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Tracey joined the IAED after spending nine years with the ambulance service as a paramedic, EMD, dispatcher, and education manager. While Tracey still teaches EMD, the majority of her time is spent working with European agencies on research projects using the Priority Dispatch Systems.

8 | ATTITUDES

Shawn is a police consultant and Emergency Police Dispatch instructor for Priority Dispatch Corp. He is a former chief deputy for the Okanogan County Sheriff’s Office where he was the director of a combined 9-1-1 communications center. During this time he oversaw the deployment of a new CAD and countywide RMS system, a VoIP 911 phone system, and the deployments of ProQA in EMD and EPD. Shawn was also commander of a multi-jurisdictional SWAT team.

9 | POLICE BEAT

Brett is Academics & Standards associate and Research Council chair for the IAED. His role involves training, curriculum, protocol standards, quality improvement, and research. He is a member of the NAED College of Fellows, Standards Council, and Rules Committee. Brett began a career in EMS communications in 1987. Prior to accepting a position with the IAED, he spent 10 years working in Pinellas County, Fla.

17 | FAQ

Jaci is the chair of the Police Board of Curriculum for the IAED. She is also an EPD and EPD-Q instructor. Jaci is a certified quality assurance specialist on the Quality Assurance Team at the Medicine Hat Regional 911 Communications Centre in Medicine Hat, Alberta, Canada. Jaci also spent 16 years as a calltaker and a dispatcher.

36 | POLICE CDE

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This year’s Navigator marks the sixth conference I’ve attended in the five years I’ve worked for the Academy. Navigator 2012 is the second time for me in Baltimore; I’ve been to Las Vegas—the traditional every other year destination for Navigator—more times than I can count. The city that never sleeps is less than an eight-hour drive from Salt Lake City and “on the way” to outdoor recreation places my husband and I like to visit farther south and west.

Although I thoroughly enjoy Navigator, Las Vegas has never been my favorite destination. I’m rather boring and stinky and almost lost a canoe tethered to the top of the car during a one-night Vegas stop on a roundabout way to Lake Powell. Of course, that has nothing to do with the conference whatsoever, but I just thought I’d share that information in case you’re planning to bring a canoe along while visiting the Vegas Strip.

But back to Baltimore.

This year’s conference was a record-breaker in terms of numbers: more attendees and sessions, and, consequently, more opportunities to network compared to any Navigator from the past. The views from the Marriott Waterfront Hotel, where the conference was held, were spectacular. The area just begs for a walk.

For Navigator, record attendance says a lot about a conference that’s been held almost 20 years running. Navigator planners are always on the lookout for the latest and greatest in dispatch education and news. For example, the Generation Y culture is a popular topic among us baby-boomers who are now contemplating retirement and shaking our heads at the behaviors we perceive among the up and coming. I’m sure the generation preceding the boomers felt the same way about the psychedelic 1960s. Also new to the topical chart are talks about NG9-1-1—the technology and possible stress on-scene videos sent via smart phones—and quality performance measures replacing the scoring standards when gauging compliance.

I wasn’t the only one having trouble choosing which session to attend.

As usual, I had the deja vu of past Navigator jitters; feeling like I was at the edge of a swimming pool and plugging my nose before plunging feetfirst into the water. And true to form, one length following the jump (call it the opening session) and I was off and running.

Next year’s Navigator won’t put me in the position of fearing the loss of a canoe tethered to our Subaru (if Utah had a state car, that would be it). For starters, my husband has since sold the canoe and built a bigger one, and, secondly, Navigator will be held even closer to home than a trip to Las Vegas. In 2013, the Academy is holding Navigator in Salt Lake City, something it hasn’t done for at least a decade.

The welcome mat will be particularly plush for a Navigator in our own backyard. It’s definitely a destination giving you lots of reasons to take the plunge and steal just a bit of your sleep.
**PRESIDENT’S MESSAGE**

**The Pleasure Is All Mine**

Navigator 2013 stays close to home

Scott Freitag, NAED President

I was elated to be the opening speaker for the Navigator conference held in Baltimore, Md. But even better than standing in front of nearly 1,200 of my closest friends, I had the opportunity to tell them what a great guy I am. Although several associates—all well meaning, I’m sure—offered their time and talents to give a brief introduction, I insisted the pleasure was all mine. After all, what if I couldn’t possibly live up to their claims or, even worse, what if they didn’t give the glowing description only my keen acquaintance with myself could give?

