Break

1:00 PM–2:30 PM

CLOSING LUNCHEON

SPONSORED BY EnROUTE

DR. JEFF CLAWSON

LEADERSHIP AWARD

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DR. JEFF CLAWSON

LEADERSHIP AWARD

Tea and Coffee Break
On Track

Jeopardy Doubled.
Attack on guide dogs threatens welfare of dog and handler

By Audrey Fraizer

Theresa Duncan could only hear what was happening to her dog Blossom on the morning three years ago while she and the female Lab were walking in a park near her home in San Francisco, Calif. “She started to do some sort of dog screams,” said Duncan, alumni director with Guide Dogs for the Blind, Inc., a licensed guide dog school funded to train blind persons in the use of guide dogs. “If you have never heard that sound, it is a horrid, horrorful sound.”

Blossom, as Duncan soon discovered, was under attack by a dog whose handler had let it run off-leash. When the two met, Duncan and the handler—couldn’t pry the attacking animal away from Blossom’s throat, “I was afraid to go out,” she said. “I would avoid the streets because no crime had been committed and police investigate the attack, and that documentation serves as a critical tool to track repeat-offender dogs and their handlers. “We needed to make it very clear that this is a crime,” said Duncan. “It’s an animal control issue for dealing with the dog, but it is a police issue for dealing with the person who should be in control of the animal that has committed the offense.”

The dog’s owner asked the bleeding dog to come closer. “The police officer can now document the attack, and that addresses only a bite to a human. When- ever a dog has bitten a human at least two separate occasions handled by police officers have to be taken to court to determine whether the conditions of the dog’s treatment or confinement have been changed so as to protect the public from the dog. “The court or police, depending on where it takes place, poses a risk to both handler and guide dog can escalate the situation. An attack threatens the individual’s right of equal access under the Americans with Disabilities Act (ADA) and could permanently break the dog’s ability to focus due to the fear of further attacks. A dog forced into retirement diminishes the handler’s independence and is also a huge financial setback. On average, it takes $60,000 to train, raise, and provide veterinary care for a guide dog, and the wait for a replacement can last six months or longer. This training and care is intended to provide a service of both assistance and independence for those that need it. For this reason, it is essential to recognize the role of a guide dog as far different from that of a family pet. “Guide dogs are not considered pets by people who use them,” Neidich said. The ADA makes the “not a pet” distinction clear in its definition of guide dogs and requires businesses to modify “no pets” policies to allow the use of a service animal by a person with a disability, despite any local or state law that may imply the contrary.

According to ADA regulations for service animals, privately owned businesses that serve the public—such as restaurants, hotels, retail stores, theaters, concert halls, and sports facilities—are required to allow people with disabilities to bring their service animals onto business premises in whatever areas customers are generally allowed.

The distinction of not being a “pet” doesn’t mean the guide dog lacks for affection, but it is only appropriate to offer attention when the handler gives permission, often shown by removal of the guide dog’s harness or other job-specific “uniform.” Neidich said it is essential to recognize the role of the guide dog as far different from that of a family pet. “Guide dogs are not considered pets by people who use them,” Neidich said.

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sonally don’t mind if someone comes up to us while we’re resting at a bench and asks if he can pet the dog. I can take off the harness, indicating to Nieren that it’s OK to stand down and enjoy the attention.”

Making the public aware
In February, Duncan had the opportunity to tell her story at a press conference for the California State Board of Guide Dogs for the Blind held in the Office of Gov. Arnold Schwarzenegger. The press conference, also attended by Board Executive Officer Antoinette Sorrick, Board President Jeff Niederich, Sgt. William Herndon, Officer John Denny, and Brian Francis of Guide Dogs for the Blind, Inc., was part of an ongoing public education campaign calling attention to the seriousness of dog attacks and the steps to take if such an incident occurs.

