Turning Distress into Eustress
Stress Adaptation in Dispatch

Whether police, fire or medical, we as dispatchers are a special group of professionals with a unique set of stress factors affecting our lives.

STRESS! The word itself evokes negative thoughts, but stress is actually necessary for us to achieve peak performance. The way in which each of us channels stress determines if it is a positive or negative experience.

Stress can be defined as “our internal responses to external pressures.” In and of itself, stress is not dangerous, but how we respond to it can be. Our body's biochemical reaction to stress is the same whether the stress is major or minor, positive or negative. Adrenaline is produced and pumped through our bodies. Blood flows from our extremities to all our vital organs. The human body internally prepares itself to “fight or flee” from the stressor. We actually have three choices: fight, flee or adapt. As EMDs, our profession requires us to maintain control, therefore our only acceptable choice is adaptation.

The most obvious stressors are the emotionally distraught caller, the field unit in distress, and our need to control our own emotions and calmly do what is necessary in each unique situation. Other negative stressors, inherent to the job, are anticipatory stress, suspended stress, shift work, manning and training levels, and field attitudes. Some examples of positive stress are recognition, promotion, saving a life (either directly over the phone or indirectly) by working the alarm correctly, having everything go right, etc. Shift supervisors are especially prone to stress because of the additional pressures of responsibility, fear of consequences of decisions and being caught between the wants and needs of management and subordinates. All of these are significant stressors, but whether they become distress (unmanaged stress) or eustress (effective stress management) is up to each of us individually.

Anticipatory stress is due to periods of understimulation interrupted by spurts of over-stimulation. Alarm traffic is not constant and this type of stress is difficult to solve and must be handled individually, or at least consciously as a group.

The issue of suspended stress can be handled with cooperation from the field personnel. Dispatchers become involved with their patients, especially when they are trained and...

(Continued on Page 2)
Stress Adaptation...
(continued from Page 1)

certified as EMDs (Emergency Medical Dispatchers). When field units arrive on the scene and give little or no information about the patient, the dispatcher is left hanging, there is no conclusion. Suspended stress can be alleviated when field units give a brief situation and patient dispensation report.

Why control stress? What’s the harm in distress? Unmanaged stress can eventually lead to burn-out and mental and physical exhaustion.

There are personality changes that can take place due to distress. Anxiety tension, irritability and an increase in alcohol or drug abuse are common. Some changes in health; headache, neck and back pain, elevated blood pressure and cholesterol, and a change in sleep habits can be noted. An employee’s previously satisfactory work performance will most likely become adversely affected. Erratic work habits, increased absenteeism and interrupted attention span are a few symptoms of a distressed employee. On-line supervisors in distress can become paranoid and cause “shift wars” or tend to participate in gossip. This serves to create additional stressors. These symptoms, if noted in a co-worker, or in yourself, can be an indication that stress needs to be managed more effectively. It can be done!

Distress can be turned into eustress by following some very basic guidelines. Good health practices (balanced diet and exercise) give you the energy you need, and this alone will sometimes be all you need to handle stress. Scheduling can make this difficult, but the time spent will be rewarded. Exercise can be incorporated into family activities such as swimming, walking, or biking, and can also strengthen those relationships so often put aside due to irregular shift schedules.

At work, before you get to the point that you “just can’t take it anymore”, get away (manpower permitting) even if it’s only for five minutes. If you can’t get away, take a couple of deep breaths, stretch, walk around your chair or change work positions, but take control, don’t let stress take control of you!

Be realistic and learn to laugh at yourself and with others. There is almost always a humorous side to every situation. The easiest way to discover this is to commu-
From the President's Desk: Please . . . Don't Ask Permission!

- Jeff J. Clawson, M.D.
  President, NAEMD

As the father of five girls (three teenagers and four year old twins) you don't know how painful this title was for me to pen. Obtaining permission is a necessary part of responsible life, i.e. “Can I borrow the car?” ...“Would you like to go to the prom?” ...“Will you marry me?” It implies that a rational adult has a right to say yes or no — in essence, exercise self determination. However, the world of emergency medical dispatch is different. Everyone we deal with is not rational, healthy, or calm.

