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The following U.S. patents may apply to portions of the MPDS depicted in this book: 5,857,966; 5,989,187; 6,004,266; 6,034,453; 6,053,864; 6,076,065; 6,078,894; 6,106,459; 6,607,481; 7,428,301. FPDS and PPDS patents pending. Protocol-related terminology in this text is additionally copyrighted within each of the NAED’s discipline-specific protocols. Original MPDS, FPDS, and PPDS copyrights established in September 1979, August 2000, and August 2001, respectively. Subsequent editions and supporting material copyrighted as issued.
**Batter Up.** Medical cardset took backfield to this baseball fan

Scott Freitag, NAED President

I must admit that medical protocols were nowhere on my radar in 1979 when the Salt Lake City Fire Department communications center became the first agency to adopt the medical cardset and offer an EMD certification course.

Of equal interest, I’m sure, was a Salt Lake City ordinance passed at the same time making it a misdemeanor to call paramedics unless a real emergency existed. Those thinking maladies like a toothache or the hiccoughs constituted the need for immediate medical attention could be fined up to $299 or spend six months in jail (hopefully imposed after a visit to the dentist). The story never would have caught my attention.

This was 30 years ago when I was probably busy memorizing the steps in plant photosynthesis or, more likely, riding my bike and poring over my STRAT-O-MATIC baseball card set (although not at the same time). It’s too bad I didn’t keep the cards since a full set goes for close to $200 these days. A card picturing Red Sox Fred Lynn, a left-handed batter who had a great season in 1979 (.333, 39 home runs, .637 slugging percentage or SLG), can bring in anywhere from $2 to $10.

That’s aside from the point. The medical protocol cardset Jeff Clawson had developed held no fascination for me. I’m sure I didn’t know it existed. What kid in grade school would? His cards weren’t collectable, at least back then, and they certainly lacked the stats mattering to me such as RBIs, SLG’s, and HRRs. Cards like these held meaning.

Thirty years later, I am the director of communications for the 9-1-1 center of the Salt Lake City Fire Department. I am the guy the media talks to when something big—newsworthy—happens. In January, for example, the local media were all over the story about the retired postal worker who was trapped in his bathtub after a fall, leaving his legs hanging over the dry tub and him unable to crawl out. He was able to reach the tub’s faucet and the water from it kept him hydrated for the five days he was trapped.

People love a story with a human-interest angle. What? Trapped in a bathtub? How could anyone get trapped in a bathtub for an hour, let alone five days? Who found him? Was he still conscious? And, of course, the personal type questions that play into any story: What would happen to me if I fell and hurt myself? Would anyone be there to help me?

Personal questions are the type protocols were made to answer. If you’re trapped, choking, having a severe allergic reaction from a spider bite, or the victim of any life-threatening emergency—and you or someone else has a phone handy—help is just a call away. A calltaker at a communications center using the fire, police, or medical protocols can relay the Pre-Arrival Instructions crucial to your emergency while, at the same time, summoning the help to your door or wherever you may be. There is someone there to help you at that very crucial moment.

The protocols have come a long way in the past 30 years, at least in their scope and breadth. Some things, however, never change. The protocols have stood firm according to their original intent to protect people and determine resource priorities; they are steadfast in their application to the trying moments of our lives. The people behind the phone or radio delivering the instructions are trained and certified. The handful of people attending the initial certification classes offered years ago represent a first step in a journey we continue today.

I have to admit that the cardsets progressed into a huge accomplishment not even my STRAT-O-MATIC baseball card set could rival in value.

The baseball player I mentioned earlier, Fred Lynn, was modest about his accomplishments. In the 1976 Complete Handbook of Baseball, Lynn said: “One man doesn’t make a team. All the awards are great, but they are secondary to winning. If we didn’t win, none of these awards would mean anything.” (Story by Tom Nahigian, from the Baseball Biography Project.)

The same can be said about the many people involved with the protocols during the past three decades. Without the tenacity of a global team behind the concept, none of this would have happened. The cardset the Salt Lake City Fire Department dared to try 30 years ago was obviously something well worth its keeping.
Jeff Clawson, M.D.

Dear Brett and Doc:

This question was posed by one of our shift managers. Can you shed any light?

I reviewed a call involving the choking card. The call was for a person who had a pill caught in his esophagus and the response came up as ALPHA although the person was still talking, breathing, and alert. Should we be following the partial obstruction protocol? Dispatch Life Support (DLS) says go to D2 or even D9 and D15; however, should we stay on the line or just advise the person to call back if anything changes? The wording around partial obstruction refers to airway not esophagus.

There is nothing in the cards about esophageal obstruction in relation to choking. I checked Version 12 and found nothing there either.

My opinion is that there is no way to confirm the location of the partial obstruction. It would be okay to stay on the line and provide Pre-Arrival Instructions (PAIs) as per Protocol D panels 9 (or 15).

Jim Trumbley
Quality Assurance Specialist
Public Safety Communications
The City of Calgary, Alberta, Canada

Jim:

While an esophageal obstruction is disconcerting and even painful, it should have no impact on breathing effectiveness. Obstruction and Partial Obstruction in the protocol only refers to the airway. Esophageal obstructions may herald one of many disease problems with the esophagus and should be followed up with scheduled medical evaluation.

As you can guess, most pills are designed to dissolve and that ultimately takes place in the stomach. If there is any doubt, i.e., the complaint is "choking," the partial obstruction pathway is most appropriate. In summary, an esophageal obstruction (especially a pill) is not a prehospital emergency and an ALPHA code is warranted.

As we say at dispatch, “Thanks for not choking.” Doc

Brett Patterson, NAED Academics & Standards Associate, added his excellent insight to this answer, as well.
Attitude change can make the difference

Audrey Frazer, Managing Editor

I’ve changed my opinion about winter weather. Not that this matters to anyone, but Salt Lake City’s smoggy air aside, and for what it’s worth, I have found a new exhilaration in snowfall and colder temperatures.

Instead of complaining about elements outside my control, I’ve turned the tables on myself and forced a modification in attitude. I’m learning how to layer for warmth and I’ve invested in a pair of studded bicycle tires guaranteed to plow safely through ice. It’s nothing earth shattering or life saving, only a change in outlook to make winter something I can live with.

This new way of thinking goes beyond seasonal adjustment. As this relates to what I’ve learned through the National Academies of Emergency Dispatch (NAED), I’m no longer silent when hearing negative remarks about emergency dispatching, particularly when it’s the caller, not the dispatcher, at fault. This is something that matters to me; something I can’t live without.

Just the other day I tactfully interrupted a complaint swapping session between two people—strangers to me—commenting over the “lousy service” they received during recent, albeit separate, calls to 9-1-1. It wasn’t my business to intrude; yet I couldn’t help myself. For what it’s worth, I explained to them why the dispatchers may not have put a real high priority on their requests for government office phone numbers (in both cases) found in our blue pages or online.

“Quite honestly, the dispatchers have more important matters demanding of their time,” I said. “If either of you had been caught in traffic with a panicked female about to give birth, the dispatchers would have been much more understanding. That’s a call well worth the reason we have an emergency call system and Pre-Arrival Instructions.”

They gave me a strange look and dropped the subject. After all, their conversation was none of my business. Regardless, I was left with what I’ve learned to assume: Many people have a tough time grasping the concept of 9-1-1 despite its tenure. Consequently, the emergency calling system is often misused (e.g., asking for phone numbers) or abused (e.g., prank calls). This is a fairly universal problem, which is why this issue of The Journal includes an article describing public education campaigns to clarify the use of 9-1-1. Not only do the programs work to reduce misuse and abuse of the system, but they also bring the purpose behind 9-1-1 under the control of the dispatcher and caller. As EMT columnist Rod Brouhard told me, “Dispatchers do their best, but if you call 9-1-1 knowing you need to communicate with this person, you will do a better job of getting the emergency across.”

For what it’s worth, a change in attitude can make all the difference and, in the case of learning proper use of the 9-1-1 system, that’s an adjustment we can all learn to live with.
NEW Pre-Conference Courses for 2009

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A team building activity the Consulting and Office Support Departments of Priority Dispatch Corp.™ (PDC) put together last year raised nearly $10,000 for the orphans of Rundu in Namibia, a country in southwest Africa.

The event featured a Southern-style lunch of pulled pork, coleslaw, and sweet tea and the chance to win prizes through the sale of raffle tickets.

Little did it matter that the money raised came from people who lived on the other side of the world who never meet the children benefiting from the playground equipment, clothes, and toy-stuffed beach buckets the funds were used to buy.

The latter—a summer at Durand-Eastman Park Golf Course—took tenacity, explained Ruby. He knocked on the mayor’s door at Rochester (New York) city hall, said he wanted to work in municipal services, and got the job.

“There’s a million stories I can tell,” Ruby said. “But this one is a favorite. How many people would follow through with an idea to get a job from the mayor? But that’s typical Bill. He gets his mind on doing something, and he did it.”

Bill’s people personality and determination shined in his personal and professional life, although it’s tough to separate the two sides from one another. Bill was very close to Ruby and their three children.

A Life Less Ordinary
In loving memory of our colleague and friend Bill Boehly 1950—2009

People here wanted to be part of the dream the educational and recreational supplies represented for the children, Bill Boehly, director, PDC Consulting, told us during the event.

And Bill made sure it was done right. Bill Boehly defined what it meant to be a people person.

Some might say he was born with a gift of gab. He could dazzle people in conversation and never seemed at a loss for words—the right words expressed sincerely. He made his point without being forceful or domineering, while at the same time putting at ease those he was talking to.

There was no one quite like him, said Ted Harris, director, APCO Canada. “He got a feeling for people early on in the conversation and he was always open to what others had to say.”

Ruby Boehly likes to tell the stories her husband’s parents—Clarence “Spig” and Wanda—remember about their son’s aptitude at diplomacy. It is a gift that earned him a high-level position on a mock state government team while in high school and a much-coveted summer job at a golf course.

Outside the tight circle, he made friends easily with the unshakeable “I’m at home with anybody” confidence he radiated.

“He was a well-known name in the world of public safety,” said Dave Ralph, manager, Toronto EMS Community Safeguard Services. “There isn’t anyone without good things to say about him. He understood the issues and provided excellent advice in support of our work.”

He was also a good friend, said Dave, who knew Bill going on 20 years.

“There was none better,” he said.

Bill was the Director of Consulting for PDC and the Director of Special Operations for the National Academies of Emergency Dispatch® (NAED). He was also President of Priority Solutions, which is a joint venture between PDC and Clinical Solutions, a provider of nurse advice protocols that interface with ProQA software.

A life-long career in public safety had taken him from paramedic to communication center director; from regional EMS administrator to international consultant. He traveled extensively visiting international partners to give the assurance of long-term commitments from PDC and the Academy.

He believed in the protocols created and maintained by NAED and the people of PDC.

“I was sold on the protocol back in the early 1980s,” Bill had said. “It started when I was an EMS administrator in California, back when there wasn’t anything like this and each dispatcher did things differently. So, when I had the chance, I decided to standardize our communications centers and I chose the best system in the industry.”

That was in 1983 when Bill moved his family to Central Valley California after 11 years of working as a paramedic in New York and San Francisco. Those years on the street were made of memories—some good, some haunting—and several awards including a commendation from the
Office of the Mayor for a fire rescue at “260 Cashmere Street” on Nov. 28, 1979.

A permanent relationship between Bill and PDC was created in 1998 when he joined the company to oversee the content experts, expand the quality component of the protocol, and bring the fire, police, and ETC product lines to market. The position had since morphed into broader roles.

“For me, the robust nature of the current protocols and our high attention to customer service says it all. Our business is helping people in their worst moments” he always said.

Close attention to people was also the way he viewed life and approached situations, as anyone who knew Bill would agree, people were what mattered to him.

“He had a great sense of humor,” Ruby said. “That’s always been a big component in our lives and a way we’ve pulled through whatever happens.”

Bill died Feb. 10, 2009, at his home surrounded by the family he loved. His extended family at PDC and NAED will miss him.

In Memoriam

Some of the messages shared on the NAED and PDC Web sites*

February 7, 2009 at 5:45 pm

BB, I am always impressed with this flame in your eye, just as shown in the pictures. Your intelligence and instinct goes beyond average people. You are part of us forever. There are so many stories that we could recall, laugh at, those were never against anyone, always for something or someone in the right way. Keep watching on us and yes keep laughing of us too.

—Marie Leroux
Montreal, Canada

February 18, 2009 at 3:30 am

Bill and I shared many good times together. He taught me many things, not the least of which was the ability to enjoy work as a part of life. With Bill, there were never any problems that couldn’t be solved, no difficult decisions that couldn’t be made, and no situations that didn’t have a silver lining somewhere. I am proud to call him a close friend— one whom I will dearly miss. He would often say that we had the best job in the world, and he meant every word of it.

Ruby and the family have lost a husband and father, we’ve all lost a friend and companion, but we are all richer for having had him in our lives.

—Peter Hamilton
Melbourne, Australia

February 19, 2009 at 12:48 am

Bill had a twinkle in his eye and a wry smile captured perfectly in the picture you selected for this tribute. It makes me remember and smile myself as I look at it and reminisce. He was one of the “good guys” in the business, universally respected and liked.

—Keith Griffiths
RedFlash Group
San Diego, Calif. USA

March 2, 2009 at 1:05 am

I was deeply saddened to hear about the death of Mr. Bill Boehly. Bill was the first American we spoke to regarding the MPDS business in China. He had visited China three times to discuss PDC’s products and services with us and had been a great help in solidifying our collaboration with PDC. We greatly appreciate his contribution in introducing a very useful and life-saving product to China.

Bill will be dearly missed by all of us. His smiles will stay with us forever. Please accept our heartfelt condolences and convey our deepest sympathies to his family.

—Iris
Beijing, China

*You can read all the messages left on Bill’s memoriam or leave your own message by visiting www.emergencydispatch.org and clicking on Bill Boehly memoriam.
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Audrey Fraizer, managing editor of The Journal, left the editorial field many years ago to earn a degree to teach middle school biology and geology. What was she thinking? A constant procession of 40 students in each of her classes was not something for a focused and linear thinking editorial type. She later returned to—at that time—the newsroom and has since been satisfied that she made the right career choice. Audrey hails from a Chicago suburb and moved to Salt Lake City for the outdoors, bringing with her a bachelor’s degree and a master’s degree in journalism and a pair of hiking boots.

Kris Berg’s passion for The Journal and its ability to both reflect and communicate with NAED members has been a driving force behind the publication’s transformation from a quarterly 16-page newsletter to a bi-monthly 48- to 62-page magazine. As the NAED’s communications director and The Journal’s creative director, Kris ensures that each issue presents an aesthetically pleasing package while achieving its editorial mission to inform, educate, and inspire the reader. Kris also serves on the Navigator, EuroNavigator, and UKNavigator conference committees, among other duties. If you’re determined to catch a minute of her time, we suggest you try a dragnet. She’s at her best when rushing around behind the scenes where it all comes together.

Brett Patterson has a passion for the non-visual realm of emergency communications, especially with regard to the specific wording and techniques needed to communicate successfully using the various Priority Dispatch Systems. As The Journal’s technical editor, he scrutinizes each issue’s content, checking it for clarity, accuracy, and relevancy to modern dispatch. He brings many years of field experience to The Journal from work with Sunstar EMS in Pinellas County (Fla.). He is well versed in the science behind the protocols and has an extensive grasp of protocol usage and quality improvement, stemming from the many roles he has assumed in his position as NAED Academics and Standards Associate. In addition to his day-to-day responsibilities, Brett is a member of several NAED committees and councils and teaches the medical protocol as a senior EMD instructor.

Benjamin H. Rose has loved language—with all of its complexities—for as long as he can remember. He carried that interest to college and graduated with a bachelor’s degree in linguistics. Ben enjoys using language to convey information through writing, especially about the protocols, and is in involved with copyediting The Journal’s content as an assistant editor. Recently coauthoring the fourth edition of Principles of EMD, he has been with the NAED for 5 ½ years and continues to be an instrumental part of The Journal staff.

Heather Darata loves reading a good story—as long as it’s engaging and well written—as much as crafting...
Erwin Bernales tends to think and speak in code—the kind of secret language that makes the NAED Web pages accessible to our members. As the Web designer for The Journal, Erwin posts the most up-to-date Journal content on the Web for NAED members to access in a format that's sure to grab even the unsuspecting surfer. Although shy is not a word used to describe Erwin, he does prefer his day spent behind a set of earphones listening to the audio from tapes he combines with video for presentations at Navigator, UKNavigator, and EuroNavigator conferences, public safety trade shows, and those accessible through the NAED Web site. Erwin enjoys his job. Not only does it combine the best of two worlds—graphic design and technology—but it also provides him the earphones to silence the nuances of office life. It doesn't get much better than that.

Jess Cook strives to create all things differently when it comes to designing for The Journal. Whenever the opportunity to spend time with his first love—illustration—comes around, he enjoys exploring and imagining innovative illustration styles. As a graphic designer/illustrator, he fills a crucial part in making The Journal visually appealing while capturing the reader's interest. Jess began working for the NAED 5 ½ years ago and started working with The Journal when it was still in newsletter format.

Erwin Bernales
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— Tom Ling, Johnson County Central Dispatch

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NENA has approved this course as credit toward recertification for the Emergency Number Professional designation.
Getting Inside Your Head.
Public education programs preach proper use of 9-1-1

By Audrey Fraizer

Public service safety agencies are infiltrating the elementary-age classrooms and adult education programs.

From crime prevention units teaching classes about personal safety to programs discussing what to do in an emergency, public safety officials are preparing the public to act responsibly in matters that one day could mean the difference between life and death.

And, in many of these cases, especially for children, the efforts are reaping positive benefits for the community.

Take Deven Billings, for example. The Harford (Md.) County Council declared the third-grader at Joppatowne Elementary School a hero for calling 9-1-1 to get help for his aunt who is a diabetic. The eight-year-old told Harford County Emergency Operations Center (EOC) EMD Lindsay Edwards that his aunt would not wake up, and it was later determined she had experienced a diabetic coma.

"He did an incredible job and was quite thrilled by the attention he later received," said Rhonda Polk, Harford County EOC 9-1-1 public safety training coordinator.

There’s a good chance that Billings learned the way to respond a year earlier during a classroom presentation geared toward teaching children about public safety. Polk has coordinated the program for 18 years, adding and continually enhancing the 9-1-1 component with its Gold 9-1-1 Award over the past several years.

The 9-1-1 programs make a difference.

"When the program started, there was a lot of misuse of the 9-1-1 system," she said. "The abuse is still there, but the numbers are down substantially."

The statistics

Every minute in the United States there are 400 calls to 9-1-1, totaling more than 200 million calls a year, according to statistics from the National Emergency Number Association (NENA). Between 1.8 and 3.6 million are non-emergency calls (abuse or misuse). There are no national statistics enumerating the abuse or who the biggest offenders are—children or adults. However, numbers gathered from several communications centers paint an alarming picture:

• In June 2008, Salt Lake City (Utah) police arrested a 14-year-old girl for allegedly making more than 1,600 prank calls to 9-1-1. The calls were placed over a four-month period, with as many as 100 calls per night.

• Police responded to 479 false or abandoned 9-1-1 calls in Nanaimo (Vanouver Island, British Columbia, Canada) from Jan. 1 to Nov. 30, 2008, with each call taking two officers an average of 30 minutes to respond.


Part of the problem, at least for children, is the Federal Communications
The number of cell phones in use also compounds the problem. Calls coming in from cell phones to the Pinellas County Emergency Communications Center (ECC) 911 have increased from 9 percent of the total calls in 1996 to the communications center to 58.3 percent in 2007; coincidentally, the average number of hang-ups and wrong numbers increased slightly between the years 2005 and 2006 when cell phone calls answered at the ECC first surpassed the use of landlines.

Children aren’t alone

Children, whether on a cell phone or not, were responsible for only 10 percent of the misdials and hang-ups according to the results of a study by Pinellas County ECC 911 public educator Lori Buck. The remaining 90 percent in the city chosen for the study based on call numbers came from adults calling in a non-emergency situation (misuse) or as a joke (prank) with most unaware of the risk from potentially delaying response to actual emergencies. Most often, the calls are attempts to find information the easy way.

“It’s a lack of social responsibility,” Buck said. “The caller is lost on the way to the airport or stuck in traffic and wants directions. They call us and get a live person at the other end of the phone. There are no other buttons to push.”

Sometimes, the adult doesn’t know where to go for assistance. Perhaps it is a parent struggling to make ends meet (where to go for food or help in paying a utility bill) or simply an exasperated cry for help to control defiant children.