Seriously, I was honored by the Academy’s choice. As I stated in my opening remarks, I started in the EMS profession 25 years ago, planning to make it my career. I wasn’t quite sure where my talents, good luck, and good looks would take me, but so far I have yet to be disappointed by the choices made.

Highlights on my list include transferring to Salt Lake City and, soon after arriving, meeting Dr. Jeff Clawson by way of my coworker and now good friend Brian Dale. During the past decade, the affiliation has provided the opportunity to meet many Academy members at the Navigator conferences, now held in six venues around the world, and through the Academy’s Accredited Center of Excellence (ACE) program. I’ve traveled to many of the 166 centers achieving accreditation as part of my role with the Academy as long as the schedule coincides with available time away from my office in Salt Lake City.

It’s always been a privilege to see, firsthand, operations of state and international centers. I learn novel approaches to accomplishing the same task and I enjoy the behind-the-scenes look at the inner workings of international communications centers. I’m not there to scrutinize—or put anyone on the spot—but that’s exactly how I’m going to feel next year. I’m the one who’s going to be in the hot seat when Navigator comes to my backyard in Salt Lake City (relatively speaking).

There are two major projects we’re looking to showcase, in addition to the great conference the Academy puts on that just keeps getting better each year. First, is my absolute, rock solid determination to have the Salt Lake City Fire Department become the world’s sixth Tri-Accredited Center of Excellence (ACE). The second is the city’s designed to fit the definition of Net-Zero Energy Emissions and I’ve heard it’s the first PSB in the country to do so. According to U.S. Department of Energy definitions, Salt Lake City’s 10-19 will produce and export at least as much emissions-free renewable energy as it imports and uses from emissions-producing energy sources.

By the time you arrive in Salt Lake City for Navigator 2013, the 172,000-square foot PSB will be home to the city’s police, fire, medical, and emergency operations departments. We will be leading tours through our consolidated dispatch center during the conference; the same type of tour that I’m accustomed to attending. Although this is a 360-degree turnaround for me—from visitor to guide—the new building eclipses the present home of operations. We’ve used that space since 1957 and since doubling the 275-employee design capacity. Aside from cramped conditions bumping far too many elbows, the building has deteriorated into a maintenance nightmare. It’s downright scary.

Salt Lake City Fire Department Chief Kurt Cook said so much about the current digs during a locally broadcast news show (KCPW, June 1, 2011):

“One of the funniest things is being stuck in an elevator in your own building,” he said. “Or you have to call 9-1-1 if you have your phone and then half the time the phones don’t work in the elevator, so that’s a problem. Boy, we’ve had sewage problems, we’ve had the alarms going off arbitrarily, we had a small fire in January in the building, an electrical fire, so we’ve had our fair share.”

Suffice it to say that everyone is looking forward to the opening of the new Public Safety Building. And I’m looking forward to seeing you at Navigator 2013 and announcing Salt Lake City Fire Department’s Tri-ACE. The pleasure will be all mine.
Don’t Panic
Clarify condition affecting patient’s life

Jeff Clawson, M.D.

Dr. Clawson:
I would like your expertise on the caller who is having a “panic attack.” The caller has no other complaint other than he is breathing a little fast, feeling nervous, shaky, and feels he needs to relax and calm down. Which is the best protocol for this call type?

Jennifer Thomas
Charleston County
 Consolidated 911 Center
 North Charleston, S.C., USA

Jennifer:
Great to hear from you again! This is a most interesting question. Basically, most people reporting something as a “panic attack” have a history of them and know that they are usually benign, albeit disturbing and frightening to the patient. However, some people without a history of panic attacks may attribute their newer symptoms to a panic attack because of what they have heard before or what others tell them, without having a formal medical diagnosis of same, but have something a bit more sinister. There is a condition called Paroxysmal Atrial Tachycardia (PAT), and some other rapid heart rate conditions causing similar things, that cause a panic attack-like situation, which is an underlying medical condition that can be diagnosed and ultimately treated, but rarely causes a life-threatening situation.