In 1975, the first documented Pre-Arrival Instructions (PAI's) were given, establishing the prototype for an entire branch of medical dispatching science that would evolve over the next 16 years into Dispatch Life Support (DLS).

As an offshoot of PAI's some EMDs and dispatch centers require the caller to consent to receive and perform PAI's for the benefit of the patient. One prominent system in the Pacific Northwest qualifies the provision of PAI's with the permissive questions “Do you want to do CPR?” and “Do you want to help?”

In case you're wondering what the official position of the NAEMD is, read the title of this article again.

Why should we ask the caller's permission to help the victim? This notion is probably built on the medical process to obtain formal consent prior to treating or operating on a patient. Here the similarity ends. In the medical world, the patient is asked for his/her personal verbal permission to go forward based on a calm, informed description of the pros and cons of the recommended treatment.

**Question:** What is wrong with this picture as it relates to medical dispatching?

**Answer:** Literally everything.

First, since when do we ask a bystander, even a interested or committed one, whether they want to “help” the patient? Honest to God, didn't they just call and ask for help? Just like we don't let the caller dictate by request what the specific mobile response will or won't be, likewise we shouldn't ask for their opinion on the appropriateness or lack of treatment for the person needing it. As Steve Martin would say, “Who's the Barber here?”

Second, in regards to legal consent, who has the right to deny emergency care to a critical unconscious or dying person? Not a relative, child or even a spouse. Ask Page, Lazar, Ayres or Shanaberger. If they agree, then how about a perfect stranger?

Third, the “permission camp” incorrectly surmises that an individual calling to elicit help for another might not want to help. Not only does this appear overwhelmingly false, it is a negative approach, just when firm, in-charge, professional leadership based action plan is most needed.

We can't physically make anybody do something over the phone they don't want to do. (The PAI for telephone imposed arm twisting has yet to be developed). Yogi Berra reportedly once said, “If people don't want to come out to the ball park, how are ya gonna stop 'em?”

Then why suggest such inappropriate inaction to the caller as one of their choices? There are 3 possible generic end actions to dispatch instructed PAI's: 1) the caller does as instructed; 2) the caller says they are doing as instructed but don't; 3) the caller refuses. They always have the third option and we “can't stop 'em”.

It has been our experience that when unprimed callers refuse to help, they usually have a fairly good reason to defer (the patient is obviously or long dead, they fear infection, or involvement in 3rd party situations).

Paramedic’s and EMT’s don’t ask people in the street if they want help. If the patient doesn’t, they will usually say so. Likewise, the EMD shouldn't ask someone who has no right to express the unspoken will of the patient if they “want to help.” If they really don't, they will decline or just not perform. I consider the failure to provide PAI's when appropriate and possible to do so “dispatcher malpractice.” Asking permission is merely deferring this failure.

I have literally heard dispatchers who were by policy expected to deliver PAI's, misuse a “permission” discussion in essence talk the caller out of helping. Trained EMD’s using medically sound and time-proven safe protocols should feel confident that their decisions, advice and instructions are not only needed but wanted.

We don't answer the phone in the dispatch center by saying, “9-1-1 do you want help?” Why then start the “help” portion of our later message in a similarly weak way?

It is the official position of the NAEMD that PAI’s are stop-gap emergency provisions that do not require informed consent of the provider (caller) and that delaying or confusing telephone treatment by asking permission is considered contrary to the ethic of emergency medical dispatch and may result in determined negligence or liability for the dispatcher and center advocating uninformed inaction.
Connecticut EMD Honored

John A. McGee, of the Weston Communications Center was honored as Dispatcher of the Year for 1990 by the Board of Selectmen of the Town of Weston Connecticut. According to his 911 supervisor Mr. Richard Abrams, McGee is the first to be recognized in the Town’s new recognition program for emergency personnel. McGee demonstrated effective use of the MPDS Pre-Arrival Instruction protocols in two incidents, one involving an accidental liquid Chlorox poisoning and the other, a cardiac arrest.