Francis, Director of Admissions and Graduate Services for Guide Dogs for the Blind, Inc., said laws such as those in California, guarantee the rights of individuals with disabilities who rely on the dogs for independence, mobility, and safety. “They validate the rights of guide dog handlers to equal protection under the law, regardless of whether they or their dog is attacked,” he said.

Protocol and dog attacks
Both the Medical and Police Protocols (MPDS® and PPDS®) include protocols for animal bites and attacks. Both protocols may be applied to the same attack situation. When using either protocol in the event of an animal attack or bite, the EMD or EPD should try to determine the animal’s current location for the safety of responding crews, assess the need for local police or animal control response, and give appropriate Post-Dispatch Instructions (PDI). The dispatcher may instruct the caller and those on scene to avoid further contact with the animal, particularly if the animal is unfamiliar, appears ill, or is injured. Only if safe to do so, the dispatcher may encourage locking up or otherwise containing the animal. Local regulations determine whether responders should secure the animal for later evaluation by health and law enforcement officials.

MPDS Protocol 3. Animal Bites/Attacks, provides medical help for the person suffering from multiple wounds or injuries inflicted by an animal attack. Dispatch is sent immediately for the patient that is unconscious or in arrest. Next, the first Safety Questions, marked in red to emphasize risk, deal with the kind of animal and its current location for the safety in administering help to the patient. The patient’s condition—especially in the case of arrest or non-alert patients with ineffective breathing—may necessitate airway verification and maintenance on Protocol A, B, or C and CPR instructions if necessary. Serious hemorrhage situations should be dispatched as the Determinant Code 3-B-2 and controlled with instructions from the DLS link to X-5. All other patients may benefit from the supportive care, observation, and instructions provided on the Case Exit Protocol.

PPDS Protocol 105: Animal, assesses the danger posed by the animal and the situation in which the animal is attacking (or being attacked as defined animal CRUELTY). Key Questions 2, 3, and 9 are the only questions the EPD must ask in Cold Call incidents, which the PPDS defines as “a call for service involving a past event that does not require a full investigation because . . .”

5. All other patients may benefit from the supportive care, observation, and instructions provided on the Case Exit Protocol.

6. The people who use guide dogs consider them to be family pets.

7. Which of the following federal acts guarantees the rights of people with disabilities to bring their service animals onto business property?
   a. The Health Insurance Portability and Accountability Act (HIPAA)
   b. The Hatch Act
   c. The Americans with Disabilities Act (ADA)
   d. The Animal Welfare Act

8. It’s OK to give attention to a guide dog in service without asking permission of the handler.
   a. true
   b. false

9. Which MPDS Chief Complaint Protocol addresses the needs of a person suffering from wounds or injuries inflicted by a dog attack?
   a. Protocol 3: Animal Bites/Attacks
   b. Protocol 27: Stab/gunshot/Penetrating Trauma
   c. Protocol 28: Sick Person (Specific Diagnosis)
   d. Protocol 27: Stab/Gunshot/Penetrating Trauma

10. The PPDS defines Cold Call as “a call for service involving a past event that does not require a full investigation because . . .”
    a. “by the caller’s assessment, the suspect is not on scene or in the area.”
    b. “no witnesses will step forward.”
    c. “the suspect is a repeat offender.”
    d. “the victim doesn’t want to press charges.”
Rerouting with Reason.

Shunts provide room to move

By Beverley Logan, Brett Patterson, Louise Ganley

The release of Medical Priority Dispatch System™ (MPDS®) v12.0 sparked debate regarding manual protocol shunts since several automatic shunts in the previous version were removed from various Chief Complaint Protocols. Additionally, there has been some confusion regarding the purpose or intent of Universal Protocol Standard 10 (New or Updated Information). The intent of this article is to clarify these issues.

Some definitions

A shunt is generally defined as a diversion, or the process of purposefully moving something to another place. Shunts are found in the MPDS, and to a lesser extent in the Police Priority Dispatch System™ (PPDS™) and the Fire Priority Dispatch System™ (FPDS™).