According to a story published in the Jan. 3, 2009, edition of the Salina Journal (Kansas), more than 900 such calls pertaining to disobedient juveniles were received at the Salina Emergency Dispatch Center in 2008. “They [the parents] don’t want to be seen as the bad guy,” Deputy Police Chief Carson M. ansfield is quoted in the story as saying. “So they try to get someone else to bring structure into the household.”

The seemingly prank adult call can also indicate other types of professional help may be necessary, such as the time a caller reported a UFO flying above his home in a Pinellas County mobile home park. Social service workers later responding to the frantic caller found aluminum foil taped onto the home’s windows, his way of deflecting the suspected alien invasion.

To circumvent the problem — calling for help in non-emergency situations — several centers have initiated a 3-1-1 line. The 3-1-1 lines in Washington, D.C., and New York City, similar to others around the country, provide the public with quick access to all state government services and information.

On the flipside

Children and adults, particularly seniors, can also be downright afraid to call, and for that reason, calls may be made too late or not at all.

“We don’t want people to call because their power is out or their cat’s up a tree,” said Colbert County (Ala.) 911 communications center Director Mike Melton. “But when something seems to be wrong with grandma or grandpa, don’t panic. That’s when you pick up the phone and dial 9-1-1.”

There are also suspicious situations begging for someone to call 9-1-1, which is why dispatchers from the Noblesville (Ind.) Communications Department, such as Jennifer Kelly and Jessica N. eff, along with dispatchers from the Hamilton County Sheriff’s Department, participate with Noblesville Police Department’s Stranger Danger Program. This program, coordinated by Lt. Tony Craig of the Noblesville Police Department, teaches children about what a stranger is and when to reach for the phone. After an educational and highly interactive discussion with the children, a stranger, portrayed by a dispatcher, lures a child (fully aware of the role playing) into a car in full view of the other playmates. The children are asked to describe what happened while their friend takes a quick ride around the block.

“Dispatchers do their best, but if you call 9-1-1 knowing you need to communicate with this person, you will do a better job of getting the emergency across.” – Rod Brouhard

“This pulls the children into discussion,” said Department Director Sharon Torongeau. “They learn what to do in an emergency, to give descriptions, and to be aware of what is going on in their surroundings.”

Public education

Like Noblesville, many 9-1-1 centers provide public education programs or public service announcements to reduce 9-1-1 misuse and abuse and to encourage appropriate use of the emergency communications process.

Buck tailors her 9-1-1 education program around the statistics gathered from the communications center. To remedy adult misuse of 9-1-1, for example, she developed a list of city and county non-emergency numbers she hands out during the average 250 programs she presents and at each 9-1-1 related community event.

“We give them all of the police, fire, and utility numbers,” she said. “If the problem relates to an animal, they have the numbers for animal control or the weird animal lady to report a bad or other unusual animal. There’s no excuse. People know where to call.”

Similar to Polk’s program in Hardford County, Buck goes to the public and private schools to teach children about when to call 9-1-1, when not to, and how to call 9-1-1 considering the various technologies available. Buck reaches preschoolers as young as two years old since understanding how to send a call is a first step in acting responsibly in an emergency. She also talks to students and various community groups about lights and sirens, the National Academies of Emergency Dispatch’s (NAED) protocols used at the center, emerging technology, and what the public can expect in the event of an emergency.

“I try to manage their expectations,” she said. “What we can and can’t do.”

The public education initiative has pro-
duced interesting results since its inception in 1996, and each part of the initiative flows from centers' statistics. For example:

- The total number of wrong numbers dialed (mis dialing Florida prefixes 391 and 791) has been on a constant decline since 1996 (21,949 vs. 16,424, excluding a slight surge in 2005 and 2006), with the highest volume (51 percent) coming in from cell phones.
- The average annual number of hang-up calls was drastically reduced from a high of 56,997 in 2002 to 18,414 in 2003 (a 68 percent decrease); the number continues to decrease as a whole despite an increasing number recorded from cell phones.
- The number of non-emergency calls dropped from a high of 143,595 in 2000 to a low of 87,394 in 2003; the number has since increased to 101,773, which corresponds to an increased use of cell phones.
- The predominantly voluntary TAG (Together Accomplishing Goals) Team is a network of 9-1-1 telecommunicators, police, fire personnel, paramedics, and other volunteers who are dedicated to spreading the 9-1-1 message. Developed by two 9-1-1 public educators, Christie Eskew and Julie Hatch, formerly of Tarrant County 9-1-1 (North Central Texas), the program has spread to other parts of the country with its goal to save lives and property through the correct use of 9-1-1. TAG team benefits include training, resources, and a network of people ready to offer tips on effective ways to reach the public.

Working together

The TAG team staff and volunteers meet quarterly to brainstorm and discuss effective campaigns and training on the 9-1-1 Call Simulator and the 9-1-1 Safety Wheel. Eskew admits that most centers could not afford or find the time to offer a program of this scope; however, there are ways to accomplish similar goals on a smaller scale.

“Dedicate one person to work on a program at least part of the time,” she said. “Find people who can talk to groups and figure out ways to get the information out to large numbers of people.”

For example, a volunteer was recently recognized at the 9-1-1 TAG Team quarterly meeting for her idea to mail a 9-1-1 educational brochure in the same envelope as the residential water bills.

A good tool

Rod Brouhard, a freelance writer and paramedic with nearly 20 years in emergency medical services (EMS), provides his insights into the profession in a column he writes as the EMS specialist for About.com. A recent addition, posted on his Web site, demonstrates his almost fanatical desire to change the television audience view of calling 9-1-1. Contrary to what many people think, the crisis doesn't end when the 9-1-1 professional picks up the phone.

“I tell people 9-1-1 is a good tool you must actively learn to use,” he said. “Dispatchers do their best, but if you call 9-1-1 knowing you need to communicate with this person, you will do a better job of getting the emergency across. The caller must be someone who will take the guidance, and not be a passive listener.”

The educational tenants of calling 9-1-1, available on Brouhard’s Web site, apply equally to adults and children.

Kelsey said their program at the Noblesville Communications Center gives children the chance to see the public safety department as their friends, a place with people they can turn to when scared.

“We want to take the anxiety out of using 9-1-1,” Kelsey said. “We’re not robots on the other end of the phone. It gets in their heads that we’re here to help them.”

Sanctions

In many communities, making false or harassing 9-1-1 calls or causing others to do so is a prosecutable offense, punishable with a fine or jail time or, in some instances, suspension from work without pay.

In the latter case, two Virginia Beach (Va.) DJs were suspended for two weeks without pay for an April Fool’s joke several years ago that resulted in a flood of calls to the 9-1-1 center.

California made the headlines for 9-1-1 emergency call abuse in a case involving 27,000 non-emergency calls made by one person during an eight-month period, starting in May 2007. Legislation subsequently signed by California Gov. Arnold Schwarzenegger in July 2008 takes a two-strike approach to keeping the same problem from happening again. A first call to 9-1-1 for reasons other than an emergency results in a written warning. A second offense carries a fine of $50; a third $100; the fine escalates to $250 for fourth or subsequent violations. The law went into effect Jan. 1, 2009.

The abuse of 9-1-1 is considered a Class 1 misdemeanor in Virginia and punishable by up to a year in jail, a $2,500 fine, or both.

Polk looks at education as the key.

“Most people learning what we do, and why, is a real eye opener,” she said. “The people we reach are the people I know we can help.”

More at www.pinellas-county.org/911/colorforms.htm

For a free download of the Pinellas 9-1-1 Cellphone book activities for teaching children about 9-1-1.
Kevin Pagenkop is not a person of few words, at least when it comes to what he does for a living. The lead training instructor for American Medical Response (AMR) of California Modesto/LIFECOM can't seem to say enough about why he likes his job, the people he works with, and the challenges he faced when he arrived at the center—the No. 100 Accredited Center of Excellence (ACE).

“The last couple of years have been a climb to the top of the mountain,” Pagenkop said. And in the same breath, he said, it's a climb well worth the chance he took to help bring the center back to standards celebrated in the past.

Three years ago Pagenkop transferred from another AMR dispatch center to assist in training an influx of hires at AMR Modesto in Stanislaus County. The center had recently moved to new quarters to accommodate the anticipated growth from a contract the nationally-based AMR had just signed for San Joaquin County. Overnight the center would triple its employee numbers from 15 to 50, and they would be dispatching both EMS and fire calls. The number of calls coming in was expected to more than double, and the call volume would continue to climb as more commuters filled the suburbs outside of San Francisco.

Everything about the training assignment was daunting, Pagenkop said. Those hires lacked direct emergency dispatch experience, and EMD and EFD certifications were required. At the same time, the center would be facing a contractual obligation to keep its Accredited Center of Excellence (ACE) status, which placed a heavy responsibility on LIFECOM's training department. The classes he was assigned to teach were larger than anything he was used to.

“What did I get myself into?” he remembers asking himself.

His comfort level was going quickly out the window.

The pre-San Joaquin County days were something to write home about. The center handled the calitaking and radio dispatching for seven different ambulance
providers in the 1,500 square-mile Stan-
islau County. Call compliance numbers
were at a level even a long-time consis-
tently high performer like Sunstar Com-
munications Center in Pinellas County,
Fla., would envy. They were proud of the
fact that their accreditation in 2005 hap-
pened to hit at spot No. 100. It would be
another three years until they would go
for recertification, but with the way things
were going—no sweat.

That’s until the contract hit the fan.
Not only were they taking on a second
county, but they were also picking up
two more ambulance providers and 17
fire agencies. In addition to the emergency
side of things, the center also had its lines
filled servicing the local hospitals on the
non-emergency medical transport side.
Their call volume would reach 160,000
calls a year in 2008, of which 63,000
would require triage with the Medical
Priority Dispatch System® (MPDS); the
rest are non-emergency calls, EFD calls, or
PSAP referrals with no transfer of caller.

“A floodgate of new employees would
be coming in,” Pagenkop said.

The thrill of coming in at the ground
level gave the new hires the challenge
they wanted in a job. Their inexperience
and urgency to learn the protocol,
however, tanked the compliance scores.
The tumble they took was the last thing
veteran EMDs wanted to see happen at
their cherished center. This atmosphere
created both training and morale issues.
They could hardly keep up with a turn-
over never before seen at the center.

“The challenge was certainly there,”
Pagenkop said. “Reaccreditation was up in
two years and this was something nobody
wanted to lose. The No. 100 was hanging
over our heads.”

Center turns around

As you might guess, the center made a
rebound. AMR LIFECOM-Mo desto
achieved recertification in February 2009.
Compliance numbers, their biggest fear,
were hitting close to 100 percent in the
eight months preceding, and the hard
work it took actually pulled the dispatch-
ers together as a team.

A goal that made Pagenkop ques-
tion his sanity when accepting the job
has turned into a badge of honor. He is
immensely proud of the efforts, hard
work, and commitment of the entire staff,

The caller was lost and the person
she was trying to help was sitting prob-
ably less than patiently in the passenger
side of their car.

Amanda Rodríguez knew she had to act
quickly but it wasn’t until she said, “Okay,
tell me exactly what happened” that she
realized just how fast she had to be.

“She [the caller] told me her daugh-
ter was about to have a baby,” said Rodrí-
guez, a dispatcher for American Medical
Response (AMR) of California Modesto/
LIFECOM. “It was an odd situation. She
had no idea where she was.”

With a failing cell phone connec-
tion, EMD Rodríguez had to review the
many different roadways in the area to
determine exactly where the woman
had pulled over. Once she pinpointed
their whereabouts using the location of
the base station transmitting the call,
they were ready to get down to business
while waiting for assistance to arrive on
the scene.

Rodríguez began Dispatch Life Sup-
port (DLS) and attempted to give the
caller the Pre-Arrival Instructions (PAIs)
necessary for the birth. The daughter,
however, was in the passenger side of
the car and could not be laid on her back
as required. Rodríguez asked her instead
to recline the seat and, in the absence of
a dry towel or blanket, to use her sweater
to keep the newborn warm.

In no time at all, so it seemed, the
caller began screaming, “It’s out! It’s
out.” Paramedics arrived before Rodrí-
guez was party to the baby’s first cry
although, to her relief, she was later told
of the healthy, breathing baby boy there
to greet them.

The best part of the call, aside from
everyone’s safety, was the reassurance
Rodríguez provided to both women, said
Kevin Pagenkop, AMR/LIFECOM lead
training instructor.

“Her son said calming statements
before and after each instruction to keep
the mother focused, and she asked her to
pass the same reassurance to her daugh-
ter,” he said.

Rodríguez said the caller expected
nothing less. She read the protocols word
for word in a tone of voice she would like
to hear if in the reverse.

“When I told her that help was on the
way and that I was going to help her, she
said ‘I know you are,’” Rodriguez said.

“She said it so strongly it really remind-
ed me why calming [techniques are] so
important.”

This was a first delivery for Rodríguez
though probably not the last.

“I love the job because of calls like
this,” said Rodriguez, who left a customer
service job two years ago for the AMR
dispatch center. “This is not something
you can just find anywhere.”
especially the employees’ efforts to make it through some exceedingly turbulent tests of morale.

"ACE brought everyone together," he said. "I saw it on the floor. It was a kind of bonding, watching both veteran EMDis and the many new EMDis both working toward raising our compliance."

Pagenkop was far from alone in the venture, and he finds it notably difficult to talk about the accomplishment without constantly alluding to the efforts of the many communications training officers (CTOs) as well as the continuous quality improvement (CQI) team headed by coworker Tom Morton.

Saying Morton takes compliance seriously is an understatement. He's a medical protocol zealot who is quick to point out that his job to push compliance doesn't make him a pariah around the center. The dispatchers work hard to keep up the scores, but Morton said the expectations are part of their center's culture.

"Compliance is never meant to beat you up," he said. "It's not a weapon. It's a tool to make everything better. It edifies the individuals involved."

Are we there yet?

Morton was among the first group of dispatchers hired during the time the agency was going through its extraordinary growing pains. His degree in cultural anthropology and professional background in medical regulatory compliance coupled with nearly a year of dispatch experience made him the ideal CQI candidate when the position opened. The communications center represents a culture to him. He heralds the strategic vision.

Morton would only be kidding himself to say it's been a breeze. They fought their way through and with help from several individuals from the Academy® and PDC including Tammy Haislip, Susi Marsan, Chip Hlavacek, and Brian Dale, to name a few, the center has regained and is exceeding its past glory days.

Holding their own

Pagenkop adds recognition to the stack. He believes the lapel pins and certificates handed out for exemplary customer service, caller reassurance, and other measures of dispatch life support are every bit as important as the scores.

"The pins don't cost a lot, but you'd think they were made of gold," he said. "No matter the outcome, a remarkable job needs to be recognized."

Pagenkop cites Navigator not only as an important training resource, but also as a chance to talk with like-minded individuals and to recharge his batteries.

"Our conversation today reminds me why I accepted this challenge and how proud I am of the staff," he said during the phone call. "I'm walking around with a smile on my face."

T he sigh of relief they felt when the recertification packet went out, however, doesn't mean they plan to put their feet up any time soon. It takes diligence, constant attention to process, and Morton's native New York City personality to stay at least one jump ahead of the crowd.

"Are we there yet?" he asked. "We never will be. We can only get better and the better we get, the better we are to the people we serve."

Seldom a Dull Moment

American Medical Response (AMR) of California Modesto/LIFECOM kept its coveted No. 100 ACE status despite pressures of growth and moving to a new center.
Brett:

We had a meeting at our center to discuss the possibility of developing some helmet removal protocol within our county. There were several representative groups from the state, including motorcycle safety groups, fire/EMS personnel, and dispatch personnel. Our medical director, Mark Schultz, M.D., also attended the meeting chaired by Vicki San Felipo, who is with Accident Scene Management. Vicki is a nurse educator and an avid motorcyclist and she wants to investigate the implementation of a one-person helmet removal technique for trained personnel and the possibility of an EMD protocol for bystander safe helmet removal. Understanding that her theories and processes need validation and study to proceed to make a formal protocol change request to Priority Dispatch Corp.™ (PDC), Dr. Schultz contacted a physician who has a test dummy with the “right” neck sensors to facilitate bystander helmet removal. A one-person helmet removal technique was demonstrated and we all agreed to proceed with testing. After that point, we could use that information to determine if the removal techniques would be appropriate for emergency medical personnel and/or applicable in the EMD environment.

That's the background; now the question: We discussed the protocol cards today and did note that in version 12.0, there is a Rule (#1) on Card 29 that indicates the EMD should “protect life over limb and open the airway (remove helmet first).” The rule gives dispatchers the “go ahead” to remove, but doesn’t tell them how to do so safely. This raised concern with Dr. Schultz and the fire chiefs.

Are you able to shed light on why this statement (rule) has been added? Are there any other efforts you know of to investigate this issue?

Sherri Stigler
Training and Operations Manager
Waukesha County Communications

The EMD is advised to protect life over limb and open the airway.

Brett Patterson
NAED Academics & Standards

Helmet Removal. Can it be done safely?

Brett:

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Brett Patterson
NAED Academics & Standards
The idea for this column came to me after a rather cutting customer service interaction. My wife (the lovely and wonderful Sharon Lanier) and I were in the drive-thru of a fast food restaurant. We ordered the normal complement of healthy foods associated with severe hunger and desperation. I had requested a Diet Coke for the drink to offset all the saturated fats, cheese, and meat products. The magic screen that knows all showed that I had ordered a root beer. When asked by the keeper of the fast food order behind the speaker on the magic screen that knows all if my order was correct, I replied: “Everything looks good except that was a Diet Coke, not a root beer please.” Expecting a simple “OK we will change that,” I received a “Well that is not what the screen says!” I retorted politely, “I understand what the screen says, but that is not what I ordered. I would like a Diet Coke and not a root beer, please.”

I received instructions and a reprimand from the magic screen dictator: “That is what you ordered and now I have to change it, pull up!” I replied that I did not order a root beer! I pulled around the drive-thru to see this guy who is probably 100 pounds soaking wet tearing the headset off his head, throwing it on the counter, and then going around the corner to presumably tell the beverage assistants about the incompetent jerk who could not even place his drink order correctly. We pulled up to his formerly vacated domain of payment for the food (discretely labeled as Window #1) only to hear the scowl in his voice as he said “$11.32.” I paid and pulled up to the next window, hoping that neither our food nor drinks had not been tampered with, in addition to wondering what the heck is the big deal?

Wouldn’t you know? The drink is root beer—not Diet Coke. Now, it was personal. I pulled back around and passed Window #1, continued to the food and beverage dispensary unit (a.k.a. Window #2), and told them that this was supposed to be a Diet Coke. I’m told the order showed root beer. As luck would have it, the manager is there and changes it for us without any further drama. What in the blazes was all that about?

In reflection of this incident, along with other missed customer service opportunities we all encounter in our lives, I thought that this might be a good subject to write about. First and foremost, we need to remember that at the basic level in the public service environment, we are tasked with serving those who need our assistance. Many of us became telecommunicators with the lofty and noble goals of being able to assist others in their times of need. Some of us who entered this profession also became jaded rather quickly because, unfortunately, some of the people who need our help the most are sometimes the ones who request our services in the worst way.

What makes you unique is your desire to help others, and the ability to do so.

In summary, from those who are requesting my assistance, and my internal frustration toward them when they do not act the way that I think that they should, with the desire to help them? My instinct says that when a telecommunicator takes frustration out on a caller, even if nobody else “knows,” there will be at least a twinge of guilt and reticence. I know that when I fell into this trap on an occasion or two, I felt like a jerk afterward. As a professional telecommunicator, we know that this is not proper behavior and that we are supposed to treat those who request our services with a servant heart and not as a whipping post—no matter what. When we succumb to the temptation of giving payback or venting inappropriately, I think it is fair to say that, one way or another, we know that what we did was not the best behavior. We might even go so far as to say that the callers “deserved it,” but we still know, deep down, that they did not. They were just targets of convenience that served a temporary purpose.

So where am I going with this? My intent for this brief column is to remind
Recognize Destination Vegas. Nearly perfect compliance scores net front row and center at annual conference

By Audrey Fraizer

Births, accidents, and heart attacks are the stuff that makes Jonelle Seeley tick. The six-year veteran dispatcher at the Medicine Hat 9-1-1 Regional Communications Centre in Alberta, Canada, relishes the chance to help all of us that it is indeed an honor to serve others. Though some of you may have entered this profession with the desire to experience a dynamic work environment that is never the same each shift, I would also bet your right arm (your right arm and not mine in case I am incorrect; I would like to keep my arm as I am kind of fond of it) that the desire to help others also drew you to this line of work.