The Weston Communications Center is unique, according to Abrams, because there is only one dispatcher on duty for an eight-hour shift, and this EMD fields all calls for Police, Fire, EMS, and the town hall. Weston has four full time dispatchers and two part-time dispatchers on its staff. McGee attended the Academy’s national certification course last April (1990) in Bridgeport, Connecticut as part of a continuing effort to hone his skills and the delivery quality of EMS in Connecticut.

Mr. Abrams sent a letter to the NAEMD informing us of McGee’s selection as Dispatcher of the Year. To quote from that letter, “The Town of Weston 911 Center has seen the positive results of EMD three times already, and I will be the first to say that it should be standard practice in any dispatch center involved with fire or EMS communications... John earned his ‘Dispatcher of the Year’ title by using and understanding the Emergency Medical Dispatch procedures, as well as his training as a firefighter and EMT. Your course was mentioned in the proclamation, the local news articles, and to Rescue 911 in Los Angeles... my feeling of pride for your work and congratulatory spirit increases with each 911 incident. I look forward to many years of EMD.”

The NAEMD salutes John McGee, “Dispatcher of the Year” and the Weston Communications Center for their continuing efforts to provide quality care and service to the people of Weston, Connecticut.

Mr. John A. McGee was honored as Dispatcher of the Year by the Weston, Connecticut Board of Selectmen.

CAD Corner

The last few months have been busy ones for the programmers of Medical Priority and EAI Systems, Inc. in Clearwater, Florida. The Advanced MPDS, 1990 Edition, has been successfully incorporated into EAI’s popular EMS CAD program and is now available on-line from EAI. The careful replication of all features and components of the Advanced MPDS were written in EAI’s unique operating system. While some people in the dispatch industry have felt that the MPDS is a simple “logic tree” and could be easily implemented as a “card roledex” into a CAD, the detailed EAI conversion took over 8 months to complete, demonstrating the complexity of the subtle interrelationships of the priority protocols and pre-arrival instructions. Their first installation has already occurred at Mercy Ambulance in Las Vegas (see accompanying article) shortly followed by installation in the Medic One/Pinellas County CAD. Any Computer-Aided Dispatch firm can now license and complete Advanced MPDS upgrades within their existing CAD systems, or individual agencies can have their CAD providers do the licensing. Medical Priority can complete upgrades of any existing CAD system to include the new protocols. Update training is also provided for emergency medical dispatchers in special use of the Advanced 1990 edition of the MPDS.

Medical Priority's staff of expert programmers, Rich Saalsaa, Harley Pebley, Neil Knoblock, Dave Garcia, Bill Reid, and Brian Noble are also installing the Advanced (continued on page 5)
EMERGENCY MEDICAL DISPATCH - NATIONAL 24-HOUR CERTIFICATION

COURSE INFORMATION

The Emergency Medical Dispatcher (EMD) has been recognized as an essential component of a comprehensive EMS communications and dispatch operation. Appropriate and timely training is critical for EMDs fielding calls for emergency medical assistance to assure the safe and careful application of Dispatch Life Support (DLS).

This 24-hour course, originally developed by Dr. Jeff Clawson, covers the foundational concepts upon which modern, professional EMD programs are built. This course surpasses all national criteria and standards for EMD training currently established by the A.S.T.M., the National Association of Transportation, and the National Association of EMS Physicians (among others).

The NAEMD's professional, carefully trained instructors utilize diverse methods of teaching; including lecture, video and audio tape review and discussion, overheads, practical sessions, and role playing. This allows the instructors to achieve their educational objectives.

The complete 24-hour fee includes all testing and registration, the text Principles of Emergency Medical Dispatch, the Course Manual, and the Scenario/Drill Set (all from the "Clawson EMD Training Program"). Credit will also be received for 24 Continuing Dispatch Education hours for the full course and 8 CDE hours for attendance at any single day as a refresher. Material on the new Advanced Priority Dispatch System (MPDS) will be covered all three days.

The only "pre-requisite" for this course is current CPR Certification. It is required for NAEMD Certification that the applicant be CPR certified through the American Heart Association, Red Cross, or equivalent. We recommend this training be completed prior to attending the course, however, CPR certifications after the course date will still be accepted.