The answer to your question is to first clarify the “diagnosis” given by the caller by asking again, “Tell me exactly what happened?” If the complaint is palpitations or rapid heart rate, Protocol 19: Heart Problems/A.I.C.D. is appropriate, where the Pulse Check Diagnostic Tool can be utilized after ruling out other priority symptoms. If the complaint is anxiety, or simply the diagnosis given, use Protocol 26: Sick Person because of its chief complaint clarifier (Specific Diagnosis), which is essentially what a patient who says he is having a “panic attack” has offered the EMD. This protocol then looks for priority symptoms, which should be present if an underlying problem like I have described is truly affecting the patient’s life.

In addition, it would be smart to use the Pulse Check Diagnostic Tool, which can be accessed anytime (not just for Protocol 19: Heart Problems/A.I.C.D. cases). It would likely clarify if a patient has a very rapid heart rate. If the heart rate is over 130 in a resting patient, then more might be going on than a simple “panic attack.” Either way, unless the rate is over 180 in an otherwise healthy patient, this would not really be considered a pre-hospital emergency. Just getting them eventually to an ER would be sufficient (ALPHA code-level response and COLD transport).

I hope this helps clarify this situation. Thanks for contacting us at the Academy.

Doc
Mistakes Happen
The trick is deciding how to move through them and learn

Tracey Barron

Every center has some staff members that don’t appear to be motivated to learn. As instructors and Qs it’s our role to motivate them by energizing them into achieving something new. As Max Lansberg said, “We need to be artists not lecturers because much of motivation is about getting someone to engage with an image of success.”

The problem for many Emergency Dispatchers (EDs) however, is that the path to success is paved with failure. All too often we expect our EDs to be perfect and never make a mistake, but failure cannot be seen as a bad thing (this is different in the case of malicious failure) because feedback on failure enhances skills and future decision-making.

In order to grow and develop, our EDs need to become adventurous and take risks. A popular quote attributed to several people says, “Good judgment is the result of experience, and experience is the result of bad judgment.” One of the greatest motivators is progress, with every setback an opportunity to generate a better outcome for that progress. To help our EDs take those risks, you must first create a safe environment where “getting it wrong” can be a powerful learning tool.

A completely different discipline can help teach us about creating that safe environment. Zumba is a Latin-inspired dance-fitness program. The Zumba program has grown to become the world’s largest dance-fitness program with more than 12 million people taking weekly classes. It is the perfect example of an environment where people are supported to take the plunge, make mistakes and build their confidence, and improve their performance over time.

So what are the qualities of a great Zumba instructor? Let me introduce Jodie, my Zumba instructor. Aside from great dance skills, she is an exceptional motivator who builds a safe environment where mistakes can be made without the fear of being ashamed. Everyone feels safe, supported, and accepted. Unadulterated praise is present in huge quantities, imperfection is encouraged, and Jodie can make mistakes too. Her motivation is abundant and new dances never involve trying to learn everything perfectly, all at once.

Often, when we make mistakes, especially in front of others, we feel ashamed. Shame is the intensely painful feeling or experience of believing that we are flawed and unworthy of acceptance and belonging. It can leave us feeling disconnected and different from others. When EDs experience shame, their first layer of defense often occurs involuntarily. Perhaps they withdraw or become aggressive to regain a sense of control. This is not a reason to change the feedback and teaching we provide but it is a driving force for helping our staff have critical awareness of their feelings and responses.

The expectations that fuel shame are based on our culture's perception of what is acceptable. By building a culture where it is acceptable to make mistakes—to dance in the wrong direction or forget a move—we embrace the imperfect. Choose growth over perfection and we choose empathy and connection.

Jodie talks about “Zumba love”—a love of the connection Zumba creates between an instructor and her group and within the group itself. By connecting as a group we can develop supportive social networks and create power through interaction. We cannot share ourselves with others when we see ourselves as flawed and unworthy of connection. By being authentic and removing the pressure to “get it right” or to “do the perfect thing” we remove the biggest barrier to empathy and compassion. We gravitate toward people we see as honest, real, and sincere. These are the qualities that make Jodie and other instructors great. They are able to share themselves and show empathy for other people's struggles.

So how do we transfer this to the learning environment?

1. **Mistakes lead to growth.** Let your staff make them as long as they learn from them.