The desire to help others is a noble and worthwhile principle. What makes you even more unique is that you not only have the desire to help others, but you also have the ability to do so. There are many people who admire what you do because they are not able to do so. In other words, they would like to help others too but do not have the intestinal fortitude, the wiring, and/or the commitment that you do. You are one of the select few that have been entrusted to protect society and help people through some of their darkest times.

Seeley's score of 99.73 percent is less than half a point away from Karson's 99.32, and both their scores are really not all that much to write home about when they are compared to those achieved by the center's other 22 dispatchers.

At least, that's the way Seeley sees it.

In fact, center scores were so close overall—the final decision came down to just decimal points.

Compliance is a matter of course, Seeley said. It's the way they do business. The opportunity to attend Navigator was dangling like a carrot before them but since they work as a team, not as a bunch of competitors trying to edge out a fellow dispatcher, the competition wasn't cutthroat.

"This is not about competition," she said. "This is about our jobs. The better we do, the better it means we're serving the public."

Teamwork and public service

Providing top-notch public service is something Centre Director Ronda Grant and Operations and Quality Assurance Coordinator Colleen Bachewich work hard to instill in their dispatchers. Not only do they want to drive home the dedication to those they serve, but they also believe in the "we" part of their organization.

"We believe in getting the right people on the bus," Bachewich said. "That way, we keep the bus going in the right direction."

Though the center enjoys low turnover, they still have the occasional opening and for them, that means more than a handful of applications to review. While many may have the credentials and qualifications the dispatch job requires, the decision ultimately rests on a meshing of values and personality.

A bulletin board in the center lists the values (personal qualities) they're after such as honor and respect, accountability, integrity, and commitment. They also look for a sense of humor and a positive attitude in light of the type of work they do.

Existing staff and new hires are required to sign the posted statement of work ethics, Bachewich said. "If we think you're a good fit for us, we also want to make sure we're a good fit for you."
The right stuff

Seeley and Karson are definitely that kind of fit. Seeley was a lifeguard in the City of Medicine Hat when she applied for a job at the communications center. She had previously taken an EMT course and for backup purposes had concurrently enrolled in the EMT class.

The EMT class struck a cord, she said. The profession brought home what she'd discovered back when she was 10 years old. Little more than a decade ago, as luck might have it, Seeley had learned CPR on the same day her grandfather suffered a heart attack. She and her dad administered the life-saving medical emergency procedure while waiting for the paramedics. Her grandfather survived and was a part of their lives for another five years.

“I fell in love with medicine that day,” she said. “I knew this was for me.”

Karson followed a different route. She was the owner of a nail and tanning salon in Manitoba that she sold when her husband, a paramedic, took a transfer. The move allowed a change Karson was looking forward to and since she already had her first level EMT, a career in emergency services seemed the right direction to take.

Karson’s background in customer service and attention to detail has helped her excel at the job, though she avoids drawing attention to her high compliance scores. It’s all part of the job, she said.

“You get a lot of practice and learn by error,” Karson said. “We’re always on to the next call, and that helps you to become fast and proficient.”

Ball on a roll

Bachewich keeps the momentum rolling through a steady stream of training and education programs. She sends out what she calls monthly brain busters, which are scenarios that might elicit different dispatch responses. The dispatchers answer the way they would precede and then get together to discuss the “why” of the response that does apply. There’s also Bachewich’s interest in software, a trait certainly not shared by everyone in the communications center. To combat technology brain freeze, she makes it fun and applicable to their jobs.

“We talk about what happens when they press the buttons,” she said. “In that way, they feel more comfortable about what they’re doing and comfortable coming to me with their questions.”

Bachewich also feels comfortable skipping Navigator 2009, preferring to give up her slot so Seeley and Karson can both attend the conference. She doesn’t want to make a big deal out of her decision since it’s not a “sacrifice” on her part.

“We want to share the Navigator experience,” she said.

Seeley and Karson are more than willing to oblige.

“I’ve heard great things about the conference,” Karson said. “People come back refreshed, with new ideas to share.”

No place like it

Seeley said she enjoys her job to such a high degree that it’s hard pinpointing one reason that makes it a place she’s set on staying.

Bachewich believes the job fulfillment comes from their combined success.

“I’ve been here since 1997, and I never tire of the success stories I see and hear from the floor,” she said. “I love it.”

The Medicine Hat communications center employs 24 dispatchers, in addition to three administrators. The center is the primary PSAP handling calltaking and dispatching for an array of public safety responder agencies including the city police, 25 fire departments, and six emergency medical services. They also answer public utility calls.

The center earned its triple ACE title in 2008 after completing requirements for the medical ACE in January 2008. Their first ACE—police—was achieved in April 2007 and the fire ACE followed a short eight months later in December 2007. The police ACE took nearly 10 months of data collection and information gathering, as required by the Twenty Points of Accreditation. At the same time, Bachewich worked simultaneously on collecting data for the fire and medical ACEs. The centre was honored at Navigator 2008.
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The fire, police, and medical protocols developed and maintained by the National Academies of Emergency Dispatch® (NAED) created a revolution in the evolution of emergency communications.

Started as an idea to provide optimum prehospital care during a medical emergency, the protocol system Jeff Clawson, M.D., designed on index cards has over the past three decades found its way into communications centers spanning the continents.

This anniversary feature and the stories we'll run throughout the year take a look back into the 30 years of influence that protocol and the standards-setting process have had on emergency service communications. The people and places featured in the stories are not definitive. There are literally dozens of names that could be listed in the evolution of protocol; those highlighted in this issue and subsequent issues simply serve as examples of those contributing to the revolution during the past three decades.

In this issue we lay the groundwork, divided into three sections. We look at the early days of protocol—its development and individuals who were working alongside Dr. Clawson in Utah.
and those at agencies outside the state. The subsequent growth on the national and international levels is charted in the second part of our story, and the third section explores the programs put in place to maintain the high standards built into the Fire Priority Dispatch System™ (FPDS), Police Priority Dispatch System™ (PPDS), and Medical Priority Dispatch System® (MPDS).

Requirements for certification, education, and accreditation preserve the integrity of protocol and ensure their intended use. The protocols have become a staple the public depends upon for timely and reliable response, and a force behind the efficient allocation of equipment and personnel sent to the scene. Proper use of protocol determines the most appropriate response, preserving the potentially hazardous lights and siren runs for the most critical situations.

Recognition was in the cards

Protocol has also revolutionized the dispatch profession. The standardized approach and potentially life-saving Pre-Arrival Instructions (PAIs) brought dispatch into the cycle of emergency assistance; dispatchers are among peers on the rescue team.

Prior to the arrival of protocol on the EMS scene, how often did the dispatcher get the vote of trust AMR LIFECOM EMD Amanda Rodriguez (Modesto, Calif.) received when she answered a call from a woman lost on the way to the hospital? Seated on the passenger side of the car, the caller’s daughter was about to give birth. “When I told her that help was on the way and that I was going to help her, she said, ‘I know you are,’” Rodriguez said. (See story about AMR LIFECOM and EMD Rodriguez in this issue of The Journal).

What about the high level of confidence dispatchers have both in giving PAIs and in the caller’s ability to follow through on those instructions? EMD Regina M. Kiser of the Yuba City (Calif.) Police Department wasn’t about to take “no” for an answer from a caller who saw a heart attack victim slumped in the front seat of his car. Once the caller heard her reassurance, he was ready to help and “did a wonderful job of doing so,” Kiser said.

From the first emergency medical protocol in 1979 to the subsequent releases of the fire and police protocols, emergency dispatch has come a long way, baby!

The Beginning

Jeff Clawson, M.D., wants to make one point perfectly clear: He may be known as the “father of modern dispatch” but he couldn’t have done it without a little help from his friends.

“During the first 10 years the initial foundation of the NAED was laid and the rest inevitably followed,” he said. “There were quite a few people behind its success and membership should be very proud of their contribution to the excellence in dispatch.”

Story begins

The story of protocol begins with Dr. Clawson’s return to Salt Lake City from an emergency medical residency program offered through Charity Hospital at New Orleans, Louisiana State University. He accepted a full-time job as an emergency room doctor at a local metropolitan hospital and, in the months to come, he also took a part-time job as fire surgeon for the Salt Lake City Fire Department (SLCFD). Before long, the part-time position made him privy to grumblings over inequities in emergency services.

Dr. Clawson understood their aggravation. As a former ambulance driver and EMT during his undergraduate years at the University of Utah, and now a licensed medical doctor, he knew some things didn’t make sense. Doctors were making decisions without understanding what was going on at the scene. Patients could receive life-saving help before arriving at the hospital. He believed EMS could play a more pivotal role. Pre-hospital medical control was an essential—but missing—element.

“I really felt there was a patient care problem,” Dr. Clawson said. “Patients were suffering and people were dying because we weren’t doing what was appropriate.”

The insight altered the direction of Dr. Clawson’s career. He started spending his time away from direct patient care designing a protocol system for dispatchers that would complement the fieldwork of paramedics. The original cardset, published in 1978, contained 29 sets of 8-inch-by-5-inch cards. Each caller complaint was listed in alphabetical order, as they are today, and reflected either a symptom (e.g., abdominal pain, burns) or an incident (e.g., electrocutions, drowning). The core card contained three color-coded areas: Key Questions, Pre-Arrival Instructions, and dispatch priorities.
The SLCFD adopted the protocol in 1979 but it took another 10 years before the National Academy of Emergency Medical Dispatch® (NAEMD) was established to address the scientific issues related to emergency dispatch and to act as the official “stewards of the MPDS protocol.”

Embracing protocol

The movement of protocol to centers outside of Utah was not done single-handedly. EMS professionals from both inside and outside the state contributed to its advance simply because they believed in the concept behind Dr. Clawson’s protocol.

Robert Peters instantly recognized the value of the good idea. The Utah native had devoted his career to EMS, having worked as a paramedic, sheriff, and radio dispatcher for the Davis County Sheriff’s Office, and—similar to Dr. Clawson—he appreciated the valuable role EMS could play given the right tools. Good news about the dispatch system at the SLCFD was drifting to centers along the Salt Lake Valley so, naturally, it became his business to search out the details.

“I was impressed,” Peters recalled. “Right off the bat, when I saw the protocol, I knew Dr. Clawson had developed an excellent product, one that was needed.”

Peters contacted Dr. Clawson and was soon welcomed aboard because of his enthusiasm for protocol and background. For the next 15 years, Peters was among the first of a cadre of instructors traveling the country promoting protocol and certification.

Although it can’t be certain, Peters may have been the person at the head of the class the day Robert Mills took his seat for the start of an EMDS certification course.

The responsibility of answering 9-1-1 calls was no stranger to the Stockton (Calif.) Fire Department firefighter/paramedic and he held high hopes the class would give him more insight into elevating the role of these “unsung heroes.”

Theirs was a Catch-22 type situation, Mills explained. “Dispatchers had very little training, yet they were expected to get people out of all sorts of problems,” he said. “Of course they made mistakes and were then punished for doing something they didn’t even know was wrong.”

Mills liked what he heard in the classroom and, similar to Peters, it didn’t take long for a friendship to form with Dr. Clawson. Never one hesitant to offer advice, Mills talked to Dr. Clawson about the ideas he had to foster protocol use, including a suggestion that led to the North American EMD Network, predecessor of the Academy.

“I was talking to a lot of people in California about what we wanted to do and thought the protocol Jeff was developing could benefit from the input of people with a variety of medical backgrounds,” he said. “He must have liked the idea because he took me up on it.”

Dr. Clawson concurred. It was something he had been considering, given the complexity of what he had set out to do.

“It was felt by many, and I agreed, that a single physician should not be solely responsible for making decisions regarding the evolving science of emergency medical dispatch,” Dr. Clawson said.

The suggestions of those close to his work weren’t the only motivating force. The Medical Priority Dispatch System® (MPDS) protocols, with scripted telephone instructions for CPR, airway obstruction relief, and childbirth assistance, gave dispatchers the opportunity to help thousands of people in their moments of crisis. Dr. Clawson believed protocol oversight was essential to maintain its state-of-the art condition and he had gained a huge advocate on the national level: in 1989, EMDS were recognized as an important link in what the American Heart Association had termed the “Chain of Survival.”

An Academy is born

Following the release in 1990 of the v.10 of the MPDS, Dr. Clawson donated both the rights to the protocol patents and copyrights to the Academy and established the College of Fellows to improve and maintain the MPDS under a prescribed scientific methodology. The seeds Mills planted came to fruition.

It was about this time—the late 1980s—when Robert Martin came along. The part-time administrative job the marketing major accepted to “learn the ropes” in business turned into a career in public safety.

These were heady days for the Academy, recalled Martin, now a public safety business consultant in Washington, D.C. The NAEMD, as it was then called, was on the rise because of the “drive and passion” Dr. Clawson and his team had for dispatchers and the medical protocols.

“I really felt there was a patient care problem. Patients were suffering and people were dying because we weren’t doing what was appropriate.” – Dr. Jeff Clawson
“He [Clawson] defined a new niche where no one else had gone,” said Martin, who went from an administrative assistant to the executive director during his 16-year career with the NAED.

“No one else had the same vision for its potential.”

Martin collaborated on many projects projecting the Academy’s image. His thesis toward a master’s degree in communications from Salt Lake City’s Westminster College launched the Navigator conference and he started a four-page newsletter that later morphed into The Journal of Emergency Dispatch.

Martin’s tenure with the Academy saw growth in both the number of certified dispatchers and the number of countries adopting the protocol, as well as expansion into police and fire services protocol. Martin fondly recalls meeting Rescue 911 host William Shatner, helping to organize the College of Fellows, and being there when the first Accredited Center of Excellence (ACE) was announced in 1993. He also remembers the long days he and coworker Mike Smith spent meeting deadlines.

“We believed that constantly updating and improving the protocol was a great idea, even during those long days and nights spent reviewing, changing, and copying cardsets,” he said.

Where they are now

Peters left the Academy at the same time he retired from the sheriff’s department. In 2004, he received the Distinguished Service Award from the Utah Department of Health for his lifetime contributions to emergency care.

Peters said protocol was a big part of his career.

“T he system has achieved what I always wanted to see happen,” he said. “It helps save lives.”

Mills never wavered from his drive to put California’s emergency dispatchers on equal status with other EMS team members. A dispatch recognition banquet he organized in California, using his own money to rent a hall, is considered the benchmark for similar occasions held across the United States.

Mills received NAED honors for his help and eye toward the good of dispatch.

“My goal was to do something for the dispatchers and our citizens,” he said. “Looking back all these years, I realize that my work with Jeff was a very important part of my life.”

Martin left the Academy in 2004 to continue a career in Washington, D.C., that includes three years as the executive director of the National Emergency Number Association (NENA). He is currently vice president of business development for the e-Copernicus consulting firm in Washington, D.C.

The article “Dispatch Priority Training: Strengthening the Weak Link,” published in the February 1981 Journal of Emergency Medical Services (JEMS) had phones ringing off the hook at the Salt Lake City Fire Department office of Jeff Clawson, M.D.

The story, featuring Dr. Clawson, then the fire surgeon for the Salt Lake City Fire Department (SLCFD), explained the system he devised for training dispatchers on how to medically interrogate a caller, give life-saving Pre-Arrival Instructions, prioritize symptoms, and select appropriate pre-planned unit configuration and response modes.

As he explained in the article, 100 public safety and private agency dispatchers (all in Utah) had been trained and certified as EMDs using what was becoming more widely known as the Medical Priority Dispatch System® (MPDS). The system truly created dispatchers as the “first, first responders”—a phrase he coined in 1981 at a national EMS meeting that, for the first time, included emergency medical dispatch as a topic.
The response to the JEMS article was tremendous. JEMS, though only in its second year on the stands, was fast becoming a seminal EMS publication.

“We pushed the limits,” explained JEMS Founder Keith Griffiths. “It was our job to bring innovation to the industry, to challenge the public safety community into new ways of thinking.”

The article Dr. Clawson penned had hit a nerve, the same nerve that caught Griffiths’ attention when interviewing Dr. Clawson on a related topic for an article written two years prior. The work proved a watershed moment for the industry. There were more than 250 requests for more information during the months following its publication.

“Dr. Clawson started people thinking in new ways,” he said. “People saw the logic in what he was doing and the potential solution to problems at their centers.”

Two years later, a study looking at the effectiveness of protocol within SLCFD solidified its standing, and for good reason.

In the first six months of the system’s full implementation, the standardized coding inherent in the system was found to reduce compliance problems, assuring consistency in dispatching technique.

The system was on a roll. Not only were the consistent results impressive, but also the prominence of people joining the cause.

James O. Page, a leading authority on EMS, added his weight when he wrote in his famous 1981 “letter to Aurora (Colorado Fire Department)”: “I personally feel that the highly successful medical self-help program introduced by the Phoenix Fire Department may have started a process which will redefine a municipality’s duty to its citizens. Similarly, the Emergency Medical Dispatch Priority Card System created by Dr. Jeff Clawson in association with the Salt Lake City Fire Department, may have further advanced the municipality’s duty. In other words, I can foresee a day when a citizen might allege that the municipality (which maintains a full-time public safety dispatching service) was negligent for failing to implement and operate such a service.”

Protocol and the big city

Public complaints over negligence in emergency services were reaching a crescendo when Fred Hurtado was serving as the paramedics’ union president and working as a field paramedic supervisor for the City of Los Angeles. This was the early 1980s and Hurtado couldn’t fathom their reasoning since, in his estimation, ambulance records showed timely arrival.

A look into the problem astonished him.

“We were getting there after their third or fourth 9-1-1 call,” Hurtado said. “The first three times they called they were told ‘this isn’t an emergency—drive over to the hospital or call your doctor.’”

Hurtado convinced Steve Balentine, another LAFD paramedic and member of the union’s executive board, that something needed to be done. Their subsequent work resulted in a report, which included all of Balentine’s documentation, submitted to the LA Board of Fire Commissioners and the city’s political officials. The report recommended changes in the fire department’s EMS dispatch practices, including a telephone triage system and basic medical training for the LAFD dispatchers.

Perhaps by coincidence, Hurtado happened to pick up a February 1981 copy of JEMS that included the article featuring Dr. Clawson’s protocol system.

Hurtado had the tool he needed for system’s change and, in 1984, while behind the LAFD’s EMS booth at the International Association of Fire Chiefs convention he met the doctor behind the story he couldn’t get out of his head.

“This tall guy with a blond Afro walks up and he starts looking there at our data and he said ‘this would be an interesting place to work’ and I said ‘yeah, it is,’” Hurtado said. “I looked at his name tag, he looked at mine and there was instant recognition. I said I know you’ and he said I’ve heard of you.”

Hurtado and Dr. Clawson shared the same conclusion about what the LAFD needed. To them, there was no question about whether priority dispatch was ready for a city the size of Los Angeles, especially considering the spread of the system around the country and its state-of-the-art performance.
Los Angeles also had the ingredients for successful implementation: progressive EMS administration and strong, persistent medical control. The city’s dispatch center would lend itself to protocol with minimal problems. There was also, thanks to Hurtado, pre-existing municipal understanding and support of a program that often meant radical changes in response and procedure.

It took a dispatch disaster in 1987 to move things along. According to news reports from that time, a Los Angeles Fire Department paramedic who answered the 9-1-1 call from Zaporah Lam incorrectly “diagnosed” hyperventilation in response to her complaints of stomach and back pain. Lam’s subsequent death from a heart attack was attributed to a 29-minute delay in the initial EMS response. The Lam case resulted in a deluge of local news coverage and led to a 60 Minutes segment in December 1988 featuring both Dr. Clawson and Hurtado describing the underlying flaws in the LAFD’s EMS dispatch process; they also detailed the benefits of a standardized approach to caller interrogation, pre-planned response, and Pre-Arrival Instruction.

Not long after, LA announced it would be the first major urban area in the country to implement MPDS.

Patient saves

While there is no statistical data confirming the number of patient saves using the protocol, plenty of people will attest to its effectiveness as the reason they supported adopting the system at their centers.

Take Jerry Overton, for example. The initial two patient saves from following the Pre-Arrival Instructions (PAIs) are calls the former executive director of the Richmond Ambulance Authority (RAA) can still describe two decades after they happened.

“The first was clearing a baby’s airway, and the second was a birth,” he said. “Maybe today they don’t sound so remarkable but, back then, think how evolutionary this was. It was an incredible experience. We had gone from nothing to this overnight.”

Overton, then the executive director of the Kansas City, Mo., EMS, had been searching for a process incorporating PAIs combined with a system that could prioritize calls to response times when he discovered the Priority Dispatch System™. The protocol’s PAIs reinforced what he’d believed all along about patient care and he was elated to bring the Kansas City communications centers on board.