Course hours are 8:00 a.m.-5:00 p.m. each day.

Please distribute photocopies of this information to anyone interested in National EMD Certification.

For course registration and general information call the NATIONAL ACADEMY OF EMD at:
(801) EMD-9127 or FAX: (801) EMD-9144

Upon successful completion of the course, the newly certified EMD will demonstrate greater understanding, knowledge and skills in:
- Basic telecommunications essentials
- EMD roles and responsibilities
- EMD history and philosophy
- Effectively dealing with callers in crisis
- How to direct the caller through "rough waters"
- Effective calming techniques for antagonistic, hysterical, or otherwise difficult callers
- Medical-Legal aspects of telecommunications
- Medical knowledge pertinent to EMD, Dispatch Life Support and Pre-Arrival Instructions
- Appropriate use and rationale of each protocol and Treatment Sequence in the Advanced MPDS
- EMD professionalism and the importance of the medical dispatcher in the complete EMS system

Certification Course Registration:
The $195 fee includes text, Course Manual, Scenario Drill Manual, NAEMD Certification and testing fees (software and card sets are sold separately). Upon passing the test, participants will be issued an NAEMD Diploma, official NAEMD Certificate and National Registry listing, a subscription to the NAEMD newsletter, and an official certification insignia Patch.

Continuing Dispatch Education:
The 24 hours of CDE will be issued upon successful completion of the 3-day course. State continuing education requirements have been applied for and are issued on an individual basis.

Cancellation and Refund Policy:
Cancellations will be accepted and refunds issued according to the following guidelines: more than 30 days notice = 100% refund; 15-30 days notice = 50% refund, 50% transferable to a future course tuition; less than 15 days notice = no refund, 100% transferable to a future course tuition.

Up to 14 days before a course is scheduled to begin, the NAEMD reserves the right to postpone any course indefinitely if necessary. Staff will notify registrants, by phone or in writing, of any course rescheduling.

□ YES! I would like to take advantage of the special discounted rate of $195 to attend the Full 3-Day EMD Certification Course in Salt Lake City, UT on the following dates during 1991:
□ May 4-6 □ September 21-23 (This offer valid anytime up to the date of the course)

Please return with payment to: NAEMD, 139 E. South Temple, Suite 6000, SLC, UT 84111

Name ___________________________ Date today ___________________________

Address ( Home Work)

City ___________________________ State ______ Zip ___________

Phone ___________________________ Employer ___________________________

DISCOUNTED SPECIAL RATE

$195

Both Salt Lake City courses $195* (regularly $250) for 3 days
(Includes books, materials and fees)
*Does not include Utah State Certification

Because our costs are lower to present these courses in our own "backyard", we want to pass this discount along to your agencies.

Make checks payable to "NAEMD"
1991 EMD of the Year Award

Nomination Form


Name of nominee: ________________________________ Title: ________________
Nominee's agency name: ____________________________
Nominee's mailing address: ____________________________
Nominee's phone number: ________________

Your name: ________________________________ Title: ________________
Your agency name: ____________________________
Your mailing address: ____________________________
Your phone number: ________________

IN LETTER FORM, BRIEFLY SUMMARIZE WHY YOUR NOMINEE SHOULD WIN THIS AWARD. Attach additional information, letters, cassette recordings, etc. as needed. You may submit a recording of any call you feel is particularly instructive or that illustrates information and/or techniques useful in professional EMD. Submit the best quality cassette reproduction available of any case, together with this form.

I certify that all of the above and attached information is true, to the best of my knowledge.

Signature: ________________________________ Date: __________________

Official Academy Insignia

Order Form

NAEMD Certification Number (found on your Certificate): ________________
Required information. Please call if you do not know or cannot find your number.

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All orders must be accompanied by a check or money order, payable at a U.S. bank in U.S. funds, and a copy of this form should also be attached. We regret that we are not able to process these orders over the phone or by a P.O. number.

Name: ________________________________
Shipping Address: ____________________________
City/State/Zip: ________________________________
Phone: ________________

If you require overnight delivery or special handling, please call. Special rates will apply.