2. **Encourage staff to discuss their mistakes so everyone can learn from them.** Share yours, too!

3. **Be genuine, honest, real, and sincere.** It will add richness to your teaching.

4. **Praise and value your staff—make it unadulterated.**

5. **Be empathetic.** Listen to your staff and try and understand their frame of reference.

By helping individuals change their attitudes in a safe and supportive environment we can change the way they react to feedback. Ultimately, a level of critical awareness that helps EDs build resilience to shame and accept feedback will help them control their emotions and actions when dealing with emergency calls.

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**ATTITUDES**

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A n old adage says, “Hindsight is always 20/20.” The obvious problem here is that in order to have this 20/20 hindsight you must first go through the process blind, learning along the way what you would and would not repeat if you were to do it over again. But that’s just the way things are . . . or are they?

Upon implementing the Police Protocol in my former center I thought I had most of my bases covered. We had been using the Medical Protocol for over 10 years and had transitioned to ProQA eight years into their use. I was an EPD instructor, and I had the sheriff’s backing. Good to go, right?!

Fast-forward three months into the implementation: I’m in the middle of the hindsight learning process. My staff and I were working with the field units and explaining the purpose and benefits of protocols, modifying and creating policies and procedures to complement the use of protocols for police calltaking, and spending hours on the phone with technical support asking for help in getting ProQA information to display how we wanted it to in CAD, only to learn that our CAD interface was not capable. I had not counted on the seemingly small differences between the Medical Protocol and the Police Protocol becoming such a big deal. Needless to say, I would have done things differently.

Having been with Priority Dispatch Corp.™ (PDC™) as a police consultant since July 2011, my hindsight on that implementation has sharpened dramatically. The consultants at PDC have extensive knowledge in their field with years of training and experience, ready access to information about the protocols, and most importantly, a collective 20/20 hindsight earned through thousands of implementations around the world.

A popular quote attributed to several people says, “Good judgment is the result of experience, and experience is the result of bad judgment.” This may be a cynical view of experience; however, the point is valid. How many without experiences fall into this category?

A PDC consultant would have assisted me with better addressing certain implementation imperatives, such as:

- Holding pre-implementation meetings with local police chiefs about the Protocol, letting them know how the Protocol works, how it elevates call processing to a more professional level, and how it will make an effective Quality Assurance program possible
- Having policies in place that specifically address the use of protocols in call processing and making sure my staff was all on the same page about their appropriate use
- Providing training to the field units about the protocols, including how they will affect their interaction with dispatch and how the field feedback process works
- Disseminating information to the public describing the change in questioning and the reasons for the Pre-Arrival Instructions
- Working with my CAD provider earlier in the process, and in more detail, to assure that its interface fully supports ProQA
- Model policies and procedures to complement the use of protocols in call processing
- Holding pre-implementation meetings with local police chiefs about the Protocol, letting them know how the Protocol works, how it elevates call processing to a more professional level, and how it will make an effective Quality Assurance program possible

Some of these things were done, albeit not as well as they should have been or in the most logical order. Without a consultant’s help we were forced to re-invent a wheel invented years ago and refined by PDC consultants. Model policies and public educational materials, well-defined dispatch review committee roles and responsibilities, and software configuration support would have saved me time, money, and headaches. More importantly, my agency and my staff could have initially reached a higher level of success in a shorter amount of time and with less frustration.

The PDC Consulting Department has a unique opportunity to assist agencies with far more than just the implementation of protocols. As we travel around the world to agencies large and small, we get to learn as much as we teach. We get to see new ways of doing things and hear fresh ideas, often coming directly from a telecommunnicator working a station. We get to compare how each center does things differently and how they do things the same, allowing us to see what the 9-1-1 industry’s “best practices” really are. We can then share these with other communications centers.

At least one thing all of the PDC consultants have in common is a drive to help elevate the role of the 9-1-1 telecommunicator to that of a professional. Sharing best practices, assisting centers to successfully implement the protocols, and setting them on the track toward accreditation with the National Academies of Emergency Dispatch (NAED™) are big steps toward reaching this goal.

Looking back on that implementation with the clarity of my newfound hindsight, I have asked myself several times “Why did I try and do all of that work without help?” Perhaps the more relevant question is “Why would you?”