“Dr. Clawson introduced protocol pre-hospital care much closer to the event. It’s at the scene, which allows us to save more lives.” – Jerry Overton

It was time to move the system farther north.

In 1991, Marie Leroux was asked to participate in the implementation of the MPDS for the EMS of Montreal and Laval, the two largest cities in the province of Quebec. She jumped at the chance because of the good things she had heard about the protocol and the need she saw for such a system through her job as a registered nurse.

In no time, Leroux was sold on protocol’s relevance and the life-saving capability it gave to 9-1-1 dispatchers. Her enthusiasm resulted in an invitation to attend a Navigator conference where she found—much to her surprise—her name listed as the chair of the Medical Council of Standards. She was so honored at the appointment that she couldn’t refuse.

By 1993, the Academy had grown to a registry of 8,000 certified dispatchers, representing 2,400 EMS agencies throughout the United States and Canada. Two years later, Udine became the first city in Italy to formally establish an EMS dispatch center and the registry had nearly doubled to 15,000 certified EMDs. Consultants were visiting countries in both Europe and Asia, introducing protocol’s sophisticated medical interventions in their emergency call centers.

Dr. Clawson’s EMS vision and the MPDS’ effectiveness were capturing the imagination of EMS leadership around the world.

Where they are now

Griffiths is senior partner with KGB Media LLC, a custom publishing, research, and marketing firm specializing in public safety. He also serves as the executive editor of Homeland First Response Magazine. He is on the Advisory Board for the National Center for Early Defibrillation and the National Institute of Urban Search and Rescue, and he has served on the N A E D Board of Trustees. He chairs the Alliance Board.
The mid-1980s was witness to a series of medico-legal bombs going off.

In 1985, a nurse screener employed by the Dallas (Texas) Fire Department was recorded arguing with a man begging for an ambulance for his mother, which was refused. The patient subsequently died. Some called the event “the Hiroshima of medical dispatch” and the event received worldwide media attention.

In 1987, as detailed in the growth segment of this story, the second major legal incident relating to emergency medical dispatch occurred in Los Angeles, Calif. The patient, who called complaining of stomach and back pain, died from cardiac arrest following her third call for assistance. The case was widely publicized, including on the CBS show *60 Minutes*.

The result of these and other botched calls reinforced the importance of the emergency medical dispatch system. Los Angeles Mayor Tom Bradley ordered a complete overhaul of the dispatching process. Centers wary of litigation stemming from the potential of their own “Hiroshima” put more of an emphasis on dispatcher training and certification. The existing emergency medical dispatch community simultaneously pushed for organized standards development and protocol review.

The state of protocol compliance bothered Dr. Clawson to no end.

Various versions of the Academy’s protocol were in hundreds of places, but there was no unified plan to ensure orderly protocol improvement. All each center randomly “improved” the protocol, what began as the same protocol became increasingly different from center to center. Some groups eliminated questions based on the “too many questions” pressure found in many centers. Some added funky pre-arrival instructions. Some asked esoteric questions of the caller that on the surface sounded interesting to a medical novice but when examined in more depth lacked clear dispatch-related objectives. In essence, without order, the protocols mutated.

The Academy took command, creating a formalized structure of committees to oversee the protocol and its related programs of training and certification. Attention to quality assurance held center stage as the Academy developed ways to safeguard its protocol while, at the same, creating a process for an ongoing review evaluation of the tools to meet or exceed EMS standards.

For example:

• In 1986, automation struck the emergency medical dispatch world with the first computerized protocols developed by Medical Priority Consultants for use on a Macintosh computer.

• In 1987, Prentice Hall published the first textbook for emergency medical dispatcher training called *Principles of Emergency Medical Dispatch* (Clawson and Dernocoeur, 1988).

• In 1989, a quality assurance tracking and reporting system was added as an integral part of dispatch function with the release of ProQA®.
• In 1990, the Academy established the College of Fellows, consisting of internationally recognized experts in EMS, EMD, and public safety communications, to be the stewards of protocols.
• In 1993, the Academy released MPDS v10.1, delivered with a memorandum detailing changes in Continuing Dispatch Education (CDE) requirements.
• In 2000, the Academy became “Academies” to incorporate the expansion of protocols into fire and police.
• In 2002, the International Academies of Emergency Dispatch (IAED) was formalized to oversee the system increasingly used all over the world.

Today, the primary controlling groups within NAED and IAED are the College of Fellows and the Executive Council. There are 12 separate boards and councils— the Accreditation Board, Alliance Board, Certification Board, Curriculum Boards (one each for fire, police, and medical), Research Council, Standards Council (also one each for fire, police, and medical), Call Processing, and the Governmental Affairs Board.

Focus on education

Bill Auchterlonie heard a lot of good things about the protocol and the PAl s when he was in the market for a program to train dispatchers in Wichita, Kansas. As fate would have it, he ran into Dr. Clawson at a conference, they exchanged business cards, and Auchterlonie followed up with suggestions for Dr. Clawson’s education program.

“As far as I knew, [Dr. Clawson] hadn’t set up anybody to help teach the program,” Auchterlonie said. “He didn’t have any instructors. So I said, ‘I’ll help you teach. Tell me what I need to do.’”

Auchterlonie was assigned to team teach with Scott Hauert, president of the Utah EMT Association and field supervisor for Gold Cross Ambulance when he joined Medical Priority Consultants in 1988. Like others who came after him, Auchterlonie soon discovered Dr. Clawson’s and Hauert’s intense focus on training and education.

Just ask Susi M arsan.

M arsan met Dr. Clawson and Hauert at her first Navigator conference in 1989. The Academy had grown tremendously and its reputation was rock solid. She was interested in becoming part of the system as an EMD instructor.

“In order to become an instructor back then we literally had to go around the country with designated people— Scott is who I went with—and we had to teach five courses,” M arsan said.

The process was demanding, NAED Academics and Standards Associate Brett Patterson recalled. Even before getting into the classroom, an applicant had to earn Dr. Clawson’s approval.

“Dr. Clawson required a letter of recommendation and he personally conducted the interview,” Patterson said. “If he believed you were motivated and believed in the protocol, he gave you his blessing to continue.”

Auchterlonie returned to Wichita to direct the in-house training program he oversees to this day. A few years later, he and several other instructors, including M arsan, approached Dr. Clawson with their concerns to coordinate the materials and teaching techniques used in the EMD certification and training programs.

“Things didn’t always go as smoothly as some of us had hoped for,” M arsan said. “We were all still fairly new— only having a few years underneath our belt—but we had been doing it enough to know that the direction it was heading was not right.”

The new path charted evolved into the Board of Curriculum, with a job assignment of establishing uniformity in the EMD classroom. M arsan recalls some very long days (18 to 20 hours) filled with anticipation.

“Everyone was actually excited about doing this,” she said. “Yes, it was overwhelming; there was just so much to be done but we took it on as a challenge. We knew it was needing to be done.”

H auert was instrumental in making the Dr. Clawson and instructor connection. Not only was he a master EMD instructor but he also knew the type of person Dr. Clawson wanted in front of the classroom. It didn’t take long for new instructors to recognize the mountain of talent he gave to the industry.

Auchterlonie and M arsan were among H auert’s first trainees, drawn by his charisma and, also, his knack with students. Like Dr. Clawson, he could take complex medical issues and break them down into less complex steps for someone without the same field or educational background.

It is a technique Auchterlonie still employs in his classes.

“Scott believed in what he was doing,” Auchterlonie said.

“Accreditation is more than a plaque to put on a wall. It reminds your personnel that they are dealing with human lives, people in need and distress, and they must try to do their best always.”

– Marc Gay
“He was our captain and all of us had this common bond. We were going to save lives.”

Dave Massengale worked in EMS and dispatch in Sacramento County, Calif., when friend and computer whiz Rich Saalsaa left their agency to join Dr. Clawson in Salt Lake City for a job in software integration and design. The two stayed in contact and Massengale, a trainer at the EMS center, asked about his chances to come on board as an EMD instructor. Saalsaa pointed Massengale in Hauert’s direction.

They spoke and “Hauert goes ‘perfect, you’ve got everything we’re looking for,’” Massengale recalled. “I completed a portion of my training with him and found his style phenomenal. He could bring across the same message no matter the student’s background.”

Focus on accreditation

Marc Gay, who has lived in Montreal, Quebec, Canada, for the past 30+ years has devoted his career to emergency preparedness and pre-hospital medical services through high-level positions, including formerly managing Urgences Sante, one of the largest dispatch centers in the world. An Accredited Center of Excellence (ACE), he believes, is the icing on a center’s cake.

“Accreditation is more than a plaque to put on a wall,” he said. “It reminds your personnel that they are dealing with human lives, people in need and distress, and they must try to do their best, always.”

Gay’s interest in accreditation was piqued while on the road for the Academy, where he listened to people at different centers taking up the benefits of becoming an ACE. He soon found himself chairing the Accreditation Board, producing scoring standards, developing the process of call reviewing, and laying the groundwork for effective quality assurance evaluations.

Everything went back to Dr. Clawson to make it official.

“We would report to Dr. Clawson and make sure that everything we were doing was in sync with his philosophy and the ground rules,” Gay said.

There were many challenges involved during his tenure as Accreditation Board chair, recalled Gay, particularly for the larger services pounding on the ACE door.

Take, for example, the London Ambulance Service (LAS)/National Health Service (NHS) Trust. Covering a geographic area of only 620 square miles but with a resident and commuter population of more than eight million people, the LAS is considered the world’s largest and busiest ambulance service. The center’s accreditation in 2002 required the training of 300 EMDs, implementing a SEND protocol for 26,000 police officers, and creating a continuing dispatch education package.

Not least among that was coordinating the LAS team of quality assurance advisers, including the LAS Medical Director Fionna Moore, Project Manager Chris Hartley-Sharpe, and Clinical Advisor Andy Heward. Fortunately, for Gay, they comprised a very competent act to synchronize.

Research and quality assurance

Heward’s penchant for EMS was ignited the day he decided to change careers. The then electrical engineer wanted more people-oriented work, with a leaning toward a fast-paced and not always predictable day-to-day career.

EMS was the perfect solution, and he jumped at an offer to train as a paramedic with the LAS/NHS Trust.

Heward’s EMS career soon shifted from paramedic to clinical oversight of quality assurance. The MPDS was new to LAS and Heward’s technical background and field experience made him the ideal candidate for the challenges the new position offered.

“We first looked at the responses we gave to the different MPDS determinants,” Heward said. “It was a case of trying to fit it more closely to London’s services. We had a determinant code, what response we actually needed, so we were looking at it to better manage our responses.”

Heward’s research and findings sparked interest far from home. When the Academy put out a call for abstracts, Heward submitted his, not really anticipating a presentation slot in the Navigator international research forum. The Academy, however, impressed with his work, added him to the list. Dr. Clawson was among his attendees.

Heward returned to LAS and began conducting more research on a scale larger than he had ever imagined, using data provided by one of the world’s largest ambulance services. He was asked to be part of the medical Council of Standards’ Readers Group and the College of Fellows. The opportunities to continue his research and contribute the findings made a perfect match.

“I was able to look at it from my background as a paramedic, find the disconnect, how we could fix it and, then, build the evi-
Andy Heward's work has contributed to MPDS updates, and he was a member of the subcommittee investigating proposed changes to the compression-first CPR. His research was instrumental in revisions to Case Entry and protocols 6 and 26 in v12 and he's co-authored academic papers with Dr. Clawson, Patterson, Chris Oloola, and Greg Scott.

Changes to protocol are based on what Patterson calls the collective ability of dispatchers who use the protocols daily. Within the College of Fellows, the three Standards Councils regularly review the questions and proposals for change that dispatchers submit and combines that with the research NAED staff conducts to keep the protocols current with all national and international standards relevant to Dispatch Life Support (DLS).

“We go through an interesting, but sometimes misunderstood, process that incorporates clinical field and dispatch research, expert consensus, and user input to create a medical dispatch standard of care that is recognized worldwide,” Patterson said. “While clinical research, interpreted by special Academy councils that are made up of experts in fields such as resuscitation, extrication, patient transfer, and obstetrics, drives most of the purely clinical standards, in terms of volume, suggestions from users provide the majority of functional changes.”

Patterson was working with the Sunstar Communications Center in Pinellas County (Fla.) in 1987 when he took the EMD course taught by Dr. Clawson. The material was so impressive that he wasted little time in contacting the Academy.

“Dr. Clawson’s nonvisual application of medical protocol was a most intriguing innovation,” he said. “I was determined to learn more about it.”

Patterson couldn’t get enough of EMD protocol and he admired Dr. Clawson for his dedication to patient safety and EMS system efficiency. Patterson found the academics and standard-setting aspects of EMD appealing and he even conducted his own quality assurance studies at Sunstar. His time spent in research, training, and quality assurance led to a full-time position with the Academy in 1997. His extensive travel keeps him in contact with EMDs around the world, all sharing the same logic as his when it comes to the MPDS.

“They believe that treating the patient in the pre-arrival phase positively impacts the patient’s outcome while calming hysterical callers,” Patterson said. “It only makes sense. The MPDS is truly a worldwide protocol.”

Or, to paraphrase the motto of the National Emergency Number Association: “One world, one number, one protocol.”

Where they are now
Auchterlonie has been instrumental in recruiting instructors and teaching classes around the world. His initial interest in train-
“Dr. Clawson’s nonvisual application of medical protocol was a most intriguing innovation. I was determined to learn more about it.”

- Brett Patterson

ing has led to a lifelong involvement with the Academy. “I’m contributing to saving lives in communities by teaching their dispatchers EM D,” Auchterlonie said.

Auchterlonie has served on the College of Fellows for nearly 20 years.

Marsan has participated with the development of the fire protocol and served as the fire Curriculum Council chair. She is the ETC Curriculum Council chair and administers the second chance certification and recertification exams. She serves on the College of Fellows.

“I know that it truly makes a difference and helps to save lives,” Marsan said.

Through the years Massengale has taken on his share of challenges, which only goes to strengthen his belief in the system.

“It’s mind boggling,” he said. “You think ‘OK, the number of classes I’ve taught in 20 years times the number of students times the number of calls they take.’ The potential impact adds up to millions and millions of people.”

He was appointed to the College of Fellows in 1993.

Hauert was one of the founders of NAED, and was instrumental in developing the accreditation process, and in guiding the Albuquerque Fire Department in becoming the first ACE ([see accompanying story]). He trained NAED’s instructors in both the United States and Canada. Hauert died tragically in 2004. The third Edition of “Principles” is dedicated in his honor.

Gay is still involved with the resuscitation aspect of the medical protocol and is part of an American Heart Association (AHA) group authoring a paper looking at the current availability of dispatcher-assisted CPR instructions in the U.S. and Canada. He also acted as an advocate of the protocol as the Academy’s president from 2003-2005 and today he’s chair of the College of Fellows. Gay was chairman of a special Pre-Arrival Instruction (PAI) Committee, which included work on the PAI to the 2000 resuscitation guidelines released by the AHA International Liaison Committee on Resuscitation (ILCOR) for victims of cardiac arrest. Their work produced international standards and guidelines for CPR and a new set of instructions for cardiac arrest (of cardiac origin) for the protocol.

“I have all the respect for Dr. Clawson for what he’s doing and his simplicity in talking with people, approaching people, discussing with people, and listening to people,” Gay said.

Heward is the distribution manager for LAS/NHS Trust and continues to conduct research for the Academy. Heward acknowledges the influence the MPDS has made at LAS. The standardized approach provides sound medical calltaking within a structure of quality management and risk management.

“It’s on such a big scale the number of people that you impact,” he said.

Heward serves on both the College of Fellows and Council of Standards.

Ten years after his introduction to protocol, Patterson left Sunstar to join NAED full time. His role as the Academics and Standards Associate involves him in protocol research, standards, and evolution. He also serves an instructor trainer and QI consultant. Patterson is member of the NAED College of Fellows and Standards Council, and he chairs the Research Council.

“I’ve had a strong passion about protocol from day one,” he said. “To be involved in their evolution has been very rewarding.”

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**Rock On**

The introduction of the police, fire, and medical protocols throughout the years gives reason to celebrate. Since the first medical protocol release in 1979, these valuable instructions have provided the help the public needs in times of crisis.

During the past 30 years, the number of public safety agencies using the protocols has grown to more than 3,000 centers throughout 23 countries worldwide. The Academy has more than 55,000 members, with the international branch, the IAED, overseeing the use of protocol in countries spanning the globe, including the U.K., Ireland, Germany, Italy, Austria, Azerbaijan, Switzerland, Dubai, New Zealand, and Australia. In July 2007, the IAED opened an office in Bristol, England, to serve the communications centers and trusts using the MPDS according to the National Enterprise Maintenance Agreement (NEM A) between the National Health Service (NHS) and the Academy.

The medical protocol has undergone 18 revisions to reflect advances in medicine, such as the addition of compressions-first cardiopulmonary resuscitation (CPR), and it shares the stage with police and fire protocols.

The Academy’s growth during the years only emphasizes the reason Dr. Clawson created the protocol-based system and why so many people were willing to devote their expertise to its continued development. “What started as an idea in Salt Lake City (Utah) has withstood the test of time,” Dr. Clawson said. “It is my goal that the science of EM D, through the efforts of the Academy and its membership, remains at the cutting-edge of effective and efficient pre-hospital patient care.”

What started as a revolutionary way of recognizing the importance of dispatch—and the value of pre-hospital care—by a fire surgeon in Utah has changed the world of emergency response. We look forward to telling you more of the story in subsequent issues describing medical direction in EMS and the development of police and fire protocols. The revolution marches on!
Becoming an Accredited Center of Excellence, or ACE, is a process not taken on lightly. The recognition is a feather in the cap of any communications center—the Oscar of achieving high performance standards in emergency dispatch operations.

But don’t take our word about the ACE distinction. Just ask Lt. Pat Chavez, quality assurance director and EMD trainer for the Albuquerque Fire Department Communications Center in New Mexico.

“This is something great you get to hang your hat on,” he said, and in the case of Albuquerque, the must-keep prestige that comes with the singular honor of being No. 1.

The Albuquerque Fire Department Communications Center was the first in the world to achieve ACE status. The honor was bestowed 16 years ago, on Feb. 19, 1993, just one year after the National Academies of Emergency Dispatch® (NAED) organized the quality assurance program to recognize centers of the highest caliber.

Chavez, a paramedic at the time, represented field responders on the discussion group that helped make achieving ACE recognition happen. He thought the medical protocol was “a great idea” from the start and being new in the field, the Medical Priority Dispatch System® (MPDS) has turned out to be the only system he has ever used. Becoming an ACE was a natural in their line of EMS communications progression.

Sixteen years later, the pride of their achievement still stands, said Chavez, now in from the field working for the past five years at the communications center.

“This is what we represent, this is what we have to show around the world,” he said. “Everywhere we go, Albuquerque is recognized for being the first.”

A goal achieved

Let’s be honest, taking the No. 1 spot was important. Public service accountability is the standard behind every ACE and that was a priority Albuquerque would achieve no matter what spot the center took. But there was also a tremendous drive to reach the finish line first. The ribbon was there and they wanted to be the ones to break it.

“We wanted this and it was truly something big when it happened,” Chavez said. “A tremendous amount of work went into this. We felt great knowing what we had done.”

The core team had spent nearly a year satisfying the 20 Points of Accreditation, and once receiving the award in a presentation held at the center, it was a quick step back to relish the accomplishment. Every dispatcher was trained and EMD certified, an EMD continuing education program was in place, and quality assurance was a given because of the rules of maintaining accreditation.

Drastic changes had been made. There was no going back.

“We could not ever fall short of the standards we promised to keep,” Chavez said. “We recognized early on that this was something good for the community, something we could take into the community to show how things are done.”

Moving ahead

The center has never wavered in its promise to the community, and last year it added a second feather to its hat. Albuquerque communications is now a dually certified medical and fire ACE and remains one of the few Uniformed Public Service centers in the United States. They’ve added an in-house program for EMD certification, which Chavez heads, and plans call for adding an in-house program for EFD instruction, as well.

Chavez has seen the perception of protocol evolve during the 20 years protocol has been a central part of Albuquerque’s operations and he credits that to the disciplined field training and experience the job requires.

“This is something great you get to hang your hat on.”
- Lt. Pat Chavez

Top of the List. Becoming the first was important for Albuquerque

The Best Stay That Way Mike Calindro, left, and Paul Gonzales were part of the group accepting the first ever in the world ACE recognition 16 years ago.
"We get to see the other side of the picture," he said. "It's hard to understand the process and explain it to others until you sit at a console and take your first call."