(Use this form to order NAEMD patches and pins. Use the "GEAR" form to order other promotional items)
"Gear" Order Form
(Please photocopy for multiple use)

All orders must be accompanied by a check or money order. We regret that we are NOT able to process these orders over the phone or by a P.O. number.

(If you require overnight delivery, special handling, or individual quantities of 50 or more, please call. Special rates will apply.)

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All payments must be made in U.S. funds, payable at a U.S. bank to: NAEMD (801) 363-9127
139 E. South Temple, Suite 6000, Salt Lake City, UT 84111

Total Price: ____________
Add Sales Tax if Applicable*: ____________
Add Shipping & Handling (see table): ____________
TOTAL ENCLOSED: ____________

Company or Organization: ____________________________________________
Mailing Address: ________________________________________________

City: ____________________ State: ____________________ Zip: _________
Authorized Contact Person (please print): ______________________
Title: ______________________
Phone: ____________________

* In Utah, add 6.25% Sales Tax
In California, add 7.75% Sales Tax
In CANADA, add 7.0% GST

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In CANADA, add an additional $1.00 Internationally, add an additional $3.00

(Prices current as of March 1, 1991. Subject to change without notice)
**EMPLOYMENT OPPORTUNITY - SALT LAKE CITY FIRE DEPT.**

**JOB TITLE:** Director of Communications  
**PAY LEVEL:** $2,643 – $3,970  
**CLOSING DATE:** April 12, 1991

Detailed job description available from: Human Resource Management, 451 South State St., Rm. 404, Salt Lake City, UT 84111 EOE. Please direct all inquiries to this address.

**JOB SUMMARY:** Under the direction of a Deputy Fire Chief, the Director of Communications administers and manages all aspects of the Salt Lake City Public Safety Communications Center. The Director of Communications has overall responsibility for operation of combined E-9-1-1, and Police and Fire Dispatch Operations including design, acquisition, installation and maintenance of equipment needed to support Dispatch communications systems.

This is a middle management supervisory and administrative position, requiring understanding of modern computer systems, state-of-the-art CAD (Computer-Aided Dispatch) and application software. This position requires a comprehensive knowledge of contemporary communications systems and their applications in the public safety sector, as well as decision and planning ability affecting the short and long term direction of the Salt Lake City Communications Center.

**Typical Duties:**
1. Develops and monitors $1.8 million performance budgets for the Public Safety Dispatch Division; submits budget to Deputy Chief for inclusion in the annual Fire Department budget. Proposes, justifies and submits for approval, specifications involved in divisional purchases.
2. Plans, prioritizes and coordinates projects for communications systems, including changes in CAD system and resulting software needs, divisional procedural changes involving personnel, work with outside contractors and associated communication agencies, i.e. US West, Valley Emergency Communication Center.
3. Through personal contact or working through Dept Communication Technicians or their supervisor, appropriates personnel/outside contractors to effect system repairs.
4. Meets with Chief Dispatcher, Supervisors and technical support personnel on a weekly basis to monitor programs, evaluate goals, provides direction, makes assignments. Meets with dispatchers on a quarterly basis and provides direction, evaluates goals and monitors program progress. Manages the maintenance of divisional personnel records through shift supervisors. Responds to employee grievances when other lines of authority have been exhausted. Evaluate performance and assigned personnel and make recommendations for hiring, promoting and disciplining.
5. Meets and coordinates with appropriate City departments developing plans and specifications for new construction or major renovation of communication center systems. Works with City Purchasing to purchase, repair or dispose of surplus and unused/non-repairable fixed asset inventory items.
6. Manages contracts and vendor agreements with City departments and outside contractors, insuring Department communications needs are satisfied and protected.
7. Through Supervisory personnel ensures that accurate, up-to-date records and maps are maintained for the Communication Division.
8. Perform other related duties as required.

**Minimum Qualifications:**
1. Graduation from an accredited college with a Bachelors in public or business administration and five years of professional administrative experience in planning, coordinating and managing communications or computer aided dispatch systems. Experience may be substituted for education on a year for year basis.
3. Ability to manage highly technical programs and activities. Ability to meet with department representatives to resolve problems, develop programs, and analyze service. Ability to maintain sound working relationships with contractors, vendors, fire department personnel and police department officers, fellow employees, other city departments and the public.