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**Hindsight 20/20**

Been there, done that can actually improve implementation process

Shawn Messinger
An award was the last thing Terry Kelly expected while giving Pre-Arrival Instructions that helped save the life of a 12-year-old girl. But that's exactly what happened.

Kelly, a Pittsylvania County (Va.) E-911 communications center dispatcher, was on the 7 p.m. to 7 a.m. shift in April 2011 when he answered a call from a father saying his 12-year-old daughter was unconscious and not breathing. What stuck in Kelly's mind about the call: the caller's unruffled calmness. "He found her unresponsive but he was just as cool as a cucumber," Kelly said.

The man put his wife on the line and administered at least seven minutes of CPR, following instructions from Kelly, relayed via the man's wife. "He did exactly what I told him to," Kelly said. "He was a little anxious but not enough to affect his ability to function. I'm not sure I could have stayed that calm if it was my daughter."

Kelly has shied away from any attention, attributing the save to the help of everyone involved including the caller, Boles, and the EMS crew. "I just happened to be the guy who answered the phone," Kelly said. "I was just a small part of it. There were a lot of people involved in this thing."

EMS crews in the rural area arrived on scene 14 minutes after the call came in, thanks in part to the help Kelly's dispatch partner, telecommunicator Holly Boles, gave in assisting the crew in finding their destination while she handled incoming calls. The girl was transported to the hospital and has since recovered without any permanent injury following an overdose of a medication her father was prescribed for his cancer treatment. "It's evidence that the protocol works," said Kelly, who's been in the profession for nearly a decade.

Mark Moss, chief, Altavista EMS, nominated Kelly for the Western Virginia Council Telecommunicator of the Year award, which Kelly received on June 16, 2011. Moss was on scene that night and said the CPR provided before responders arrived directly impacted the positive outcome. "Terry was able to calmly get them to follow procedure and provide CPR on the child," Moss said. "If CPR wasn't done by Terry's direction, then she wouldn't have survived. I thought he'd done an exceptional job."

The newest sign to raise the bar in dispatch training is the addition of the Police Protocol certification course to the list of qualifying programs in POST's Catalog of Certified Courses. Agencies participating in POST's public safety dispatcher program require 120 hours of entry-level training divided into 14 topics and then 24 hours every two years after to recertify.

The fact that it took close to two years to convince POST that EPD would accelerate training made the accomplishment even better, Young said.

"We're excited," said Young, who has spent 29 of her 32 years in the profession with San Mateo County PSC. "It encourages agencies to look into EPD and even if they don't go for certification, just taking the course enhances their skills."

Currently, police agencies participating in the POST Public Safety Dispatcher Program use a candidate selection process that assesses communication skills and requires both a background investigation and medical evaluation. POST training prepares those selected for the job's responsibilities.
For the future, Young has aspirations for EPD beyond the training stages. “I am hoping that with certification, interested agencies will move toward the protocol in the state, thus a coalition of agencies can start a campaign for EPD to be the defacto law calltaking standard in California,” she said.

San Mateo County PSC received medical accreditation from the NAED™ in 2005 and has since been reaccredited twice.

**Legislation supporting 9-1-1 services rolls across the country**

From where we sit on the calendar, it’s too soon to tell where the ball will land on proposed legislation, but here’s a wrap-up of a few bills pending.

**Indiana:** Associated Press—The Senate and House approved separate plans to increase the monthly fees charged to cell phones and reduce the fees on landlines to stabilize funding for counties’ emergency dispatch centers. Both plans set uniform monthly fees across the state for landline phones—which range from 39 cents to $3 among counties. The fees on cell phones—now at 50 cents a month for carrier subscription service cell phones and 25 cents for prepaid phones—would go up, with the Senate proposal putting the fee for most phones at $1 and the House plans putting it at 75 cents. The House and Senate proposals also place tighter rules on how the phone fees could be spent.

**California:** Sacramento Assembly—woman Norma Torres plans to introduce legislation to keep 9-1-1 emergency dispatch calls private. The proposal follows the release of details from emergency calls concerning celebrities Demi Moore and Michael Jackson. Torres, who spent nearly two decades as a dispatcher for the Los Angeles Police Department, said the amount of private information revealed requires mandatory limits set. According to a story by Michael McGuire (Merced County Political Buzz Examiner), Torres said a basic right to privacy compelled her to announce the legislation. “I don’t want anyone to hesitate or not make a 9-1-1 call because they are afraid their taped call will be released to the media.”