There's also the perception being an ACE creates on the administrative level, Chavez said. The use of protocols and accreditation justifies their means; the public is getting a 9-1-1 system it knows can save lives.

Double ACE

Collecting the data to achieve a second ACE was tough for Albuquerque, though Chavez said knowing the ropes certainly helped the process. The 20 Points of Accreditation still took a big push to complete and the review phase kept them on pins and needles while awaiting "the final word." The ability to recertify, however, has become somewhat easier thanks to technology. Everyday access to the Internet and the NAED Web site provides instant communication and, among other benefits, entry to online quality assurance tracking programs.

The system allows each ACE to report compliance scores for Case Entry, Key Questions, Pre-Arrival Instructions (PAIs), Post-Dispatch Instructions (PDIs), Chief Complaint, and the final coding accuracy. The scores along with the month-by-month averages are displayed in a grid, which keeps the Academy posted on a center's progress.

Centers displaying scores below required ACE standards are put on temporary notice and the Academy works with a center's quality assurance team to develop a compliance plan.

"We've seen very few problems when it comes time for the centers to recertify," said NAED Associate Director Carlynn Page. "The information is kept up-to-date and if there has been a problem, you can tell by the scores the effectiveness of the plan put into place."

The Web-based communications offer also assists first-time applicants, centers seeking to recertify every three years, and centers interested in recertifying after a lag period. The NAED Web site provides information on how to get the process started and accessories to maintain ACE status. These tools include an online case review calculator for figuring the numbers of calls a center must review to stay in compliance and a download of the 20 Points a center must fulfill to become an ACE.

"People tell us all the time how much the improvements have made," Page said. "They're able to stay on top of things."

Albuquerque Fire Department Communications Center

The center serves a population of about 800,000 spread over 182 square miles. Of the average 592 calls received daily, 218 require dispatch. The 36 EMDs provide call-taking and dispatching to 23 engine companies, six ladder trucks, 18 transport capable rescue transports, two hazardous materials units, and one heavy technical rescue crew.
World Cup 2006 and protocol was there

British football (soccer here in the United States) fans were “gutted, distraught, and close to tears,” as one blogger put it when England went out of the World Cup 2006 3-1 on penalties after its quarter-final with Portugal ended 0-0. The feelings rivaled those expressed only six days earlier when England won its match against Paraguay, though the close game was “Japan 2002 all over again,” as another U.K. blogger lamented. “Real contenders for the first half; dead on their feet for the second.”

Football games bring out the best—and the worst—in fans and, as statistics show, a dramatic increase in the number of calls to emergency communications centers. According to a recent study published in the Journal of Emergency Medicine, when England was involved in the 2006 World Cup games, the Hampshire Ambulance Service received some of its highest call volumes on record, with the Saturday of the England vs. Paraguay match being the busiest day during the past six months. On that day, June 10, 2006, the Hampshire Division of South Central Ambulance Service, Winchester, U.K., received 734 emergency calls to the control room, more than 50 percent higher than that on a typical Saturday (Emerg Med J 2007;24:405–407).

The unusually high number prompted Dr. Charles D. Deakin and three other investigators to determine the effect of international football matches on ambulance workload and call profile. This is where the National Academies of Emergency Dispatch® (NAED) comes into play. The tool used in conducting the research was none other than the Medical Priority Dispatch System® (MPDS). They used the patient condition data dispatchers gathered and analyzed the call volume from the weekend of the match between England and Paraguay on an hourly basis.

So, what did they learn? The following summarizes their findings:
- A peak in calls was seen in the morning before kick-off
- Calls decreased to average levels during the game
- Calls increased significantly once the game had finished
- The types of calls received correlated to the 10 most common classifications with call profiles expected on an average Saturday, but with dramatic increases:
  - Falls—18.5 percent increase
  - Assaults—138 percent increase
  - Breathing problems—9.6 percent increase
  - Chest pain—15.4 percent increase
  - Unconsciousness—33.5 percent increase
  - Collapse—44.4 percent increase
  - Road traffic accidents—118 percent increase
  - Traumatic injury—31.2 percent increase
- There were fewer calls than expected for sick person and overdose.

The authors concluded future planning for these events must not underestimate the significant rise in ambulance demand from this and similar events.

That’s unless, of course, fans decide to stay away from arenas on the days of big sporting events mindful of the increased chance of hazard involved.

Tokyo job centers extend unemployment advice to dispatchers

Dispatch workers in Tokyo are not immune to the city’s deteriorating employment situation. In December 2008, the Tokyo metropolitan government’s Hello Work job placement centers started offering advice on housing and low-interest loans to dispatchers whose contracts have or will be terminated.

The government’s help, however, didn’t stop there. Hello Work centers also offered accommodation in public housing units managed by the Employment Development Association. According to the December report, there are 13,000 vacant rooms across the country available to those who have found or will soon find themselves homeless after losing their jobs. A survey showed that more than one-third of Japanese companies have laid off workers or taken other steps to reduce labor costs over three months.
(October, November, and December 2008) to cope with the worldwide economic crisis; more than 3.2 million workers outsourced through temporary staffing companies were among the first victims of cost cuts.

Talk show stimulates 9-1-1 discussions

A story about 9-1-1 dispatchers that aired on the Dr. Phil show in December 2008 didn’t do much to improve the image of emergency services, and it failed to provide the educational insight an invited guest thought was intended when the show was taped.

On the bright side, the show did stimulate discussion about what needs to be done to improve the 9-1-1 system.

The hour-long show, which aired Dec. 12, 2008, highlighted botched calls to 9-1-1 that, if done differently, might have resulted in saving the lives of two women: a murder-suicide in a police station parking lot and the home abduction and murder of a young mother in Florida.

In a letter to Dr. Phil delivered after the show was taped, guest Charles Cullen, president of the California affiliate of the National Emergency Number Association (C A L N E N A), chastises the program’s host for the sensationalist tenor of the show as well as the “somewhat deceptive practices” used to elicit his participation. Cullen knew they would be talking about the two incidents, but he was disappointed at the manner in which the show seemed to depict the 9-1-1 system and the telecommunications involved.

“It was irresponsible, almost an indictment of the profession,” wrote Cullen in his letter to Dr. Phil. “I was asked to appear on the show as a subject matter expert but never had the opportunity to say what the profession is about. These are not jobs involving blinking lights and light typing. This is a profession demanding a specialized skill set and training.”

Cullen received numerous e-mails from dispatchers “around the country,” also concerned about the image the viewing public may have come away with after watching the broadcast.

“Many felt it was a hit piece of their profession,” he wrote. “Yes, there are mistakes made but 99.9 percent of the time the job done is outstanding.”

Nathan Lee, also a guest on the show, had hoped to say more about the Denise Amber Lee Foundation, which was established two months after the abduction and murder of his wife from their suburban home on the west coast of Florida. Instead, Dr. Phil gave him advice on how to tell the couple’s two young children about her tragic death, while Lee was waiting for the opportunity to explain the purpose and goals of the new foundation.

The foundation, Lee later said, is not an indictment of the profession as some viewers may have deduced from discussions accompanying tapes of the calls and film footage of the incidents. Like Cullen, Lee was actually more interested in talking about a system lacking uniformity and what could be done to make the process more accountable to the public relying on the power of 9-1-1 at times of crisis.

Those adding comments about the program on the Dr. Phil chatline provided thoughts in line with the message Lee wanted to get across. “Better pay for, and
training of, 9-1-1 responders, and informing folks about correct procedures would help,” was a consistent message posted.

A message Jeff Koberinski posted on the Denise Amber Lee Foundation site supported the use of standardized protocol. “Systems like the Priority Dispatch® Emergency Police Dispatch as well as others are rectifying this problem all over the place. […] I believe in the system so much after 16 years of dispatching/call-taking that I became involved with them. This is an ongoing protocol that isn’t just a teach and walk away system. There are Quality Assurance programs in place to rate calltakers and the system as a whole is looked at on an ongoing basis.” Koberinski is the communications supervisor at Lethbridge in Alberta, Canada.

A correction subsequently posted to Dr. Phil’s Web site acknowledged the training some states offer to dispatchers. The correction concluded with the conciliatory note: “We would like to acknowledge all the hard work 9-1-1 dispatchers do on a daily basis.”

NAED part of the solution in recovering missing children

The National Academies of Emergency Dispatch® (NAED) became part of the solution for securing the safety of missing and exploited children in the aftermath of the tragic abduction and murder of 6-year-old Adam Walsh.

The NAED was a member of a National Center for Missing and Exploited Children (NCMEC) Joint Steering Committee on Call Center Best Practices in Cases of Missing and Sexually Exploited Children. The committee’s recommendations resulted in a set of guidelines for dispatchers to use when handling calls concerning missing or sexually exploited children. The guidelines lead dispatchers through a series of questions to define the resources necessary for identifying the problem (is this an abduction) and getting help to the child endangered.

The National Emergency Number Association (NENA), the Association of Public-Safety Communications Officials (APCO), and the National Amherst Alert program were also association members of the committee.

As was all over the news in December 2008, 27 years after Adam disappeared from a shopping mall, police in Hollywood, Fla., closed the investigation into his abduction and murder with the identification of the killer.

Ottis Toole, a convicted pedophile who died while in prison in 1996, was posthumously named on Dec. 16, 2008, as the person responsible for a crime that launched a national campaign for missing children, including the TV show America’s Most Wanted, hosted by Adam’s father, John Walsh.

On the day the police made the announcement, John and Revé Walsh published a letter on the America’s Most Wanted Web site that stated, in part:

Although Adam’s killer never served one day in prison for destroying our son’s life and almost ruining ours, nor will he ever because he died in prison serving time for an unrelated murder, we are satisfied that the main suspect in Adam’s murder—Ottis Toole—has now been positively identified and that this chapter in our lives is now closed.

Toole twice confessed to killing Adam Walsh and twice recanted the story; his conviction in Adam’s death is based on a confession made to his niece. Toole died of liver failure at age 49 on Sept. 15, 1996, while serving a life sentence for murder.

The Walsh’s grief turned into a cause for child advocacy and the couple was instrumental in the passage of the federal Missing Children’s Assistance Act of 1984, which established NCMEC. The center, based in Alexandria, Va., is a private, nonprofit organization providing services nationwide for families and professionals in the prevention of abducted, endangered, and sexually exploited children.

NCMEC’s figures show that non-family members abduct 58,000 children each year primarily for sexual purposes; and approximately 115 of the total are victims of the most serious abductions and are either murdered, ransomed, or taken with the intent to keep. Children are also at the greatest risk of sexual victimization: 1 in 5 girls and 1 in 10 boys will be sexually victimized before the age of 18, yet only 1 in 3 tell anyone about it.

Beeper's thrive in field of response

Beeper and doctors were once so hand-in-hand stereotypic that the Bill Murray comedy Caddyshack featured the character Dr. Beeper, which is credited as actor Dan Resin’s most memorable role during a career that spans television, Broadway, and the big screen.

The film released in 1980, however, was also the beginning of a slow decline of the beeper’s popularity among many subscrib-
ers making the switch to cell phones and wireless devices such as the BlackBerry over the next two decades.

Although the beeper market has softened, there are still tasks for which a beeper is king, according to a story in the June 9, 2008, edition of the American Medical (Association) News.

Any guesses regarding which group stands by the beeping black plastic box that flashes numeric and alphanumeric messages to the recipient?

It's the emergency responder, according to a Motorola paging executive featured in the story. In large-scale emergencies like Hurricane Katrina and the 2007 Virginia Tech campus shootings, cell phone networks melted under the strain of callers, while paging systems continued to work.

In addition, the article credits beepers with the ability to reach large numbers of responders in a big emergency with lots of injuries. The same message can be distributed to all of the responders who can then converge on the disaster.

In case you're interested, the use of a beeper, or pager, started its decline in usage following the introduction of cellular phone services in the early 1980s. Recent figures show about 255 million cell phone subscriptions and about 6 million subscriptions for beepers.

25 years of dispatching for the community, her coworkers didn't want her to go.

In fact, you could say on that November day she went out with a swipe. Or at least she tried to.

“She was always talking about 'I can't wait until I swipe my card through the time clock thing for the last time,'” recalled Joe Sastre, Groton communications director.

Frank Socha, another dispatcher, started thinking about ways to keep M. LaLaughlin from clocking out on her last day. He approached Sastre to find out if something could be done.

Sastre said a solution was found at the city's payroll department—change M. LaLaughlin's I.D. number so when she made the final swipe the card didn't register with the time clock. The gathering of 15 or so people, some ready to photograph her life-altering moment, watched as a surprise unfolded.

“She swipes her card and the thing just goes beep and a little red light comes on,” Sastre said. “She swipes it again and beep the little red light goes on. After the third swipe, all of the sudden you could see it in her face. It dawned on her.”

While it wasn't Sastre's idea to tamper with the time clock, he had a good time getting a rise from M. LaLaughlin.

“It just didn't recognize her anymore,” he said. “‘Sorry Dot, you can't go home. You can't clock out. S-o-r-r-y!’”

The crew on hand tried their hardest to prevent her from leaving, but while M. LaLaughlin was touched, she didn't change her mind.

“They wanted me to stay,” she said. “I thought that was very nice.”

When M. LaLaughlin began her career in dispatch she started as a police dispatcher. While it wasn't Sastre's idea to tamper with the time clock, he had a good time getting a rise from M. LaLaughlin.

Seventeen years later, the two dispatch centers in town—the police department and Groton Fire Alarm, a 9-1-1 PSA—combined to make one regional communications center with the employees from both centers cross-training each other.

“A actually the day we were supposed to move in there was Sept. 11, the day of 9/11, and they had to postpone it because of what had happened,” she said.

What was marked with a rocky beginning only improved with age beginning with M. LaLaughlin delivering a baby over the phone while training on the EMS/fire side of dispatch.

“I think the last eight years have been pretty good since we did the merger, once we settled in and got by the learning curve,” she said. “I just think the last eight years and all the friends that I've made with all the other dispatchers has been very good.”

Memories were made on M. LaLaughlin’s last day.

“We had a good time and like I said everybody loved Dot,” Sastre said. “She is just a nice lady—a real class act.”

Maine charging ahead with MPDS

It’s not often you hear ‘ahead of schedule’ in connection with a public agency. Funding shortages, last minute design modifications, personnel shortages, busy schedules, and the challenge of finding agreement among the various bureaucratic layers have a habit of turning estimated times into distant dreams.

Not so in Maine, where the Emergency Services Communications Bureau (ESCB) is at least one year ahead in its statewide implementation of the Medical Priority Dispatch System® (MPDS). Once ESCB selected the medical protocol by a competitive RFP process for use in the state's 26 primary Public Safety Answering Points (PSAPs) and 12 secondary centers, ESCB wasted little time training and certifying the state's estimated 250 dispatchers in the transition from other EMD protocols.
ESC B Operations Manager Stephan Bunker credits the fast work to center acceptance and planning. Two-thirds of centers had been using the MPDS, and even those that weren’t agreed that a single system used statewide made sense.

“T here was very little resistance,” he said. “The time had come to move from multiple options for such a critical service. Every other element of Maine’s emergency medical network operated under uniform protocols, EMD should do no less.”

Bunker admits the hard part was the extensive training required. But, as luck would have it, the plan that eventually came forward is a major reason for beating the original deadlines. Given the state’s large geography, the ESCB scheduled the EMD courses on a regional level, and the classes were held two to three times each month at the different locations during the transition.

The planning success was a breeze compared to the selection phase, Bunker said. That part took more than a year because of detailed procedural steps in the bidding process. The ESCB reviewed five systems and listened to multiple presentations.

“We mean no disrespect to the others we looked at,” he said. “They were all good. It came down to MPDS standing out in depth and medical context.”

Now past the selection and contract award, the ESCB is going full speed ahead with project. Steps next in the line-up include bringing EM D-Q to the centers, followed by training in the use of AQUA® software. Right on the heels, on a voluntary basis, is the installation of ProQA® in centers choosing to automate the MPDS cardset.

Eventually, Bunker expects statewide adoption of the Emergency Telecommunications Course (ETC) or, as he likes to call it, the dispatch boot camp program. He also anticipates offering ETC instructor training in state, pending certification to do so.

The ESCB credits its early success to a close working relationship with its sister bureau at Maine EMS Office, which is the licensing authority for all EMS field responders and now all EMDs and their centers.

Bunker’s lifetime of public service includes military service, police, EMT work, firefighting and dispatching at a rural county center. In those early days, the dispatch center consisted of a black rotary phone with two lines, and a low-band radio with two channels, a far cry from the technology of today’s centers. He was the first employee of the state’s ESCB when it was organized in 1995 and was counting the days to retirement until statewide adoption of the MPDS came along.

“We had met most of the pressing issues involving Enhanced 9-1-1 implementation in Maine and things were looking liked they had reached a plateau,” he said. “The selection of MPDS rejuvenated me. This is a benchmark that makes me eager to go to work every day.”

Hospital dispatch system sets example for others to follow

Chris Kummer and his staff were only doing their jobs the day the I-35 bridge collapsed into the Mississippi River more than 1 1/2 years ago, but the response they provided has made their center a benchmark in emergency communications.

Kummer manages communications for Hennepin Emergency Medical Services in Minneapolis, Minn. This includes the Hennepin EMS Communications Center and the West Medical Resource Control Center (WMRCC) based at the Hennepin County Medical Center (HCMC). The communications center helped coordinate emergency medical services for the Aug. 1, 2007, disaster, which killed 13 people and injured 145 others. A total of 29 ambulances from ambulance services responded to the scene.

As the closest Level 1 trauma center, HCMC received most of the critical victims, treating 25 patients that night for injuries relating to the rush hour collapse, mostly blunt force trauma.

The hospital’s and communications center’s response has garnered the President’s Award from the National Association of Public Hospitals and Health Systems (NAPH).

The President’s Award is not presented on an annual basis. Prior to 2008 it had last been presented six years previous, in 2002, when the NAPH honored the New York City Health and Hospitals Corporation for its service following the Sept. 11, 2001, attack on the World Trade Center.

The Hennepin EMS Communications Center is a secondary Public Safety Answering Point that provides dispatching services to Hennepin EMS paramedics, Pre-Arrival Instructions for several primary PSAPs, and resource coordination for the Hennepin County EMS System, the region, and the state. The 15 Emergency Medical Dispatchers (EMDs) handle more than 50,000 calls each year from a service area covering 266 square miles.

All dispatchers are certified as EMDs from the National Academies of Emergency Dispatch® (NAED). They are also Emergency Medical Technician or Paramedic certified.

“The staff are highly trained in deployment and resource management of emergency medical services assets,” Kummer said. “They are the first, first responders for every incident they handle. The bridge collapse response was successful due to the hard work and dedication of this staff.”

Award-Winning Communications Response to bridge collapse garners recognition for the Hennepin Communications Center.
Meaning Behind Message. Context is everything when determining Chief Complaint

By Greg Scott

Suppose you are at home when you’re called to a neighbor’s house to assist with a medical emergency. Your neighbor knows you are an EMD and may be able to provide some expert assistance. You walk inside the front door and discover a nearly unconscious man whom you recognize—Mr. Jones, we’ll call him—and he is in his late sixties. He is lying at the foot of a ladder in a laundry room with a pair of electrical pliers lying next to him. As your gaze moves to the top of the ladder, you see several wires protruding from a circuit breaker box high on the wall. There are lights and appliances on in the room, which leads you to believe that the electricity was never turned off. He appears to be breathing effectively, shallow but regularly, but he isn’t alert and is unable to communicate verbally. His ankle is turned outward at an unusually abrupt angle.

As you caution Mrs. Jones not to move him, you prepare to call 9-1-1 to request an ambulance. Do you know what happened to Mr. Jones? How would you—a trained EMD—describe the situation to the 9-1-1 calltaker? If you were that calltaker, how would you manage this case?

Let’s add a little more detail to the situation. Suppose Mrs. Jones tells you that Mr. Jones is an insulin dependent diabetic who was acting strangely as he was getting ready to work on the electrical wiring in the house. Would that change your perception of the situation? Or now, suppose that you are told Mr. Jones has a stroke history, and Mrs. Jones witnessed him having slurred speech and facial drooping on his left side as he was stepping down the ladder to get another tool. Finally, let’s change things once again—imagine Mrs. Jones told you that while Mr. Jones was standing on the ladder, he began complaining of pain in the center of his chest, grew extremely weak and nauseated, and then fell about three feet, catching his foot on one of the steps of the ladder just before he hit the floor.

As you’ve likely realized, each of these scenarios, though variations of a single observable scene, could lead you to a different Chief Complaint with specific questions, coding, prioritization, response, and caller instructions that are most relevant to the situation. These examples illustrate the critical value of a fundamental aspect of a medical emergency—one that you as an EMD must always consider: context. The primary step in determining context for the 9-1-1 calltaker is the complaint description question, “Okay, tell me exactly what happened.” After the verification of address, this is the most important question in the entire protocol.