**Desired Qualifications:**
1. College level course work in Information Management or Data Processing.

**Working Conditions:**
1. Light physical effort. Comfortable working positions, handling light weights. Sitting, standing, walking.
2. Considerable exposure to stressful situations as a result of human behavior in dealing with department members, City departments, vendors and contractors, and the public in monitoring multi-level emergencies.
3. Irregular working hours may be required.

The above statements are intended to describe the general nature and level of work being performed by persons so assigned to this job. They are not intended to be an exhaustive list of all duties, responsibilities, and skills required.
CAD Corner...

MPDS Level/I System into a CAD at the Sacramento Regional Fire/EMS Communications Center. Recognizing the need for updated EMD training, Chief Lyn George specially trained all dispatch center personnel in the use of the Advanced MPDS.

During the weeks of February 14th and 18th Scott A. Hauert, National Director of Training for Medical Priority and Ross Rutschman, Chairman of the College of Fellows of the NAEMD, conducted the special training for Chief George’s dispatchers.

Scott Hauert stated “We were impressed with the dedication and commitment to Emergency Medical Dispatch exhibited not only by the administration, but by the individual EMDs as well. It’s gratifying to work with professionals that recognize the importance of updated training. Having the opportunity to help catalyze meaningful change within progressive departments like this is very rewarding”.

The PC-based version of the Advanced MPDS Level/I System has been installed in the PennStar Flight CAD at the University of Pennsylvania Medical Center in Philadelphia. Anyone wishing to see the program first-hand should contact Tom Gray, Chief Communication Technician for PennStar Flight at (215) 662-7737 or 662-7430.

CAD CORNER will be a regular feature of the NAEMD quarterly newsletter. For more information call the NAEMD.

MERCY MEDICAL SERVICES becomes the first in the world!

On February 13, 1991, Mercy Medical Services of Las Vegas, Nevada, became the first private EMS provider agency in the world to implement Dr. Clawson’s Advanced MPDS into an existing CAD system. Following a history and pattern of cutting edge EMS management, Mercy’s emergency medical dispatch center went live with the Advanced MPDS module of their EAI CAD system at 12:00 hours. At 13:30 the same day, EMD Carolyn Moore handled the first case using the new program. “It went smooth as silk” according to Mr. Orlando Velasquez, Director of Communications for Mercy Medical Services.

EAI Systems, Inc., of Clearwater, Florida, working cooperatively under license with Medical Priority Consultants, Inc., had just completed their Advanced MPDS module and successfully integrated it into their ambulance dispatch CAD system.

The automated MPDS enables EMDs to provide Dispatch Life Support directly from the CAD system. Other features include data base capabilities, statistical generation, summary reporting, and by design, guarantees 100% protocol compliance, a factor proven to be vital in correct resource allocation.

Mr. Robert Forbuss, President of Mercy Medical Services, has consistently led the private ambulance industry in providing state-of-the-art prehospital care. For those who know Bob, it comes as no surprise that he is once again first with the latest EMD technology, enhancing Mercy Medical Service’s ability to provide the highest level of care to the citizens of Las Vegas.

Mr. Larue Scull, Clark County EMS Supervisor, stood by as Mr. Mark Hayden of EAI Systems demonstrated the CAD during four days of installation and training. Within five minutes Mr. Scull was familiar with the program and said simply “This is fabulous!”.

We at Medical Priority congratulate Mercy Medical Services for consistently going the extra mile to improve their service. Keep up the good work!

Scott A. Hauert is the Nat’l Director of Training for Medical Priority and the NAEMD and personally assisted in the installation of the new integrated CAD system at Mercy.
1990 EMD Awards and Recognition

One of the highlights of the annual International Emergency Medical Dispatch Conference is the awards banquet. Each year, two prestigious awards are given to EMDs, the Jeff J. Clawson Award and the James O. Page Award.