**While it’s too early to let the protocol changes out of the bag, version 13 of the Medical Priority Dispatch System™ (MPDS) will introduce features sure to satisfy everyone from the caller in an emergency down the line to the first responder.**

The release of MPDS v. 13 combined with the delivery system of ProQA Paramount will deliver an increasingly user-friendly package but with the look and feel maintained throughout the protocol’s evolution. Similar to all protocol and program enhancements, users beta testing medical protocol in the ProQA Paramount platform recommended refinements that will be part of its official release.

IAED™ Operations Research Analyst Greg Scott said MPDS users would notice further enhancement of the diagnostic tools in ProQA Paramount in addition to features that include longer text fields for entering information and Smart Post-Dispatch Instructions (PDIs) that gray out instructions not appropriate to give based on information obtained during caller interrogation.

Last year, Avon and Somerset Constabulary in the U.K. began putting Paramount to the test in relation to the Police Protocol to handle the four million calls it receives annually. Their feedback has been valuable in readying official international deployment of the software platform in combination with all three protocols, according to those managing the beta testing in seven countries, including 13 sites in the United States.

MPDS v.13 and later versions of the Medical Protocol will run only on the Paramount platform and the same applies to later releases of the Fire and Police Protocols.
Playground fight provides emergency warning

A playground fight turned out to be a lifesaver for a 13-year-old teenager in Nottingham, East Midlands, U.K. In September 2011, Callum Massey was knocked unconscious at the Hucknall's National Church of England Academy, initiating a three-week stay in the hospital to treat a previously undiagnosed serious heart condition.

Massey has since returned to school and the academy is now the proud owner of a mobile defibrillator donated by the British Heart Foundation (BHF). The East Midlands Ambulance Service NHS Trust trained several staff members at the school to use the equipment under a Heartstart initiative.

In addition to providing defibrillator instructions, the ambulance service gave two Good Samaritan Awards to staff members rushing to save Massey. According to news on the EMAS website, caretaker Eddie Heath and teaching assistant Paul Mullins provided CPR while awaiting the arrival of EMAS community paramedic Tony Goodman, who was at the school within seven minutes. Goodman took over from Heath and Mullins to fully resuscitate Massey before transferring him to the hospital.

“I had to do something,” Heath said. “Callum had gone purple. We became his heart and his breathing. I never wanted to have to do something like this. You hope Superman will fly through the door and you haven’t got to do it. You do not want to take that responsibility. But you have to.”

Durham 9-1-1 texting trial draws to a close

By the time April showers bring May flowers, Durham 9-1-1 Emergency Communications Center, N.C., should have a better idea whether the seeds planted in its text messaging trial actually took root. Well, at least something like that, since April 30 marked the end of a nine-month trial period testing the potential of permanently offering the technology at its center.

The city, in collaboration with Intrado and Verizon Wireless, has been accepting text messages since August 2011 and routing the texts directly to the public safety communications center for handling. The trial was extended for another three months in January 2012 to give the center more opportunity to “test and evaluate all of the aspects of the technology before any potential widespread use,” according to a Durham city press release quoting center Director James Soukup.

The city had not set a date for reporting on the results of the trial, which was designed for two types of emergency call scenarios: potential victims not wanting to be heard making the 9-1-1 call and individuals with speech or hearing impairments making it difficult for them to speak or listen to a telecommunicator.

Despite the lack of results available at the time of the extension, the center certainly learned a few lessons during the preceding months. Limitations listed on the same press release include tips on locations better suited for texting (in range of county cell towers), character length, dialogue style, the compatible message software, and the sequencing of information necessary.

Where’s the snow?

For the second time in less than a month the County of Lethbridge in Alberta, Canada, issued a fire ban because of warmer than usual winter weather. The first ban issued Jan. 3 was lifted a week later and put in place again at the end of the month when unseasonably warm weather and winds dried up the region once again, increasing the risk of fire hazards.

Fire restrictions aren’t unusual in the County of Lethbridge, it’s just the timing this year that worries officials. Although ranked as among the driest cities in Canada, this past winter has been drier than normal.