The American Heritage Dictionary of the English Language lists two definitions of the word “context”:

1. The part of a text or statement that surrounds a particular word or passage and determines its meaning.
2. The circumstances in which an event occurs; a setting.

Webster’s Dictionary defines “context” as:

“The whole situation, the background or the environment relevant to a particular event.”

Each definition is useful for understanding the complaint description question, “Okay, tell me exactly what happened.” As our dictionaries tell us, the context determines the meaning of the information. That meaning determines the true nature of the problem and how we manage the situation as EMDs.

In short, the context is the “how” of the protocol, while the Chief Complaint is the “what.” To get to the “what,” you have to know the “how” first.

A caller may initially describe a symptom, a set of symptoms, a medical condition, a medical history, an injury, or how an injury occurred, among other things. It is up to the EMD to sort out the most important information and make sure that information is complete enough to choose the correct Chief Complaint Protocol. Determining the context leads us to the correct Chief Complaint.
Let’s look at a few more examples.

A caller dials 9-1-1 and says his roommate has severe back pain and needs an ambulance. Do you, the EMD, have enough contextual information to determine the correct Chief Complaint Protocol?

Back pain is a common symptom with a number of possible causes. Those causes can be relatively benign, relatively serious, or very serious, depending on the circumstances. Say the caller’s friend was passing a kidney stone and the caller was able to give you a good description of the event. Clearly, this would warrant using the Back Pain (N on-T raumatic or N on-R ecent Trauma) Protocol in assessing the patient. However, had the friend been recently assaulted and his back pain was from a blow he received during the assault, then we would want to use the Assault/Sexual Assault Protocol from our Chief Complaint Selection Rules (see Case Entry Additional Information). Of course, the caller may not readily volunteer all of this information upon the initial question (“Okay, tell me exactly what happened”). This is where a clarification or enhancement of the original question is so important. Clarifying the initial statement is the best way to confirm which Chief Complaint Protocol to use once you leave Case Entry.

While there may not be one universal clarification statement that satisfies all events all the time, there are some—when used in the right circumstances—that almost always get the job done. Often, simply repeating the question in the same or similar manner with a little more emphasis will get the caller to focus and give you the details you’re looking for. Consider this example from an actual case:

**EMD:** Okay, tell me exactly what happened.

**Caller:** My wife’s having some heart problems.

**EMD:** This is very important; tell me exactly what’s happening.

**Caller:** Well she’s had chest pain with some trouble breathing for about an hour.

In this case, the specific symptoms the caller provides are more accurate than the generic complaint of heart problems. In other words, those specifics add context and definition to an otherwise vague condition.

Some callers want to give long, descriptive medical histories that are important for the paramedics and the doctor but may add little meaning to the immediate concern of prioritizing and managing the case for the EMD. As you’ve noticed, the Medical Priority Dispatch System® (MPDS) v12 has shortened the complaint description question from the previous (v11.3) language of “What’s the problem, tell me exactly what happened?” The new, shortened version of the complaint description question will give both the caller and the EMD an opportunity to stay focused on the most immediate, pressing signs, symptoms, and causes. Consider the following:

**EMD:** Okay, tell me exactly what happened.

**Caller:** He’s had emphysema for a number of years, and he’s on oxygen for it. He’s also been diagnosed with heart failure and Alzheimer’s disease. And he’s just not normal today.

How would you best clarify the complaint description question? Let’s continue with our example:

**EMD:** What’s different that made you call for help right now?

**Caller:** He has slurred speech, and he can’t move one side of his body.

This last caller statement suggests the Stroke (CVA) Protocol is the best choice the EMD can make.

Note that in the examples, the clarification was done in a non-leading way. Imagine if a leading question was asked in the above case, such as, “So it sounds like he has some heart problems today, right?” It is also leading (and, therefore, not good EMD practice) to give the caller a list of symptoms from which to choose. Imagine again if the EMD had changed his clarification statement in the above example to, “So does he have breathing problems, chest pain, heart problems, dizziness, nausea, or weakness?” This may have led to an incorrect interpretation of the caller’s statement.

As we saw with our back pain example, “Okay, tell me exactly what happened” is also very useful in prompting the caller to provide information about safety hazards—another critical aspect of the case context. Other cases involving safety hazards include stabbings, shootings, traffic accidents, animal attacks, burns, drowning, electric shocks, entrapments, overdoses, psychiatric, and hazardous materials releases. For each of these situations, we are compelled to choose a Chief Complaint that addresses scene safety first.

The next time you find yourself wondering if you selected the right Chief Complaint on a recent case, start by asking yourself, “Did I have a good understanding of the context?” If you’re not sure, then you will want to practice your technique using the (non-leading) clarification statements mentioned here or another clarification that works just as well. As you develop this skill, your confidence and compliance will almost certainly improve.

Source

The American Heritage® Dictionary of the English Language, Fourth Edition
Copyright ©2006 by Houghton Mifflin Company. All rights reserved.
http://dictionary.reference.com/cite.html?qh=context&ia=ahd4
Answers to the CDE quiz are found in the article “Meaning Behind Message,” which starts on page 45.

1. Why is context important in the relay of emergency information?
   a. Context determines the caller’s frame of mind and, subsequently, the tone of voice we should use to solicit the information.
   b. Context determines the meaning of information and how we manage the situation as EMDs.
   c. Context provides a timeframe of activities.
   d. Context is a way of verifying Case Entry Questions but has nothing to do with evaluating the situation at hand.

2. After the verification of address, what is the most important question in the entire protocol?
   a. Is there any serious bleeding?
   b. Is s/he completely awake?
   c. Okay, tell me exactly what happened.
   d. When did this start?

3. Fill in the blanks: The context is the _____ of the protocol, while the Chief Complaint is the _____.
   a. how, why
   b. why, what
   c. what, who
   d. how, what

4. It is up to the EMD to sort out the most important information and make sure that information is complete enough to choose the correct Chief Complaint Protocol.
   a. true
   b. false

5. A caller giving you a good description of the severe back pain a friend was experiencing from passing a kidney stone would warrant which of the following Chief Complaints?
   a. Abdominal Pain/Problems
   b. Back Pain (Non-Traumatic or Non-Recent Trauma)
   c. Sick Person (Specific Diagnosis)
   d. Unknown Problem (Man Down)

6. Determining the context will lead us to which of the following?
   a. Chief Complaint
   b. Pre-Arrival Instruction
   c. Dispatch Life Support
   d. Determinant Descriptor

7. Never repeat the question in the same or similar manner since it could confuse the caller.
   a. true
   b. false

8. The complaint description question was changed in which version of the MPDS?
   a. 10.2
   b. 11.0
   c. 11.3
   d. 12.0

9. It is good EMD practice to give the caller a list of symptoms from which to choose when deciding the Chief Complaint.
   a. true
   b. false

10. The next time you find yourself wondering if you selected the right Chief Complaint on a recent case, start by asking yourself:
    a. Did I have a good understanding of the context?
    b. Did I get the right phone number and address?
    c. Did the Pre-Arrival Instructions help the situation?
    d. Did I list a sufficient number of symptoms for the caller to choose from?
Filling in the Blanks.
Empty spaces in FPDS are there for good reason

By Jay Dornseif

Are there blanks in the Fire Priority Dispatch System™ (FPDS)? The answer’s yes and they’re there for many important reasons including:

- Response configurations
- Apparatus response to the scene
- Special definitions

Response configurations

The actual response and mode assignments are the decision of the local fire and emergency services administration. As you thumb through the 23 Chief Complaints of the FPDS v4.1 and observe the columns for responses and modes, you may notice that they have much more meaning than blanks would imply. The fire service pre-assigns every Determinant Code based on in-house resources. These assignments dictate what the actual response should be when the Emergency Fire Dispatcher (EFD) receives the call. Responses based on types of apparatus can include engines, ladders, towers, platforms, trucks, squads, brush trucks, and tankers or tenders (for all you National Incident Management System (NIMS) followers). Many protocols require the use of special apparatus such as fireboats, foam units, Hazmat units, confined space and/or structure collapse equipment, and crash fire rescue trucks.

An EFD is an important resource allocator for field responders. EFDs must maintain knowledge of current resources available to field responders and know where to call for specific resources in the event the local fire service does not have the apparatus available. With the high cost of special apparatus many fire departments share these units within city/county jurisdictions; some respond statewide. As a logistics coordinator during the event, the EFD must continually track apparatus committed at the scene, apparatus available in-house, and apparatus available through mutual aid.

The EFD must also have a working knowledge of special units available through state and national response teams. At times, the fire service needs support from outside resources such as utility companies, law enforcement, the forest service, railroad dispatch centers, and service agencies such as the American Red Cross. While the fire administration assigns apparatus to the determinant blanks in the protocol, the role of the EFD is vital in locating these resources.

Apparatus response to the scene

Fire administrators assign whether the units will respond hot (with lights and siren) or cold (no lights or siren). Collisions involving fire department vehicles topped 15,000 in one year, according to a 1999 report from the U.S. Fire Administration. The number hasn’t dropped since then and emergency vehicle collisions continue to be the second leading cause of death in the fire service. The response mode continues to be one of the most controversial topics in the fire service.

Do we need to run everything hot? I say “no” but there are as many opinions as there are firefighters in the fire service. With hundreds of firefighters getting injured or killed each year, someone is making bad decisions somewhere. My suggestion is for dispatch centers to start — and if they’ve already started, to continue — submitting monthly or yearly call volume reports to their local fire service. The fire service should use the reports to study response modes to each of the Determinant Descriptors in the protocol and adjust response modes based on call volumes and event outcomes.

Special definitions

Then there are the little blanks. These small blanks, which are referred to as Special Definitions, are once again assigned by the local fire administration. They must be approved, signed, and dated by fire officials. The first Special Definition appears on the Aircraft Emergency Protocol (51)
and the definition calls for the fire service to distinguish differences between large and small aircraft. The number of passengers and crew the aircraft is capable of carrying drives the decision. Sometimes the types of local apparatus can affect the definition. For example, the definition could change depending upon whether the local fire department has little or no crash fire rescue apparatus.

The last time your special definitions were revised? These definitions should be updated annually.

The High Rise definition appears on Protocols 52, 57, 60, 63, and 69. A fire department’s home apparatus influences the definition. Potential apparatus includes aerial ladders, platforms, towers, quints, and snorkel trucks. Fire departments can use mutual aid for these assignments but the initial assignment should be based on the “first-in” department’s apparatus. If a fire department does not have any aerial apparatus, a high-rise structure could be locally defined as anything over two stories.

For purposes of general building size-up, one story (floor level) equals 10 feet. Even with 100-foot aerial devices, buildings more than 75 feet present special problems for the fire safety of the occupants. Simply put, by the time the fire department positions a 100-foot aerial truck next to a building, the ladder can operate safely up to about 75 feet. We don’t like to rescue people with a 100-foot ladder standing straight up in the air. The price tag on these apparatuses can easily reach $1 million.

Protocol 59 requires a special definition for large and small spills. Again, fire department equipment plays a major role in determining the number of gallons that constitute the difference between small and large spills. The department must consider the amount of fuel spill it can safely contain in an emergency event.

Protocol 59 also calls for the definition of a “waterway.” Some emergency services organizations require information about whether the fuel spill is in or near a coastal, inland, or oceanic waterway. Others include storm drains, sewers, and manholes in their policies. For large spills, roadways can be closed for hours while emergency crews or independent cleanup crews work to contain and clean up the spills.

Taking a sneak peak at FPDS v5, special definitions added include service calls, large brush/grass fires, large and small floodwaters, and body recovery. I look forward to the service call definition since it allows fire departments to add their own service calls—ones they respond to though other departments may not. This gives departments the leeway to add their customer service calls to the protocol, which was not an option in the past.
CDE-Quiz  Fire

Answers to the CDE quiz are found in the article “Filling in the Blanks,” which starts on page 48.

1. Who defines the actual response and mode assignment in the FPDS?
   a. Police chief
   b. Public information officer
   c. Response committee
   d. Local fire and emergency services administration

2. How many Chief Complaints are in version 4.1 of the FPDS?
   a. 21
   b. 22
   c. 23
   d. 24

3. Emergency Vehicle Collisions are the _______ leading cause of firefighter deaths.
   a. first
   b. second
   c. third
   d. fourth

4. For purposes of general building size-up, one story (floor level) equals
   a. 8 feet.
   b. 10 feet.
   c. 12 feet.
   d. 6 feet.

5. In 1999 the U.S. Fire Administration reported collisions involving fire department vehicles had topped ______ in one year.
   a. 6,000
   b. 8,000
   c. 9,000
   d. 15,000

6. The High Rise definition appears on this number of protocols.
   a. 5
   b. 4
   c. 6
   d. 3

7. Protocol __ requires a special definition for large and small spills.
   a. 57
   b. 58
   c. 59
   d. 60

8. At times a fire service will also need the support from outside resources such as:
   a. Utility companies
   b. American Red Cross
   c. Forest service
   d. All of the above

9. The special definition of “waterway” is defined on Protocol _____.
   a. 72 (water rescue)
   b. 59 (fuel spill)
   c. 64 (marine fire)
   d. 73 (watercraft in distress)

10. The acronym NIMS stands for:
    a. National Incident Management System
    b. National Incident Marathon System
    c. National Incident Management Scale
    d. National Accident Management System

In order to receive credit for this quiz you must be certified in the specific discipline it is designated for. To be considered for CDE credit, this answer sheet must be received no later than 04/30/10. A passing score is worth 1.0 CDE unit toward fulfillment of the Academy’s CDE requirements (up to 4 hours per year). Please mark your responses on the answer sheet located at right and mail it in with your processing fee to receive credit. Please retain your CDE certificate to be submitted to the Academy with your application when you recertify.
For Your Eyes Only. Academy gives sneak peek at new versions of Fire and Police Protocols

By Benjamin H. Rose

The National Academies of Emergency Dispatch is busy creating new versions of the Fire and Police Priority Dispatch Systems. Instructors will be trained on the new changes and updated with the new curriculum at Navigator 2009 in Las Vegas, but official release dates for the new protocols have not been announced at the time of this writing.

The Academy has revealed some of the major changes for the new FPDS v5 and PPDS v4. Let’s start with a sneak peek at the FPDS. Keep in mind that everything described here is subject to change. Beta testing and review by the Council of Standards may prompt further revisions.

FPDS v5

The Fire Protocol will see significant changes, possibly the most extensive revision since its inception: three new Chief Complaint Protocols, 25 new Determinant Descriptors throughout the other Chief Complaints, one new Pre-Arrival Instruction Protocol, the transfer of all Safety Questions from Case Entry to the individual Chief Complaint Protocols, and the potential conversion of certain ECHO determinants to DELTA.

Of all the changes, those affecting Safety Questions and ECHOs will have the most impact on how you use the FPDS. The Safety Questions will be removed from Case Entry completely. In their place, incident-specific safety questions will be added on the individual Chief Complaint Protocols where appropriate.

For example, on the Structure Fire Protocol, the question “Is anyone trapped inside the building?” will be added because the most common and significant safety issue on this protocol is people being trapped in a burning building.

In addition, all ECHO determinants are currently being evaluated by the Council of Standards Rules Group to determine whether they could be converted to DELTA determinants with early dispatch points. With the removal of the Safety Questions from Case Entry, these situations could typically be dispatched just as fast or even faster than before. This also provides the added benefit of allowing certain Key Questions to be asked before the dispatch, ensuring the right response every time.

Taken together, these changes are expected to increase both the speed and the accuracy of dispatches, decrease call-processing times, and improve scene safety.

New Chief Complaints

FPDS v5 will include a new Chief Complaint Protocol for Suspicious Package (Letter, Item)/Bomb Threat. The new protocol is based on the similar Chief Complaint Protocols from the PPDS, but with differences tailored toward fire department needs. The protocol will provide question and instruction pathways for businesses, private callers, and suspects, and will offer description templates for suspicious packages and suspected explosive devices.

The Determinant Descriptors will be based on whether the incident is a bomb threat with or without a suspect caller or a suspicious package, which is further differentiated by the presence of leakage, residue, or sick or injured persons. Different building types are represented with suffixes so agencies can tailor their responses accordingly.

In addition, new Pre-Arrival Instructions have been created for Bomb/Potential Explosives situations and Suspicious Package (Suspected Contamination) situations. These new PAI panels will be added to Protocol B.

The other two new Chief Complaint Protocols will replace the old Train/Rail Incident Protocol. As the need for more train/rail-related Determinant Descriptors has continued to grow, the Council of Standards decided to split the old Chief Complaint Protocol into two—one protocol for Train and Rail Collision/Derailment and one protocol for Train and Rail Fire. This change allows for more appropriate interrogation and instructions and plenty of response customization for agencies.

This change does raise the question of which protocol to choose when a train incident involves both a collision or derailment and a fire. To address this issue, a new Chief Complaint Selection Rule has been added instructing the dispatcher to choose Train and Rail Collision/Derailment as the primary incident.

4. If a train incident involves both a collision/derailment and a fire, use Protocol 71.

New PAIs

Many agencies have transportation tunnels in their jurisdictions, with the rare but serious possibility of a tunnel fire with

<table>
<thead>
<tr>
<th>Type of Tunnel/Caller Location</th>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Callers trapped in tunnel fire</td>
<td>4.</td>
<td>Not trapped → in Train → 4</td>
</tr>
<tr>
<td></td>
<td>5.</td>
<td>Not trapped → in Vehicle → 2</td>
</tr>
</tbody>
</table>

FPDS™ v5.0, NAEstd. © 2000-2009 PDC.
people trapped inside. The Academy will be addressing this issue with a new Pre-Arrival Protocol called Tunnel Fire. DLS Links will lead dispatchers to this protocol from both of the new train and rail protocols as well as the Vehicle Fire Protocol.

The Tunnel Fire Protocol first identifies the exact location of the caller and what type of tunnel is involved—vehicle or train—and, when appropriate, whether or not the caller has contact with railroad personnel. The protocol then instructs the caller how to find the tunnel exit and avoid smoke and other hazards. If the caller is trapped inside the tunnel, instructions to shelter in place are provided.

Other new Pre-Arrival Instructions have been added for Trench Collapse, reached via DLS Links on Protocol 54, and for Trapped in Confined Space/Structure Collapse, reached from Protocols 54, 57, and 58.

PPDS v4

Most of the significant changes in the Police Protocol affect the Case Entry Protocol. The questions are being reworked to eliminate jargon and become more conversational and understandable for the lay caller. For example, “Are you on scene now?” will become “Are you at that location now?” while “When did this occur?” will become “When did this happen?”

Several fundamental concepts of the Police Protocol will also be refined. The definition of PAST Event will now contain a space for local authorities to enter their own definition and attach their approval signature. The definition of first-party caller will be replaced by two distinct entries for victim and suspect because they require unique interrogation processes. This distinction will affect certain Chief Complaint Protocols as well.

The Police Council of Standards is also coordinating with the Fire Council of Standards to ensure that the Sinking Vehicle ECHO determinant is handled consistently and appropriately.

Outside of Case Entry, the Chief Complaint Protocols will have new Determinant Descriptors for: lost property, other/unknown alarms, barking dogs, barking dogs with suspicious activity, intoxicated persons, and for Trapped in Confined Space/Structure Collapse, reached from Protocols 54, 57, and 58.

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The first call in which Prince George’s County (Md.) Public Safety Communications used its newly implemented Fire Priority Dispatch System™ (FPDS) was also calltaker Latica Reeves’ first time taking a call from someone trapped by a fire.

Reeves had completed her FPDS training only a few weeks earlier before answering a call on Sept. 9, 2008, involving a grandmother and her 5-month-old grandson trapped on the second floor in a house fire.

“A fire, I think my husband says a fire down there...in my house,” the grandmother said at the beginning of the call.

After getting the address, callback number, and type of structure (a house), Reeves learned the grandmother and the infant were in an upstairs bedroom, and smoke was filling the hall outside the room. The grandmother said she thought they could get out of the house, once she had help with the baby.

“Oh man, I got the baby,” she said. “I can’t carry the baby.”

With no one else available to carry the baby, Reeves told the caller to stay on the line with her, and she began giving Pre-Arrival Instructions.

Reeves: Ma’am, I want you to stay low to the floor, okay?. . .Can you close the door?

Caller: Yeah, I got the door closed but the baby’s choking.

Reeves reassured the caller that the fire department was on its way, continuing instructions while hearing in the background the infant cried loudly and coughed from smoke inhalation.