In the MPDS, shunts were developed as a sort of safety net; they help ensure EMDs are routed to the right place when information obtained at Case Entry is not specific enough or adequate to identify a problem specifically addressed by protocol. In other words, shunt protocols help the EMD respond effectively to the various ways people react in a medical crisis. Although most people describe what they see—“He’s bleeding” or “She’s having a baby!”—others’ descriptions may be unclear, or the problem may not be easily observed or specified. For these situations, shunt protocols prompt the EMD to dig deeper and gather more information.

About one-half of the MPDS protocols include at least one automatic shunt. For example, Protocol 17: Falls has three automatic shunts from the Key Questions section. A fall due to either dizziness or fainting shunts to Protocol 31: Unconscious/Fainting (Near), and a fall due to electrocution or lightning shunts to Protocol 15: Electrocution/Lightning.

The larger number of automatic shunts in the MPDS protocols reflects the greater complexity of correctly triaging medical situations in comparison to fire and police situations. It is harder for an individual who is not medically trained to identify a problem; sometimes the issue isn’t easy to describe from what is seen. Additionally, what the caller perceives as being the problem—e.g., a fall—may not be the most clinically relevant issue—the near fainting that caused the fall. Fire and police calls, however, involve more palpable situations: a person sees, smells, or feels a fire or smoke; the car was burglarized; the house

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There are few automatic shunts in the PPDS, and none of the PPDS protocols has more than one automatic shunt leading from the Key Questions (excluding the Caller In Danger (CID) shunt, which accommodates the potential for caller danger on many protocols). The PPDS is similar; there are only seven protocols with automatic shunts from the Key Questions, although many of these have multiple shunts depending on the situation (e.g., Protocol 66: Odor (Strange/Unknown) includes shunts to other protocols based on the smell).

The larger number of automatic shunts in the MPDS protocols reflects the greater complexity of correctly triaging medical situations in comparison to fire and police situations. It is harder for an individual who is not medically trained to identify a problem; sometimes the issue isn’t easy to describe from what is seen. Additionally, what the caller perceives as being the problem—e.g., a fall—may not be the most clinically relevant issue—the near fainting that caused the fall. Fire and police calls, however, involve more palpable situations: a person sees, smells, or feels a fire or smoke; the car was burglarized; the house

Your newest trauma tool isn’t in here.

Seriously injured patients rely on you to give the best medical attention and care. To do that, you need knowledge, experience and the proper tools. That’s why the Centers for Disease Control and Prevention (CDC) has released the widely endorsed Field Triage Decision Scheme: The National Trauma Triage Protocol to help EMTs and paramedics choose the best transport destination for trauma patients. Designed in partnership with other leading organizations and experts in injury care, the Decision Scheme has been published in the prestigious MMWR Report & Recommendations. It’s a valuable tool that can help your EMS system save lives.

Get a free copy of the Field Triage Decision Scheme: The National Trauma Triage Protocol, the MMWR and other free resources at www.cdc.gov/FieldTriage
was ransacked. Unless a medical emergency coincides with these situations, the caller describes exactly what he or she sees.

In this article, we will concentrate on shunts in the MPDS. We define “automatic shunts” as shunts embedded in the protocol and “manual shunts” as shunts made at an EMD’s sole discretion.

Some history
The best example of an MPDS Shunt Protocol is Protocol 26: Sick Person (Specific Diagnosis), which was designed to handle a caller’s specific diagnosis (i.e., cases involving an illness, such as leuke-mia, cancer, pneumonia, etc.) or when protocol-applicable symptoms are not identified at Case Entry. The protocol definition of Sick Person is located in the Addi- tional Information section as: “A patient with a non-catego- rizable Chief Complaint who does not have an identifiable priority symptom.” In MPDS v1.3, Protocol 26 contained three shunts for three priority symptoms—abnormal breathing, chest pain, and SERIOUS hemorrhage—but handling the fourth priority symptom—decreased level of consciousness—without shunting. This is an impor- tant reminder that a shunt is not always necessary for a given symptom because of the redundancy built into the MPDS.