There have already been four major wildfires in three different rural municipalities across the region this winter. The most recent were two major wildfires in Willow Creek on Jan. 4, 2012, which claimed several homes. A Nov. 27, 2011, wildfire in the county involved 24 separate agencies and about 375 people including everyone from emergency dispatchers to firefighters on the frontline fighting the blaze over a 24-hour period.
Science fair projects look at technology

Gone are the science fair days of exploding volcanoes, exhibits of cotton balls doubling as lungs to show the effects of cigarette smoking, or a petri dish identifying the bacteria promulgating on a potato or chicken salad gone bad. Today's successful science fair projects tend to work with new technology, a current issue, or a novel approach to resolving an ongoing problem.

For example, back in the late 1970s and early 1980s, the energy crisis loomed big in American minds leading to science fair projects suggesting alternative energy sources. In the 1990s, environmental concerns figured heavily into the science fair picture and that subject—and rightfully so—still tends to take up its share of space at events featuring projects all the way down through those put together by elementary-aged students.

Now, in the new millennium, doesn't it make sense that students are latching onto ideas involving wireless communications at the same level as issues in urban planning and medicine and health?

Fledgling scientists are developing portable emergency power supplies for use in natural disasters independent of outside power and testing how different commonly used building materials such as sheetrock, metal, and wood affect wireless speed, signal, and quality. A project kit available for wireless network enthusiasts shows how to build and test parabolic reflectors to increase the range of wireless coverage.

The science craze has made it all the way to Washington, D.C., where in February, more than 100 students from 45 states headed to the White House with their research and inventions for the second-ever White House Science Fair. President Barack Obama viewed the student projects on display, talked about Science, Technology, Engineering, and Mathematics (STEM) education, and announced key steps that the Administration is taking to help students excel in math and science.

Maybe next year, NG9-1-1 will be the hot science fair project.

Dispatchers save lives by coaching bystander CPR

More people will survive sudden cardiac arrest when 9-1-1 dispatchers help bystanders assess victims and begin CPR immediately, according to a new American Heart Association (AHA) scientific statement published in Circulation: Journal of the American Heart Association.

In the 2010 resuscitation guidelines, the association advised 9-1-1 dispatchers to help bystanders assess anyone who may have had a cardiac arrest and then direct them to begin CPR.

The new scientific statement provides more specific information about how emergency dispatchers should provide such help and highlights the importance of assessing the dispatcher's actions and other performance measures.

The association makes four recommendations for emergency medical services (EMS) systems and 9-1-1 dispatchers:

- Dispatchers should assess whether someone has had cardiac arrest and if so, tell callers how to administer CPR immediately.
- Dispatchers should confidently give Hands-Only CPR instructions for adults who have had a cardiac arrest not caused by asphyxia (as in drowning).
- Communities should measure performance of dispatchers and local EMS agencies, including how long it takes until CPR is begun.
- Performance measurements should be part of a quality assurance program involving the entire emergency response system including EMS and hospitals.

More than 380,000 Americans each year are assessed by EMS for sudden cardiac arrest. Only 11% of people who experience sudden cardiac arrest outside the hospital setting survive.

911 Cares activations keep coming

Ever wonder who from your profession might need a helping hand in his or her time of need? If you aren't sure how to find out, there's an organization called 911 Cares that posts requests for everything from donations to cards to prayers. Here are two making the activation page earlier this year:

A veteran dispatcher, Lois Devlin, was diagnosed with a brain tumor last month. It has been removed but will keep recurring. Every time doctors remove the tumor, brain tissue goes with it. At 39 years old, she has already lost her sight and will never drive again. Her youngest daughter is a senior in high school. Lois has worked at her com-
munications center for 16 years. An account has been set up at Omni Credit Union: 207 Broadus St., Sturgis, Mo. 49091. Phone: 269-651-4789. Send cards to: St. Joseph County Central Dispatch c/o Lois Devlin, 620 East Main St. P.O. Box 66, Centreville, Mo. 49032.

Two days before the New Year, a deer crossing the road in a semi-rural neck of the Salt Lake Valley caused a chain reaction, leaving SLC International Airport Operations Coordinator David Sohler on the caller side of an emergency. Although seriously injured in the accident, the 25-year-old Sohler was on the mend when we caught up with Operations Manager Lisa Julio.