About six minutes into the call, the grandmother yelled, “We’re up here!” to the entering firefighters.

“I got ‘em in here!” were the confirming words that the grandmother and infant had been found by a firefighter. The infant was removed from the house through a window, passed to another crew of firefighters that had raised a ladder, and the grand-
mother was taken outside by firefighters who used the interior stairwell. Fire Lt. Douglas P. Sudik, who located the occupants, removed his face piece and used it to give fresh air to the grandmother and infant, both of whom were later treated at the hospital for smoke inhalation.

“It was exciting for me just because they both did make it out with little injury,” Reeves said.

The call lasted 9 minutes and 51 seconds, with the baby crying loudly in the background for about four minutes. For a total of five minutes, the grandmother did not respond to Reeves, instead following instructions to find a cloth to seal the door crack and leaving the phone when the firefighters arrived.

“It all happened so fast,” Reeves said. “The fire department was so fast that by the time I got to the end of the EFD protocol, [they] were there.”

Reeves added that having the FPDS as a new tool “really helped out a lot. Before we didn’t really have set things on what to tell people, so it was good to have so I could tell her what to do before help arrived.”

### Paying Attention to Background Noise. Dispatch takes patience, persistence, and good ears

The challenges Carla Poissant faces at her job with the Manatee County (Fla.) 9-1-1 center are not behind the reason she accepted the job six years ago, but they certainly are a major part of why she keeps returning to work her 12-hour shifts.

“From hour to hour, it’s never the same,” Poissant said. “You have to do stay on your toes.”

She admits there are ups and downs—good calls and bad—and the personal reminders to leave the job at the center each time her shift ends. Working with the public has taught her a thing or two about patience and, fortunately, she listens to them closely.

Poissant’s keen attention to sound was recently tested when she answered a call to help someone who was unconscious and no longer breathing. According to the caller, the person needing assistance had overdosed.

“I could hear a snoring noise in the background,” Poissant said. “The situation was very serious. He needed immediate attention.”

A snoring-like sound is indicative of an agonal (dying) respiratory pattern and Poissant, aware of the patient’s ineffective breathing, gave instructions for assessing the situation. Results indicated the patient might be in cardiac arrest, but if the caller could get the victim’s heart beating then statistically there would be a 30 percent chance of survival when coupled with the use of a defibrillator within several minutes of the call.

Poissant had also pulled up the ProQA® screen that shows the correct pathway (Ventilations 1st or Compressions 1st) to take according to the patient’s condition, as outlined in the Medcal Priority Dispatch System® Pre-Arrival Instructions (PAIs) for CPR. Ventilations 1st is provided when any of the following medical conditions apply:

- **Lightning strike**
- **Overdose/Poisoning**
- **Severe trauma**
- **Suffocation**
- **Toxic inhalation**
- **Unconscious breathing**

“I knew the specific incident and this condition [overdose] started with Ventilations 1st,” she said. “That’s unusual for this shift because at night we get calls about people waking up having trouble breathing and the cause is completely unknown.”

Once the breathing pattern was confirmed, Poissant had the caller initiate CPR by giving the victim two rescue breaths. Once the caller felt the air coming out, Poissant followed up with instructions for compressions. The 2 breaths to 30 compressions cycle was maintained until paramedics were through the gate and in the house.

“I heard them take out the defibrillator,” she said.

That’s when the call ended. Poissant later heard the patient survived which, since this was her first Ventilations 1st call, was another feather in her dispatch cap. She has provided bystander compressions 1st only CPR, assisted in the over-the-phone births of several babies, and stayed on the line with traffic accident victims until EM 5 arrived. Poissant helps with the center’s continuing dispatch education. She’s done a lot with dispatch despite applying for this job as a second choice among the county jobs available six years ago.

The job, however, did take some getting used to, especially considering a former career that was not so close to life and death situations.

“I can’t go home crying every night,” she said. “I let go and tell myself there’s nothing more I could have done.”

Poissant said she depends on the center’s camaraderie to help her through the tough calls.

“We watch out for each other,” she said. “Without that, I’d be a little nuts.”

Before using the FPDS, time was often spent waiting for help to arrive without knowing what to say to callers.

Reeves, a calltaker for three years, said before using the FPDS, time was often spent waiting for help to arrive without knowing what to say to callers.

“It was never anything really etched in stone,” she said. “It was more like we were freelancing.”

With the help of the protocol, Reeves was able to give PAIs and reassure the grandmother that help was on the way.

“My whole thing was that I was just glad with the end result,” she said. “I think the tool really did help save their lives.”

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### DISPATCH FRONTLINE

The Journal of the Florida Police Department

March/April 2009

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<tr>
<td>Hanging/Strangulation</td>
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<tr>
<td>Lightning strike</td>
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<tr>
<td>Overdose/Poisoning</td>
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<tr>
<td>Severe trauma</td>
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<tr>
<td>Suffocation</td>
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<tr>
<td>Toxic inhalation</td>
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<tr>
<td>Unconscious breathing</td>
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<tr>
<td>“I knew the specific incident and this condition [overdose] started with Ventilations 1st,” she said. “That’s unusual for this shift because at night we get calls about people waking up having trouble breathing and the cause is completely unknown.”</td>
</tr>
<tr>
<td>Once the breathing pattern was confirmed, Poissant had the caller initiate CPR by giving the victim two rescue breaths. Once the caller felt the air coming out, Poissant followed up with instructions for compressions. The 2 breaths to 30 compressions cycle was maintained until paramedics were through the gate and in the house.</td>
</tr>
<tr>
<td>“I heard them take out the defibrillator,” she said.</td>
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<tr>
<td>That’s when the call ended. Poissant later heard the patient survived which, since this was her first Ventilations 1st call, was another feather in her dispatch cap. She has provided bystander compressions 1st only CPR, assisted in the over-the-phone births of several babies, and stayed on the line with traffic accident victims until EM 5 arrived. Poissant helps with the center’s continuing dispatch education. She’s done a lot with dispatch despite applying for this job as a second choice among the county jobs available six years ago.</td>
</tr>
<tr>
<td>The job, however, did take some getting used to, especially considering a former career that was not so close to life and death situations.</td>
</tr>
<tr>
<td>“I can’t go home crying every night,” she said. “I let go and tell myself there’s nothing more I could have done.”</td>
</tr>
<tr>
<td>Poissant said she depends on the center’s camaraderie to help her through the tough calls.</td>
</tr>
<tr>
<td>“We watch out for each other,” she said. “Without that, I’d be a little nuts.”</td>
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Burned Out. Husband of on-duty dispatcher calls 9-1-1 to report fire at their home

By Heather Darata

A caller reporting a fire during the early hours of Nov. 24, 2008, turned out to be more than a routine call for those working at the Marion County (Mo.) 9-1-1 center, particularly for dispatcher Lisa Potter.

Potter was working the radio during her shift while coworker, dispatcher Alicia Howell, was taking incoming calls and dispatching. When the call came in just before 4 a.m. from Lonnie Potter, Lisa's husband, it was Howell who fielded the response.

"I could hear the terror (fear) in his voice," Howell recalled. "You could tell he was scared."

Howell and Potter's consoles are close to each other and, when assistance is needed, they typically motion to get the other's attention.

"She started waving her hand at me," Potter said.

Potter went over to Howell's console to find out what needed to be done. The address was displayed on the screen.

"I remember her saying 'that's my house,'" Howell said. "'What's going on?'

While Howell was dispatching, she typed fire on her screen. Potter immediately called her husband to find out if everyone was OK. Luckily, her husband and their two daughters—six-year-old Kendal and eight-year-old Madison—had been able to escape from the burning home unharmed despite the fire breaking out during the early morning hours.

Before Mike Hall, 9-1-1 director, arrived at the center to relieve Potter, Howell said Potter was willing to do what was demanded as part of her job while the personal tragedy was occurring. Howell said instead of freezing from the emotion of the incident, Potter's training kicked in.

"She was upset but she was very willing (to do her job)," Howell said.

The two dispatchers hadn't worked together for very long prior to the fire. Howell had been behind the controls as a dispatcher for about 15 months. Potter had been a dispatcher for about six months.

The incident, it appears, laid the groundwork for friendship and a solid working relationship.

"I will always be grateful to her for all of the work and quick thinking that she did," Potter said.

Before the fire broke out near the end of November, Howell said they had talked together as an agency about forgoing a holiday party so they could instead adopt a local family in a Christmas Sub-for-Santa gesture. The money they saved by not having a party would go toward donations.

The fire at the Potter's home sealed their conviction. Their minds were made up. The fire had destroyed almost everything the Potters owned, even the gifts Kendal had received for her birthday the week before the incident.

Howell recalls Hall saying, "I guess we have our family now."

The agency gathered donations to supplement the Red Cross vouchers for clothing and shoes and purchased a gift card to spend at a local store. Several dispatchers also donated clothes and toys and Hall gave the Potters necessary items including household cleaning supplies.

"It's neat how everything worked out," Howell said.

Hall sent out a letter and a 911 Cares activation happened the morning after the fire. Through the posting on the 911 Cares Web site, the Potters received notes, well wishes, and donations of clothing and gift cards from individual dispatchers as well as dispatch agencies around the country.

"It was really special seeing dispatchers stepping up to help another dispatcher's family during their time of need," Hall said.

As of this writing, the family hasn't been able to return to their home. They are currently living in a rental house provided by their insurance. The fire is under investigation.
Halloween is typically filled with ghost stories, candy, costumed princesses and werewolves, and a smashed pumpkin or two. For April Campbell, a dispatcher for Niagara EMS in Ontario, Canada, it was a busy night at work, answering calls at the communications center. Little did she expect the turn the night would take when she answered a call that not only was her first CPR save but, also, a reaffirmation of the impact her job has on the lives of those she rarely gets to meet.

Campbell took the call shortly before 3:30 a.m., a time even the most devoted tricksters are no longer prowling the streets. But this call had nothing to do with the tail end of the haunting holiday. Michelle MacIntosh called 9-1-1 because her partner, John Dunn, was unresponsive. “She said that she couldn’t wake him up and he was breathing funny,” Campbell said.

MacIntosh was scared. Her CPR training dated back at least 20 years to the ninth grade and she was afraid to attempt the life-saving practice on Dunn. Campbell understood. She reassured MacIntosh and began providing CPR instructions over the phone using the Medical Priority Dispatch System® (MPDS) Pre-Arrival Instructions. MacIntosh followed the steps and, according to Campbell, kept her cool during the 7 minutes and 30 seconds it took for responders to arrive. They both performed so well that the paramedics were able to restore Dunn’s pulse and have him saying a few words by the time he reached the emergency room.

“I felt good,” Campbell said. “It was a very, very, very busy night. It was Halloween. So it really ended the night well for me.”

Not only did MacIntosh remember most of the steps she took that Halloween night, she also remembered those she had come in contact with.

“She remembered the faces and she remembered the medics on scene,” De Grasse said. “She was grateful to everybody but she had a special bond with April.”

Meeting MacIntosh and Dunn reminded Campbell why she finds her job of 2 1/2 years fulfilling since her career switch. While working as a ward clerk in a St. Catharine’s hospital she heard Niagara EMS was hiring and embraced the opportunity.

“It was more hands-on than what I was doing in the medical field already,” Campbell said. “I applied and here I am.”

Having a direct impact on people’s lives in a short span of time was something she wholeheartedly welcomed. “I didn’t have an impact the way I do here,” Campbell said.

By Heather Darata

No Tricks Involved. Dispatcher uses CPR PAIs on Halloween to earn first CPR save

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The contact didn’t end there. Less than a month later, Campbell and MacIntosh met in person at the communications center.

“She (Michelle) contacted us right away and she wanted to meet April,” said Lyne De Grasse, manager of operations for Niagara EMS. “It was very different from anything else that we knew because she was specific to the fact that she wanted to meet April. For her, April was a lifeline. She was the person who brought back her partner.”

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Nothing Happens in Isolation. Protocol’s success fits into EMS evolution

Timing is said to be everything. If the world isn’t ready, the idea or actual creation will die from lack of support. Take emergency medical services, for example. Without the 1965 National Academy of Sciences report citing accidental injury as “the neglected epidemic of modern society,” critical transport might still be the purview of funeral homes.

The report revolutionized the industry, and pushed for legislation to create an act establishing a national EMS system. Several decades passed before EM D was recognized for its vital role in EMS but, like many other break-throughs in thinking, the timing was right. The person in the dispatch office has since become an asset in combating the nation’s most important environmental health problem.

The evolution of the emergency call system started nearly 50 years ago when President Lyndon B. Johnson proposed the use of a national single number as part of a centralized emergency response program. Johnson’s proposal, which bolstered the 9-1-1 concept, may have stayed in a House or Senate committee without simultaneous plans to establish minimum standards for the provision of care for accident victims.

Within a decade of the first 9-1-1 call placed in 1968, an emergency call answering system was patented to provide specialized console-controlled emergency call handling capabilities for 9-1-1 answer locations. Communications centers consolidated and the system spread across the United States in a national urgency to create a consolidated emergency response network. In 1979 President Jimmy Carter established the Federal Emergency Management Agency (FEMA), centralizing federal emergency functions with an all-hazards approach.

FEMA had its hands full from the start. The accident at the Three Mile Island nuclear plant near Middleton, Pa., happened just three days before the executive order was signed on April 1, 1979. Twenty-two years later, the Sept. 11, 2001, terrorist attacks centered FEMA’s focus on issues of national preparedness and security. Two years after the collapse of the World Trade Center towers, FEMA, along with 22 other federal agencies and programs, became part of the Department of Homeland Security. The former Immigration and Naturalization Services agency now administers matters related to homeland security, including disaster response.

Emergency dispatchers have always been part of the FEMA picture, yet it took until the turn of the century for the government to make their contributions official. Or, at least, it took that long for the federal government to include emergency dispatch into national emergency planning efforts. This was done through the National Emergency Communications Plan (NECP) of 2002. The NECP establishes a national vision for the future state of emergency communications.

The mission statement says:

As needed, on demand, and as authorized
At all levels of government
Across all disciplines

The plan’s executive summary describes this future vision as the ability to communicate in real time. A major goal—in fact, the primary goal—focuses on the day-to-day response capabilities of emergency responders, stressing regular training in the use of communications systems.

An interview published in the November/December 1984 edition of Paramedic quotes Jeff Clawson, M.D., in his support of those he calls the nerve center in that vital chain of emergency services:

“The person in the dispatch office has to be able to handle anything from multiple structure fires, chemical spills, electrical problems, to the myriad of problems that are going on to present to EMS. That individual cannot be placed in the position where the dispatcher is just a locator, finding an address and then sending.”

The article was also remarkable in the prediction Dr. Clawson made about the future of emergency medical dispatch:

“The dispatcher evolution will be one of the major trends in EMS over the next 25 years. After all, the dispatcher is a very important part of the EMS system; he or she must have specific training, intelligence, and be able to retain the job for more than a couple of years.”

By 1990, it was clear that trained emergency medical dispatchers were becoming the standard throughout the United States. Currently, exactly 25 years from when the article in Paramedic was published, 26 of 50 states require some level of training for emergency dispatchers, and several states mandate the use of protocols, including pre-arrival instructions. The emergency medical dispatcher is viewed as the first, first responder, a trained certified professional, held to high national standards, and an important first link in the chain of emergency medical care.

The public counts on the services of emergency communications. Mandatory training and certification should be a priority; a time is right initiative before the consequence of inaction occurs.
More like mission control.

We recognize it takes more to be a professional at PHI Air Medical. Our standards are more demanding. Our expectations are higher.

From the moment a call comes in, to the safe transfer of a patient, our professionals in the communication center are here to help. PHI Air Medical’s focus is on safely transporting those in need to the right hospital at the right time. For this reason, we have organized our communication center to ensure the closest aircraft will be called to the scene – even if it is not our own.

PHI Air Medical’s communication centers are here to help you – before, during and beyond the call.
The Perfect Escape.
Navigator 2009 unleashes unparalleled adventure

Navigator 2009 at the Las Vegas Hilton promises to let you pack in all the glitz and glamour expected from a visit to the nation’s sparkling neon playground while taking in the latest knowledge about the protocols—all during our celebration of the protocol’s 30th anniversary.

First, you have the opportunity to pick up some really great information from the industry’s experts while networking with the pals you’ve made at previous conferences (and if this is your first conference, prepare yourself for a multitude of introductions).

After a full day of conferencing, networking, and visiting the exhibitors’ booths, you have the evening events before you AND the golden opportunity to make your way through a city where rumor has it the sun never sets.

What could be better than a mix of education, fun, and the chance to play after a long, cold winter (at least for some of us) while talking about your passion—emergency communications? Our three-day Navigator conference—or six days if you plan to attend the pre-conference events—is sure to lead you on an exciting adventure only 30 years of protocol can generate.

Three days of pre-conference
Pre-conference events feature workshops and courses offered by communications experts and technical leaders from Priority Dispatch Corp.™ (PDC), the National Academies of Emergency Dispatch® (NAED®), and the National Emergency Number Association (NENA®). Not only will you have the opportunity to hear the latest about data mining, but you’ll also have the chance to learn more about the new wave of next generation workers entering the workforce. Speaker Nancy Banks will give you the tools to fight negativity in the call center and your personal life using the ALIVE Principle.

Keynote events
The conference begins with the “not to be missed” Opening Gala Reception on Tuesday, April 28. The two-hour extravaganza will feature food, fun, music, and the valuable opportunity to both renew friendships and make new ones while browsing the latest in emergency services support. Exhibitors from all over the country will be on hand to give you insight into the latest technology as well as the other services that shape your world.

And that’s just for starters.
Wednesday’s Opening Session will feature a 30-year Protocol Celebration and the annual Dispatcher of the Year award, sponsored by the company EnRoute.

Keynote speaker Randolph Mantooth, widely known for his portrayal of LA County Firefighter/Paramedic Johnny Gage on the 1970s TV series “EMERGENCY!”, will give a presentation on the genesis of modern emergency medical services, and the show that provided the vehicle for change. His keynote will be followed by a fundraising autograph session in the exhibit hall.

Thursday opens with an all-star revue, NAED style. While we can’t promise showgirls or Elvis impersonators on stage during this event, we do guarantee a show that will rival anything else you’ll find in Vegas with its celebration of medical, police, and fire protocols. The program will reenact “real” calls on stage while you, the audience, get a taste of what’s happening simultaneously in the communications center and at the scene. This event, premiering only at Navigator, is the perfect venue for the annual recognition of the Accredited Centers of Excellence (ACE) recipients and graduates of the Communications Center Managers (CCM) course.

The conference concludes Friday with the Closing Lunch during which time the...
Dr. Jeff Clawson Leadership Award will be presented. Las Vegas Mayor Oscar B. Goodman will take the podium as the keynote speaker, most likely introducing his audience to his downtown revitalization project that will include the Lou Ruvo Brain Institute, dedicated to research into the prevention and treatment of diseases such as Alzheimer’s, Parkinson’s, and Huntington’s.

Classes and workshops
This year’s classes are divided into topics specific to leadership, management and operations, continuing dispatch education, quality improvement, and technology. Some of the old favorites will be there along with speakers new to the Navigator scene.

The special interest sessions are bound to please even the most discriminating of interests, with topics ranging from critical incident stress management and the psychology of a 9-1-1 call to training programs, shaping student performance, and attitude adjustment in communications center.

On Wednesday and Friday you can sign up for courses emphasizing the proper use of the medical, fire, and police protocols, including a sure to be scintillating talk detailing Maryland’s Pandemic Flu Preparedness Plan by Greg Scott and Dr. Richard Alcorta. The 2007 Dispatcher of the Year, Lisa Kalmbach, will give her first Navigator presentation since winning the award discussing fire protocols for better resource allocation.

Sessions on Thursday take a departure from protocol to focus on technology, continuing dispatch education, and quality improvement. Chip Hlavacek and Brian Dale will team up for Chip ‘n Dale’s EMD Review. Ron Two Bulls and John Ferraro will once again provide their tips for making continuing education a motivating and time well spent event for any communications center.

In all, there are 60 amazing classes to choose from. Be sure to pick your classes prudently as there are no repeats and they fill up quickly.

Never a dull moment
There’s always the Navigator Golf Tournament to look forward to, and this year the eighth annual outing will tee-off at 8 a.m. on Tuesday. Buses will leave the hotel at 1 p.m. and 3 p.m. on both Wednesday and Thursday for tours of the North Las Vegas Fire Department Communications Center. Those wanting a break from the casino tables, or those looking for an alternative to the celebrated Vegas nightlife, should be sure to check out the city’s other outstanding activities. The Fremont Street Exhibit, the Liberace Museum and Foundation, the Atomic Testing Museum, and the walking tour to view neon signs dating from the 1940s are some of the must-sees to pencil in on your Navigator calendar.
EnRoute Emergency Systems

EnRoute Emergency Systems’ I-STATUS (Intranet Status Account) applications quickly display current call information in an easy-to-evaluate graphical format. EnRoute I-STATUS applications for Ambulance, Fire/EMS, and Law Enforcement integrate with our EnRoute CAD Systems, providing real-time web access via Internet Explorer to current call information and available resources.