There has been an ever-increasing con- cern about over-triage, an exces of resources sent. In an effort to safely reduce over-tri- age, the National Academies of State Dis- patch (NAED) closely monitors the out- come acuity of patients in relation to individual Determinant Descriptors. The way in which various Determinant Desci- priors are placed and managed in the MPDS is influenced by these outcome measures. ProQA® has provided a means of deter- mining Determinant Descriptors selected by way of a shunt, versus those selected by way of initial Chief Complaint. For example, it is often possible to determine the outcome of patients who were originally triaged using Protocol 6: Breathing Problems versus patients who were triaged using Protocol 26 but shunted to the instructions on Case entry (Entry Rule 3). These inquiries often included a reference to Universal Protocol Standard 10 (New or Updated Information), which indicates that “a calltaker presented new or updated information from the caller that indicates a more appropriate response, protocol, or DLS Instruction(s) . . . must move to the correct point in the protocol that best addresses the new situation.”

However, Universal Protocol Standard 10 was not designed to handle secondary symptoms or complaints that have been discov- ered using a primary complaint protocol, but rather cases where a specific complaint or situation was initially missed at Case Entry due to the caller’s proximity to the patient, the caller’s or patient’s inability to communicate the problem, or other circumstances during interrogation when it becomes evident that the wrong protocol has been chosen. Addition- ally, the standard allows or even requires a manual shunt to the most appropriate protocol when the discovered symptoms do not involve a priority symptom—decreased level of consciousness, a priority symptom, or a protocol-applicable symptom. In this case, the rules outlined on Case Entry do not dictate the necessity to move to another Chief Complaint Protocol because the discovered symptoms do not involve a trauma or scene safety issue, nor is the discov- ered pain the “foremost symptom,” or a “priority symptom” taking precedence (Case Entry Rule 3).

Even though the symptoms of “abdomi- nal pain” and “headache” are often discov- ered on specific protocols when presented as a Chief Complaint, the pain was not part of the initial Chief Complaint and there is no compulsory reason to shunt. The only true exception to the discovered abdominal pain scenario is if the caller or patient describes symptoms consistent with specific defini- tions, e.g., SUSPECTED Aortic Aneurysm. However, these cases are extremely rare, and such symptoms are almost always foremost in the Chief Complaint.

Data inspires change
As probably expected by many EMDs, patients with abnormal breathing discovered during Key Questioning on Protocols 26 or 27, and chest pain or back pain shunted to and coded on Protocol 6—had signif- icantly less acuity than patients with a pri- mary complaint of difficulty breathing. This finding inspired the removal of the abnormal breathing shunt from Protocol 26 to Protocol 6. Interestingly, and for the same reason, the difficulty breathing shunt from Protocol 5. Back Pain will be removed in v.12.2 of the MPDS. Note, however, that a specific “Abnor- mal breathing” Determinant Descriptor was added to Protocol 26 so agencies may assign a response deemed appropriate for patients with discovered abnormal breathing.

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There are rare—but still occurring—exceptions that warrant a dispatcher’s move to a different sequence or Chief Complaint Protocol based on discovered circumstances or symptoms.

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Summary
EMDs need to consider all of the infor- mation obtained from a thorough and scene safety, and the selection of the original Chief Complaint Protocol is now contrary to the instructions on Case Entry Rules 1 and 2, which state to choose the protocol that best addresses “scene safety issues” and “mecha- nism of injury.”

In this case, the new or updated information clearly involves both trauma and scene safety, and the selection of the original Chief Complaint Protocol is now contrary to the instructions on Case Entry Rules 1 and 2, which state to choose the protocol that best addresses “scene safety issues” and “mecha- nism of injury.”