Photograph courtesy of Ken Garber

James O. Page presents award to Sheila C. Malone of Elkart County

The James O. Page Award is presented to an individual or agency that has consistently demonstrated high standards of Dispatch Life Support and has made significant contributions to the betterment of EMD over time. This year the NAEMD was honored to present this award to SHEILA C. MALONE, the Director of Elkart County Communications Center in Indiana.

Over the years Sheila has been a dedicated advocate of EMD, having implemented one of the first EMD programs in Indiana. Her ardent support has been instrumental in the development of systems throughout her region. She is always able to find the time to appropriately discuss EMD concepts with others. Sheila frequently guides visitors on tours of her center, a center that has become a frequent destination for communications administrators wanting to see “EMD in action”. Sheila and her center consistently exemplify the highest standards and ideals of Emergency Medical Dispatch, therefore we congratulate Sheila and her center for being the 1990 recipients of the James O. Page Award.

The Jeff J. Clawson Award is presented annually to an individual Emergency Medical Dispatcher who has performed in a capacity above and beyond that demonstrated by others and who, through their efforts, have been an example for others to follow. This year the Academy was honored to present the Jeff Clawson Award to JOHN E. ADOLPH of Erie County EMS in New York, for his outstanding performance in the line of duty.

John received a call from a gentleman indicating that his wife was close to delivering a baby at home. Although there are many Emergency Medical Dispatchers who have provided instructions and support in cases of emergency childbirth, John’s case was unique. John followed the childbirth treatment sequence card expertly and through the use of appropriate communication techniques, was able to assist a very frightened father in the delivery of his baby. When the child’s head was delivered the umbilical cord was entwined tightly around the baby’s neck, such that the father was unable to gently pull it over the baby’s head as is usually done. Thinking quickly of an alternative to alleviate the problem, John was able to instruct the father to slide his index and middle fingers under the cord and pull it away from the front of the baby’s neck, thus relieving the pressure on the baby’s trachea and allowing him to take his first breath of life. The rest of the delivery went without complication and the baby is fine.

Due to quick thinking and appropriate action on John’s part when dealing with a very frightened father confronted with a complicated and potentially life threatening circumstance, he was able to prevent a potential tragedy. We congratulate John as the recipient of the 1990 Jeff J. Clawson Award for his stellar performance not only in this case but uniformly in the provision of Dispatch Life Support on a daily basis.

We recognize that there are thousands of others who are deserving of recognition and hope that you take great pride in your ability to confront and overcome seemingly insurmountable obstacles during the provision of Dispatch Life Support. You are all winners in your own right.

According to evaluation forms turned in after the Conference, the highest scoring speakers overall were Alan Brunacini, Kate Dernoceur, and Richard Lazar. Others who also scored high were Paul Pepe, Robert Forbuss, Susi Steele, and Robert Navarro. All of the presenters were received exceptionally well and more than 90% of the evaluation forms indicated they would recommend this conference to others. The overall impressions scores averaged 3.5 on a scale from 1-4 (Honor Roll)!
The EMD's Creed

- Ann Marie Cartwright

Our job has changed in recent years, emergency medical dispatching has intensified our hopes and fears.

What greater satisfaction can one receive, than because of your instructions, a child now breathes.

We’re here to assist, whatever the problem might be, time is of the essence to demonstrate our expertise.

Our patience at times may grow weary, attempting to obtain all the information that is necessary.

We’ll stay on the phone if needed to help arrives, maintaining that vital link that protects those precious lives.

Ann Marie "Ammer" Cartwright is an Academy-Certified EMD and Dispatch Supervisor with the Sacramento Regional Fire/EMS Comm. Center.

911 Works for Vegetables Too!

- Robert L. Martin

With increased accessibility and availability of Emergency Medical Services, additional pressure is being placed on modern EMS agencies to meet the public's growing expectations of these services. With nationally syndicated television programs such as CBS's Rescue 911, the public can see firsthand successful "saves" and are now even expecting this level of service should they ever need to call.

It is practically bred into our children that if an emergency situation ever arises, they should pick up the phone and dial 9-1-1 for assistance. Everyone and everything around us has an increasing awareness of and will be demanding efficient and effective emergency services. Our profession is now a highly visible one. When we as trained and certified EMDs are on duty, we never know who (or what) may call.