This software is uniquely designed to work on most Internet-connected mobile devices such as the iPhone or BlackBerry. Key personnel can securely monitor operational status and activity from anywhere at any time. Active and historical CAD data can easily be viewed.

With information security of all CAD data a main concern, security can be tailored to your agency's requirements at various levels. This allows personnel to take control without sacrificing data integrity. User access to information is controlled and configured through an administrator, and access may be restricted at the server and/or user account level.

User profiles are defined to your specifications for control over which areas within the EnRoute I-STATUS application may be viewed. Further restrictions can be placed on notes and other sensitive data to ensure exclusion from public access. User-defined data access delays can be implemented to assist emergency responders in arriving on scene before public reporting of data.

Act now to learn how EnRoute I-STATUS products rapidly deliver mission-critical information to help your agency WIN THE RACE AGAINST TIME®.

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

HMS MediCall

HMS MediCall© is a user-friendly, flexible system that integrates services across emergency, primary & secondary health and social care. The HMS system that was originally designed for highly demanding use by The National Health Service in the UK is now well established to fulfill the “American Dream” of integrated patient care records by the 2014 target date.

Utilising the latest technologies, HMS has enabled resources such as securely profiled emergency, health and community services to receive and view locations and patient information. The system incorporates full mobile capability to record observations and treatments. All recorded data is automatically encrypted and sent back to a secure central server.

Users are supplied with inexpensive PDAs for receiving jobs, navigating to incidents, logging statuses and tracking. The many features include lone worker alert and auto attend within 100 yards with full GPS tracking. HMS has designed this system to also work on the latest Panasonic clinical laptops known as MCAs.

The HMS system incorporates a “state of the art” CAD, certified with ProQA triage, that represents a new way of thinking. It provides a one-stop solution for the modern Emergency Service’s needs, with the ability to manage Emergency and Patient Transport. Call Handlers and Dispatchers benefit from HMS’s easy-to-use touch screen design philosophy, placing large amounts of detailed information with full map displays at the user’s fingertips immediately.

Operational analysis, audit and governance are all built into the HMS tailored reporting suite.

For more information, visit www.hantsmed.com
FDM Software
BOOTH #506

Offering unparalleled tools for managing all aspects of daily operations, FDM Records Management System (RMS) is the most complete software suite for information management and reporting available today to public safety agencies.

The user-friendly interface is standard across all modules, increasing data entry accuracy. One-click access means that information fields completed in one module are shared throughout the application, eliminating redundant data entry. The integrated modules are designed to grow with agencies in either a metro or multi-agency setting.

FDM’s product Roadmap highlights the release of the next generation FDM RMS. The new version will put almost unlimited extensibility and flexibility into clients’ hands. The new software will allow clients to build specific business logic on an ongoing basis without having to wait for a new version of the application executable.

Business logic refers to the processes, logical decisions, evaluations, calculations or information displays that FDM RMS performs whenever users select a command.

The next generation FDM RMS will ship with a default set of business logic designed to support a wide range of common business processes in fire departments. The power of FDM business logic is that it can be modified by individual departments so that it exactly matches their unique requirements.

For more information, visit www.fdmsoft.com

EnRoute Emergency Systems
BOOTH #302, 304, 401, 403

With over 20 years of dedicated public safety customer service and industry expertise, EnRoute Emergency Systems (an Infor™ company) provides reliable CAD and RMS applications that you can trust. In addition to CAD and RMS systems, the EnRoute product line provides mapping/routing, mobile data computing, and field-based reporting software, as well as custom interfaces. We are a proud ProQA certified provider of police, fire, and medical dispatch protocols.

Act now to learn how the EnRoute suite of products minimizes duplicate data entry and preserves data integrity to help your agency WIN THE RACE AGAINST TIME®.

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

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

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

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

For more information, email info@prioritydispatch.net, call 800-363-9127, or visit us on the Web at www.prioritydispatch.net
TriTech Software Systems
BOOTH #402, 501

TriTech Software Systems provides highly integrated CAD, mobile data and RMS solutions that deliver command and control, deployment, logistics, and decision support to law enforcement, fire and EMS agencies worldwide. From small towns to major metropolitan cities, TriTech’s flexible and configurable solutions will enable your agencies to streamline operations to minimize response times and maximize resources. The company is one of the largest public safety companies with more than 850 installations in the United States, Canada, Mexico, Australia, New Zealand, United Kingdom and Ireland.

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

Hampshire Medical Services
BOOTH #301

Hampshire Medical Services is a well respected UK company producing integrated software systems for Emergency, Health and Social Services. It has a proven track record of delivering innovative, customised solutions on time and on budget, utilising the latest technologies.

Bespoke systems can be built by simply selecting from our wide range of existing software modules, or our designers can work with clients to create custom modules that fit perfectly with their organisations.

Our ground breaking touch screen CAD integrates seamlessly with the rest of the HMS system modules, enabling calls to be passed directly to and from multiple services.

For more information, visit www.hantsmed.com

National Emergency Number Association & Emergency Number Professional Magazine
BOOTH #218, 317

NENA serves the public safety community as the only professional organization solely focused on 9-1-1 policy, technology, operations, and education issues. With more than 7,000 members in 48 chapters across the United States and around the globe, NENA promotes the implementation and awareness of 9-1-1 and international three-digit emergency communications systems. NENA works with public policy leaders, emergency services and telecommunications industry partners, like-minded public safety associations, and other stakeholder groups to develop and carry out critical programs and initiatives, to facilitate the creation of an IP-based Next Generation 9-1-1 system, and to establish industry leading standards, training, and certifications.

For more information, visit www.nena.org or call 800-332-3911

Concept Seating, Inc.
BOOTH #609

Concept Seating, Inc. is a Waukesha, Wisconsin-based manufacturer of 24/7 Intensive Use chairs and seating. Sophisticated design and engineering guarantee durability and ergonomic comfort. Available in many beautiful colors, Concept Seating’s Intensive Use Chairs pay for themselves by elevating productivity. A new standard has been set. What a concept!

For more information; visit www.conceptseating.com or call 800-892-5563
Watson Dispatch
BOOTH #509, 511

Watson represents a significant leap forward in console furniture design for Public Safety, Security and Emergency Communication Centers. Encompassing the industry's most resilient console furniture for 24/7 environments and a groundbreaking Total Comfort System, Synergy is a complete family of products designed to enhance the entire Emergency Communication Center.

Synergy consoles combine unparalleled structural integrity, full sit-to-stand ergonomic adjustability, easy technology access, and simple, effective wire management. Tested for 40,000 up-down cycles (the equivalent of 10 years of daily 24/7 activity), Synergy features independent electronically adjusted monitor and keyboard platforms, and available in numerous configurations.

For more information, visit www.watsondispatch.com

Alert Tracking Systems, Inc.
BOOTH #513

Alert Tracking Systems is a company built to address the demands and ever-increasing needs of public safety. AlertTS has designed, developed and implemented a state of the art software solution which allows data sharing at the highest levels of interoperability. With a focus on quality products and customer service, Alert Tracking Systems proud to provide software that streamlines the day to day tasks of agency staff so that they may focus on serving their community.

For more information, visit www.alertts.com

Bradshaw Consulting
BOOTH #404

Developed by Bradshaw Consulting Services, Inc. (BCS), MARVLIS™ is a complete solution for dynamically managing and deploying public safety resources to consistently meet response time requirements while reducing the need for additional resource requirements. MARVLIS uses GPS and wireless communications to connect in-vehicle computers with an interface server on the CAD network to report vehicle ID, status, location, speed, direction, and more. CAD dispatches are instantly displayed in the vehicle, including full incident information and geographic location. Recommended routes are calculated between the vehicle and the incident location using a suite of analytical tools available within MARVLIS.

For more information, visit www.bcs-gis.com

Active USA
BOOTH #611

ACTIVE USA LLC

ACTIVE will showcase its innovative emergency demand analysis and management system—Total Solution Mapping™, designed to give public safety providers control over demand and a better understanding of the citizens they serve.

For more information, visit www.activeusallc.com
Center for Domestic Preparedness

The Center for Domestic Preparedness (CDP) is charged with training state, local, federal, private and international public safety personnel and organizations including elected and appointed officials to deter, prevent, respond to and recover from threats or acts of terrorism. The Center is the only federally chartered training center that provides advanced hands-on training in a toxic agent environment to civilian emergency responders.

For more information, visit https://cdp.dhs.gov

DoMore Seating by Scope Technologies, Inc.

We have been providing seating solutions since 1922. Our Intensive Use DoMore 24/7 Seating by Scope Technologies, Inc. was initially developed in collaboration with the FAA for air traffic controllers and has been providing Function, Design, and Value since the 1960's. Intensive Use Chair models are available in 300, 500 and 750 pound weight capacities and our chairs are warranted for 5 years from Head-to-Toe. No exceptions—no exclusions—everything is covered. This gives our customers the best in Value, year after worry-free year.

For more information, visit www.domorelux.com

Eventide

Manufacturer of Digital Multi Media recording & archiving systems utilizing embedded Linux OS, featuring the VR778 (8-192) the VR615 (8-48), the VR725 (8-96) Channels. All are available with front panel controllers. New DIR911t 2-8 Channel Digital Instant Recall Networkable Recorder. New Eventide MediaWorks, MediaAgent & MediaCoach Client software suite for Windows. SmartNet/Zone trunk radio, ANI/ALI, CAD, CTI integrations & VoIP, RoIP, Screen Capture, Video recording!

For more information, visit www.eventide.com

FDM Software

FDM Software has 19 years experience providing information management solutions to Fire and EMS agencies improving responsiveness, enhancing operability and accelerating communications that saves lives. Core products include modular Records Management (RMS) and Computer Aided Dispatch (CAD) systems that scale as agencies grow. FDM empowers clients with superior flexibility and customization options.

Featuring workspace solutions, end-user configurability, wireless applications and built-in ESRI ® GIS technology, FDM’s integrated RMS manages information and reporting requirements while FDM CAD processes emergency calls efficiently and allocates resources quickly, ensuring a timely response to incidents. FDM has more than 120 installations serving 400 jurisdictions throughout North America.

For more information, visit www.fdmsoft.com
FirstWatch

FirstWatch customers use real-time dashboards for situational awareness, data surveillance and automated alerting by monitoring existing data systems for statistically significant occurrences in user-defined criteria—from Response Times to other Performance & Operational measures. When trends, patterns or geographic clusters are detected, FirstWatch automatically alerts authorized personnel via email, pager, SMS or fax. FirstWatch interfaces with: ProQA for EMD, Fire & Police, as well as Public Safety 9-1-1 (EMS, Fire & Police) CAD systems, in addition to Paramedic Field (ePCR) data. FirstWatch can aggregate data from multiple agencies with disparate (or similar) data sources to provide a true real-time, regionalized perspective across geopolitical boundaries.

For more information, visit www.firstwatch.net

InterAct Public Safety Systems

Since 1975, InterAct has led the industry in providing stand-alone and fully integrated public safety systems, including CAD, emergency call taking, Phase 2 E911 mapping solutions, and mobile data systems ensuring that your agency has what it needs to provide superior delivery of critical services.

For more information, visit www.interact911.com, email info@interact911.com, or call (336) 397-5300

HigherGround

HigherGround, Inc. is a premier software developer of Next Generation 911 solutions such as call recording, data collection and dispatcher evaluation tools. Capture-911 is cost effective, easy-to-use, and designed to continuously record all telephone calls and radio transmissions within a public safety communications center. The Quality-911 application allows the recorded transactions to be evaluated and scored for training and coaching purposes.

For more information, visit www.highergroundinc.com

Informer Systems

Informer Systems offers ScheduleExpress™, our enterprise-class web based workforce management solution. ScheduleExpress™ aggregates the master requirements schedule, personnel schedule preferences and rules definitions in order to automate the creation of all operational schedules. Additionally, based on our workflow offering, best practices and chain-of-command processes are maintained, paperwork is reduced and manual scheduling errors are eliminated.

For more information, visit www.informersystems.com

JefBar Software Services

JefBar Software Services provides industry leading software solutions for Police, Fire and Medical emergency organizations. With robust Computer Aided Dispatch, Vehicle Tracking, and AR Medical Billing modules, JefBar features a unique subscriber service option with zero start up costs—hardware, software, training, and support—all included in one monthly fee.

For more information, visit www.jefbar.com

Keystone Public Safety, Inc.

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

Keystone's staff is a technically oriented group of professionals who understand the complexities of automating public safety agencies. Clients range in size and scope of application uses, from sites integrating only a few systems users in a single location, to large multi-jurisdictional, multi-agency sites with numerous remote locations.

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

For more information, visit www.kps.com
National Communications System

BOOTH #503

The National Communications System (NCS), part of the Department of Homeland Security’s Cyber Security and Communications Directorate, offers priority communications capabilities to national security and emergency preparedness (NS/EP) personnel at the Federal, State and local government levels to ensure ongoing communications during crisis situations. These priority services include Government Emergency Telecommunications Service (GETS), Wireless Priority Service (WPS), and Telecommunications Service Priority (TSP). The NCS also provides coordination, information sharing, and other programs to support NS/EP efforts under all circumstances. NCS leads national communications efforts in critical infrastructure protection and in coordinating key government and industry entities for the nation’s well-being.

For more information, visit www.ncs.gov

New World Systems

BOOTH #110, 209

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

For more information, visit www.newworldsystems.com

Optima Corporation

BOOTH #504

The Optima Corporation is a software and Operations Research company. A world leader in operations and logistics optimization within the Emergency Services sector, Optima’s solutions have quickly forged an international reputation as leaders with a rapidly growing customer base worldwide. Optima’s best in class products are:

- **SIREN Predict** – a simulation based planning solution that enables organizations to model scenarios and examines potential benefits before committing time, effort, and resources.
- **SIREN Live** – a real time dynamic deployment solution incorporating predictive analytics to assist dispatchers with emerging coverage challenges, while at the same time, making optimised recommendations for unit deployment.

For more information, visit www.theoptimacorporation.com

Pictometry International Corp.

BOOTH #206

Pictometry International Corp. is a leading provider of geo-referenced, aerial image libraries and related software. Pictometry has captured over 50 million digital aerial images in over 600 counties in the United States covering over 70 percent of the United States population. Using its proprietary imaging process, Pictometry captures geo-referenced, high-resolution oblique (at an angle, producing a 3-D like view) and orthogonal (straight down) Intelligent Images®, within which structures and land features can be viewed from multiple perspectives and measured. PSAPs can now reduce confusion over call locations and see the tactical details of the event scene.

For more information, visit www.pictometry.com
PlantCML

For more than 40 years, PlantCML®, an EADS North America company, has been developing and supporting innovative solutions that address the evolving needs of progressive call centers. As a top developer of mission-critical communications solutions, PlantCML offers leading-edge technologies for call processing, incident & records management, Computer-Aided Dispatch (CAD), networking, emergency notification and P25 radio interoperability. PlantCML also provides unmatched customer support and comprehensive Managed Services for Monitoring & Response, Remote Provisioning, Anti-Virus Updates and Disaster Recovery.

To learn more about PlantCML, visit www.plantcml.com, call 951-719-2100, or email info@plantcml.com today.

Positron Public Safety Systems

Positron Public Safety Systems’ fully-integrated suite of applications span the entire workflow of public safety—from E9-1-1 emergency response to command and control through to digital justice and corrections.

Positron systems do more, share more and work together, right out of the box. They offer the benefits of the richest work environment available, without costly and ongoing post-deployment integration. Positron’s approach is the only path to an affordable, feature rich and evolving system—with a single number to call when you need expansion or support.

Find out more at www.positron911.com

Priority Solutions Inc.

Priority Solutions™ is a joint venture corporation established by two of the world’s most respected and experienced companies in the field of health care access management: Clinical Solutions, LLC™ and Priority Dispatch Corporation™ (PDC).

We distribute and support a unique, patented software product known as PSIAM™, which integrates into a single call center platform the most widely used nurse triage algorithms and the most widely used emergency ambulance dispatch protocols and pre-arrival instructions software ProQA®.

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

SunGard

SunGard Public Sector’s fully-integrated Windows®—based OSSI Product Suite addresses all facets of the public safety enterprise—Computer-Aided Dispatch, Law Enforcement RMS, Fire/EMS RMS, Jail Management, and Mobile Data/Field Reporting. Designed from inception to work together, the various components of this solution allow users to access the information they need regardless of the module used to enter the information into the database. This level of data integration allows all departments to benefit from the agency’s information system investment.

For more information, visit www.sungardps.com
Getting timely information to the field is the department's big advantage from a new system. Whether you are responding to an emergency situation or managing a situation from a mobile command center, you require technology that helps get your job done quickly, correctly, and confidently. By extending the power of the communication center, Tiburon MobileCOM facilitates rapid, accurate communication to the field and promotes the safety of personnel.

With Tiburon MobileCOM you can receive dispatch information, send status changes, run queries, and display maps from your vehicle. Tiburon MobileCOM helps ensure your critical mission gets done safely and more efficiently. Crucial information is immediately available to you with Tiburon MobileCOM. For more information, visit www.tiburoninc.com

Viking Acoustical Corporation is a 35 year old manufacturing company specializing in making the office environment more productive through ergonomics, comfort, accessibility and design.

Viking is a full line manufacturer of Dispatch Consoles, Laminate Case Goods and Ergonomic Accessories. Whether you are looking for one station or a thousand, we can provide the assistance, support, technology, and installation to bring your project to life. With three manufacturing facilities and thirty-five years of experience, we are a valuable partner on any project. Custom fabrication along with the ability to produce large orders in short lead times has always been a key to our ability to service our customers’ needs. For more information, visit www.vikingusa.com

xwave has over 20 years of experience delivering solutions for police, fire, and emergency medical services. Our xwaveCAD™ solution offers a multi-service (Police, Fire and EMS) and multi-jurisdiction Computer Aided Dispatch (CAD) suite of applications that includes a mobile component (ROADS™) and a handheld solution (OnPatrol™). xwaveCAD has been installed in more than 40 dispatch centers. xwave has deployed over 2000 mobiles (in-car and handheld) across a wide variety of networks.

For more information, please visit www.xwave.com/publicsafety

Xybix Ergonomic Furniture, an experienced manufacturer of Height-Adjustable Ergonomic Furniture since 1991. Our user-friendly, highly-customizable workspaces help employees get into their productivity zone and stay there.

Xybix has earned itself an enviable reputation as the industry leader in manufacturing ergonomic furniture for 24/7 mission critical environments. Our expertise in design and ergonomics combined with your company's processes and functionality requirements unite to create a state of the art work station that empowers your company by aligning form and functionality for better health and overall performance.

Our consultative approach ensures customers get the right solution, and that each individual get the most benefits of health and productivity available through the proper fit and adjustment.

For more information, please visit www.xybix.com

ZOLL Data Systems offers the RescueNet suite—computer-aided dispatch, billing, field data collection, records management, crew scheduling, and mobile data software for fire and emergency medical services organizations. RescueNet is the only fully integrated information management system that allows fire and EMS organizations to manage critical information for maximum performance. Gather and centralize information, and link the entire pre-hospital chain of events into a single system. RescueNet offers the quickest, easiest way to improve your business and clinical operations.

For more information, visit www.zolldata.com
PROTECT THEM
ASK THE RIGHT QUESTIONS

Quickly sending the RIGHT on-scene information to responding officers and updating it in real-time can help save lives. That’s what the Police Priority Dispatch Protocol System® does better than any other. When your team takes a 9-1-1 call using ProQA® dispatch software, you can be confident that both your new and veteran dispatchers are doing it RIGHT and that responding officers are receiving the information they need to protect themselves and the citizens around them.

We agree with what master mathematician Claude Shannon said in 1963: “Information is the reduction of uncertainty” ProQA® Dispatch Software—reducing uncertainty for over 29 years

ask the right question. get the right answers. send the right information.
ARM THEM
WITH THE PROTOCOLS THEY NEED

Armed with information from EnRoute’s advanced emergency systems, seamlessly integrated with Priority Dispatch’s protocols, your responders receive the critical data they need with the immediate speed and accuracy that helps save lives.

Computer-Aided Dispatch Systems
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www.enroute911.com
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