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Hooked on a Feeling.
Telecommunicator played big part in positive outcome

John Sawyer knew mumbling sounds meant someone was in trouble. The right inclination informed the EMD that his wife is actually in labor. Based on this information, the dispatcher should...
Imagine receiving a call to come into work so that your boss can take his pregnant wife to the hospital. Now imagine what it would be like to arrive and learn your boss isn’t going anywhere because a rather impa-tient baby has other ideas.

What do you do? Well, if you’re Twanda Butler you roll up your sleeves, grab the phone, call 9-1-1, and follow instructions from Angela Potenziano, Hillsborough County (Fla.) senior digital communications dispatcher.

On that day in June, the owner, who was there with his pregnant wife and baby on the way, had called Butler into work at the Laundromat so he could rush his wife to the hospital. Now imagine what it would have been like if he had been able to do that, because the baby was coming out.

Potenziano was checking to make sure the baby was OK. “The caller was pretty excited,” Fontaine said. “After so much heartbreak, this was something really good.”

The 13-year-old quickly took his mother’s phone. because she (T wanda) listened and did everything I said it went well.”

Allard and his mother, relaying questions and answers back and forth.

“Do you see the baby coming out?” Butler said “Yes.” Potenziano immedi-ately turned to Protocol F: Childbirth–Deliv-ery, giving her instructions beginning with Panel 5—Start Delivery. As the woman was pushing, Potenziano told Butler to support the baby’s head and shoulders and to be care-ful because the wet baby would be slippery.

Within minutes of Butler calling 9-1-1, Potenziano was checking to make sure the baby was OK. “Is the baby crying or breathing?” she asked. “The baby boy was breathing, so Potenziano congratulated Butler and dad for a job well done, disconnected the call once responders arrived on the scene, and then turned to her trainee who had been listening in. While Hillsborough County trainees listen to recordings of these types of calls, nothing can actually replace being in the moment, taking a childbirth call of your own.

“We need to get to the hospital,” she told Butler. “It’s going to be a little while.”

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“Allard moved on to other calls without expecting to hear anything from the family but was pleasantly surprised to learn that the caller (the baby’s grandmother) had tried to reach her when she was off. Allard called her back and made sure to include a compliment for the woman’s son.

“He was awesome,” she said. “He did an amazing job. I can’t imagine being in his shoes. I was so happy that the 13-year-old boy wasn’t completely traumatized from helping deliver his sister’s baby.”

Allard received the 2010 Dispatcher of the Year award from the Florida Department of Health, Bureau of EMS.

At the same center, EMD Teresa Brown, dispatcher I, relied on a teenager’s help to get assistance to the girl’s mom after she gave birth, having no idea when she took Kaitlyn Carrick’s call that she’d have a hand in helping two sisters celebrate their shared birthday.

“Kaitlyn’s mother Kimberly woke her up on June 4—the morning of Kaitlyn’s 10th birthday—because the baby was coming and she needed Kaitlyn to drive her to the hospi-tal. A few miles from the hospital, Kimberly felt the need to push and the baby’s head popped out. Kaitlyn pulled the minivan into a gas station and made a frantic call to 9-1-1 for help while her mom finished delivering her baby daughter.

“I’m outside the car, please come,” were the words that greeted Brown as she took the call, transferred from another agency.

Brown immediately began trying to calm Kaitlyn down while working to confirm the intersection she had been provided by the transferring agency and establish a more specific location. When she asked what had hap-pened, Kaitlyn responded, “My mom just had her baby in the car!”

“One more time, listen, listen, calm down so that you can help her,” Brown said.

Brown jumped right into Panel 7—Check Baby, advising that the baby be put flat on its back so they could watch its chest to make sure it was going up and down. Once receiv-ing a confirmation that the baby was breathing, Brown moved on to Panel 8—Dry and Wrap Baby, advising Kaitlyn to wipe off the baby’s mouth and nose and to wrap it in a clean shirt or towel.