Take for instance, Montgomery County's experience in Blacksburg, Virginia last November. A County dispatcher traced repeated emergency calls as coming from a particular home in Blacksburg belonging to Linda and Danny Hurst. The dispatcher sent police to the scene and finding the Hurst's not at home, figured someone might have broken in.

Deputy Sheriff's went in with their guns drawn to find the house empty. What they did find was an overripe tomato in a hanging basket, dripping juice onto a telephone answering machine below. According to police reports, the distressed tomato shorted out the machine's dialing system, causing it to call 9-1-1. Said Montgomery County Chief Deputy Milton Graham, "It just burst, then it called as. I guess it needed help... or cleaning up."

The serious point here, I suppose, is that literally anybody may call! We can prepare to the best of our ability to provide the best service possible, but will always be surprised once in a while.

The heavy demands placed upon dispatch centers to provide on-line medical assistance and to quickly get responders to the scene will continue to increase. The public almost expects that trained and certified dispatchers with Enhanced 9-1-1 computers at their disposal will be answering their calls for assistance. In like fashion, the public expects that in a medical emergency, Pre-Arrival Instructions will be given while an appropriate and prioritized response is enroute.

Today we have in place written national standards for Emergency Medical Dispatching set forth by both the National Association of EMS Physicians and the American Society of Testing and Materials (among others). These statements quite clearly outline a STANDARD OF CARE for dispatch agencies to follow. Copies of both documents may be obtained by contacting the NAEMD. Let's continue in our efforts to provide the very best level of service possible to our public and not only meet, but surpass, these professional standards. We can never be fully prepared for every emergency call, or who or what may make it, but we can significantly enhance the level of service we provide by being alert and aware of what our human callers expect from us and then providing it in a caring, non-arbitrary way.

Trying to Implement 9-1-1?

Agencies seeking help or more information on how to implement 9-1-1 in their area are invited to contact Mr. William E. Stanton, Executive Director of the National Emergency Number Association (NENA) in Columbus, Ohio.

NENA's toll-free number is 1-800-332-3911
APRIL
4-6 Orlando, FL
6-8 Knoxville, TN
13-15 Albuquerque, NM
19-21 St. Louis, MO
22-24 Pocatello, ID
27-29 Charleston, SC

MAY
3-5 Las Vegas, NV
4-6 Salt Lake City, UT*
4-6 Anchorage, AK
18-20 Denver, CO
18-20 Indianapolis, IN

JUNE
1-3 Tallahassee, FL
8-10 Dallas, TX
22-24 Raleigh, NC
22-24 Seattle, WA

JULY
13-15 Grand Rapids, MI
20-22 New Orleans, LA
27-29 Sacramento, CA
27-29 Buffalo, NY

1991 Regional Certification Courses

This is a current listing, and reflects changes since last publication. Additional courses may be added and/or individual agencies may be sponsoring an on-site certification course in your area.

How to nationally certify with the NAEMD:
1) Be currently certified in CPR by the AHA, Red Cross, or equiv.;
2) Complete an EMD course that meets the guidelines set by the NAEMD, ASTM, and the NAEMSP;
3) Be at least 18 y.o.;
4) Successfully complete the NAEMD's written certification exam;
5) Agree to the NAEMD's Code of Ethics; and
6) Submit a completed membership application with its $45 fee.

* See insert for special rate

AUGUST
3-5 Savannah, GA
10-12 Kansas City, MO
24-26 Minneapolis, MN

SEPTEMBER
14-16 Los Angeles, CA
14-16 Pittsburgh, PA
21-23 Salt Lake City, UT*
28-30 San Antonio, TX

OCTOBER
3-5 Orlando, FL
5-7 Memphis, TN
11-13 Tampa, FL

NOVEMBER
2-4 Eugene, OR
8-10 Las Vegas, NV
16-18 Green Bay, WI

DECEMBER
7-9 Philadelphia, PA
7-9 Lubbock, TX
14-16 Charleston, WV
14-16 Columbus, OH

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