Brown checked again to be sure the baby was breathing while offering reassurance that help was on the way. A passer-by came on the line and Brown instructed him on how to tie the baby’s umbilical cord using a shoelace. Just as he was finishing that responders arrived.

According to the Orlando Sentinel, the healthy baby, named Kyelle Elizabeth by Kai-lyn—as a birthday present from her mom—weighed six pounds, eight ounces.

Both dispatchers received stork pins in recognition of their efforts. Orange County Fire Rescue is the third busiest Public-Safety Answering Point (PSAP) in Central Florida and serves an area of 780 square miles and a popula-tion of 856,012. The center’s 48 telecommuni-cators received 328,534 calls in 2009.

EMD Ashley Fontaine didn’t know her neighbor Joni Morman until the baby arrived. Morman isn’t exactly next door—four blocks away—but it hadn’t been for the phone call, the two may have lived minutes away and never known each other.

“We might even arrange play dates between our older children,” said Fontaine, a dispatcher for MD Ambulance Care in Sar-asota, Saskatchewan, Canada. The two met by voice in May 2010 when Fontaine took a call 30 minutes into her night shift. The woman on the other end of the phone indicated a trip to the hospital was now out of the question for a baby on its way.

“They called the way on the phone to say everything was OK,” she said. “I was invited to their house the same day.”

She heartily accepted the invitation. Fontaine said these types of calls are the “gold standard” of her profession.

“The kind of calls make it all worth-while,” she said. “After so much heartbreak, this was something really good.”
Photographic Memories.
Dispatcher captures life’s important moments

Speed Chaser Paul Runnoe thrives on the fast track.
Seeing life through a lens is nothing new for Paul Runnoe, a dispatcher for the Salt Lake City (Utah) Fire Department. For the last decade, Runnoe’s been focusing his camera on what’s important, including his family and places he’s visited.
He enjoys photographing his 10-month-old baby girl Reagan whose firsts—like last year’s pumpkin Halloween costume—are guarded treasures on his digital card. During downtime on trips, Runnoe creates memories of where he’s visiting, whether it’s capturing unusual sights or taking an image that appears ordinary to the eye and transforming it into another perspective through composition.
Runnoe switched to a digital camera from his reliable film camera once he was assured digital quality surpassed film and he could afford a digital SLR camera to accommodate the same lenses used with his film camera. And he hasn’t been sorry. One memory card holds more photos than a roll of film ever could and the quality of his shots remains—even when printing to poster size.
Runnoe would be busy snapping photos at the Miller Motorsports Park (MMP) open track if he could do so while driving at speeds of up to 150 mph.
“You learn a lot and you push your limits,” said Runnoe, who likes to race his motorcycle on the fast-moving track. “You get to know your performance capabilities of your motorcycle. You know how hard you can brake, how hard you can swerve. It’s riding it harder than you ever could on the normal street.”
Runnoe learned track etiquette prior to taking his spin, including how to enter and exit the track and pass other riders. He went through a track orientation and ride/ driver evaluation, which included a half-day classroom session and a ride-along with a MMP instructor.
Runnoe visits the track for a safe adrenaline rush while practicing defensive driving under controlled conditions in a secure environment. While he could still get hurt, he knows it’s unlikely the injury would require Emergency Medical Services.
“Just get up and go home for the day,” he said.

Andrew Wilson—Bedford Health Emergency Operations Center, East of England Ambulance Service NHS Trust, Dispatch Centre
Andrew Wilson never lost a friend by his own choosing.
“If you did fall out with Andrew, it was your fault,” said Carl Denton, general manager of the Bedford Health Emergency Operations Center (HEOC). “He always had a smile on his face and never fell out with anyone.”
Wilson was a call handler at the Bedford HEOC, a job he added later in his career after returning as a defensive constable with the Metropolitan Police Service. He received a Queen’s Police Medal for his services as part of the 2003 Queen’s Birthday Honours.

Wilson’s daughter Elizabeth shared her father’s dedication to public service, taking a dispatch position at the same center where he had been working since January 2001.
“He’s a true gentleman, with a great sense of humor. He is greatly missed by his friends and colleagues within the department.”
Wilson was 66 years old when he died on May 3, 2010, following a long illness.
The House of EMS

LAS Museum founder and curator put pieces of EMS history together in one place

Audrey Fraizer

Preserving The Ages

Mark Peck received a personal tour of the LAS Museum from founder and curator Terry Spurr two months before the doors closed.

The museum quality pieces, which eventually moved to abandoned workshops at Ilford Ambulance Station, detailed the history of London’s first responders. Spurr spent months cleaning up decades of grease and oil from the shop floors and during the years, he added a Metropolitan Police and London Fire Brigade section and a WW II display. This was a class act museum.

The word “was” means exactly as it implies. The LAS Museum that opened on May 18, 1989, with Spurr as its first and only curator was closed during the month of May, 2010, some 21 years later. Blame it on health and safety reasons. The expense of bringing the former workshops up to code for public access was prohibitive.

There’s no question what he did,” Boast said. “Absolutely priceless.”

Spurr’s collection, dating from his initial finds in 1967, is the stuff of an EMS fanatic’s dream. Stuff, however, may be too casual of a term for a collection that started small but because of his obsession and donations, it soon outgrew the two lockers he originally used for storage. These are artifacts, they are objects that hold particular cultural interest. The idea for the Blue Light Museum has received wide support for several reasons. It would be a revenue-generating tourist attraction, potential recruitment tool for emergency services, and honorary tribute to police officers, fire fighters, paramedics, and emergency dispatchers.

But not only the collections should be preserved, Boast said. The museum must also tell the stories behind the artifacts and that applies across the board—from the gruesome episodes in London crime to the every day, exceptional work of EMS professionals. That was Spurr’s specialty: telling the stories behind every item in the collection. He could recite the history of each piece of equipment and display down to the photos and model ambulances.

A department store mannequin draped in a dated EMS uniform came with a story about the responder who wore it while on duty. The original casting of the death mask used to make the Resuscit Anne (CPR Annie) face introduced visitors to the story of the girl from the River Seine. Spurr could tell the year and model of each vehicle and even had in the collection the ambulance famed for the transport of the dying blues guitarist Jimi Hendrix.

“He could speak about every piece of equipment,” said Boast, who volunteered at the museum when he retired from the LAS eight years ago. “All the information was in his head. No one knew the exhibits as well as Terry. He is an amazing guy.”

Mark Peck, director of the National EMS Virtual Museum (NEMSMF), said his tour of the museum two months before it closed left him with “indelible memories” of a fabulous afternoon.

“Terry Spurr couldn’t walk away from a lifetime of collecting, not even for many years following his retirement from the London Ambulance Service (LAS).”

“One is his life,” said John Boast, friend and former coworker of the London Ambulance Service (LAS) Museum founder. “There wasn’t a day the museum took second place to anything else he did.”

Boast’s comment may be a bit of a stretch since, early in his years of collecting, Spurr was a paramedic for now the largest ambulance service in the U.K. But it wasn’t far from the truth—less than a stone’s throw—considering the time Spurr invested in searching, collecting, refurbishing, and putting his finds and contributions on exhibit.

“Terry retired as full-time LAS staff in September 2002 but continued as part-time curator at the museum until his full retirement in March 2010. He suffered a stroke soon after, and was unable to provide comment about his collection for the story.”

In an earlier interview for an article in a newsletter published by the LAS Retirement Association, Spurr was candid when asked about his remarkable dedication to LAS history. “I did it ‘cos no one else did,” he said (Issue 72, Spring 2010). It’s fortunate he did.