“He’s a tough kid,” Julio reported nearly eight weeks after the accident. “It will be a long haul but he’s doing OK. He’s had family and friends constantly by his side since it happened.”

The accident was anything but usual. Sohler was traveling between Tooele, southwest of the airport, and Salt Lake City when a driver in the opposite lane swerved to miss a deer. The driver crashed into a road sign, which flew into the road, broke at the base, bounced off another car, and flew into the driver’s side of the car Sohler was driving. Sohler sustained massive injuries to his face and shoulder and was transported by life flight to the hospital in critical condition. His facial injuries were so severe that he required a tracheotomy to breathe. A drug-induced coma at the hospital helped him survive the initial pain.

An assessment of injuries revealed a broken clavicle, shattered jaw, skull fracture, concussion, and broken teeth. Sohler had surgery to repair his clavicle on Dec. 30, the day after the accident. Three days later, he was back in the operating room for the first stage of jaw reconstruction.

National Academies of Emergency Dispatch (NAED™) President Scott Freitag has been selected interim director of Salt Lake City’s consolidated 9-1-1 Communications Bureau. In his interim position, Freitag will be responsible for all areas relating to personnel, budget, and scheduling in addition to any other issues relating to the communications center in the city’s new Public Safety Building (PSB). Freitag has been with the Salt Lake City Fire Department for 17 years in positions including director of Communications for the department’s 9-1-1 dispatch center, emergency manager, and public information officer. He started in public service as a paramedic nearly 25 years ago. The Public Safety Building, which will be known as “10-19” as its location, will open in the spring of 2013. The 172,000-square foot PSB will be home to the city’s police, fire, and emergency operations departments. In meeting “green goals,” the building is designed to fit the definition of Net-Zero Energy Emissions and reportedly the first PSB in the country to do so. According to U.S. Department of Energy definitions, Salt Lake City’s 10-19 will produce and export at least as much emissions-free renewable energy as it imports and uses from emission-producing energy sources.
Off To A Fast Start
ChatComm achieves ACE two years after operations begin

By Heather Darata

In 2011, an Accredited Center of Excellence (ACE) plaque took up residence on the wall at the Chattahoochee River 9-1-1 Authority (ChatComm), showcasing the level of performance the center had achieved in less than two years of operations.

It was a matter of a natural progression, said Joe Estey, ChatComm deputy director of Operations/Human Resources. “We just decided that our level of expertise could be as high as we could reach,” he said. “Once reaching a certain level of success, it became obvious that accreditation was something we should look at.”

ChatComm was organized in 2009 by the merger of two cities in the north metro area of Atlanta in Fulton County (Ga.): Sandy Springs (population: 94,000), which was incorporated in 2005, and Johns Creek (population: 77,000), which was incorporated a year later in 2006.

According to Estey, the services the cities were receiving from a PSAP covering the north and south metro areas of Atlanta—the county covers 526.64 square miles—seemed to favor the southern half of the county. “They [Fulton County] weren’t able to provide the services that these [northern] populations desired,” Estey said. “They [Sandy Springs and Johns Creek] were frustrated with the lack of being able to determine their fate and the service they received.”

A subsequent feasibility study conducted by iXP, a New Jersey-based public safety communications consulting firm, pushed them in the direction of establishing a joint PSAP funded through the collection of 9-1-1 fees. An Intergovernmental Agreement (IGA) signed in 2008 put iXP in charge of managing the building process; the newly-incorporated Chattahoochee River 9-1-1 Authority provided oversight. In 2009, the iXP implementation team, led by Estey, signed a lease for a 16,000-square-foot space in an existing building.

Estey’s experience overseeing a PSAP as part of his responsibilities as former chief of the Hartford Police Department in Hartford, Vt., made him an ideal choice for ChatComm’s deputy director of Operations/Human Resources. Michelle Allen, former training coordinator at Cobb County (Ga.) Communications, was hired as the deputy director of Technology and Administration, responsible for developing the center’s Standard Operating Procedures (SOPs), training new employees (more than 60% had experience working in a 9-1-1 comm. center), and introducing ChatComm to the Sandy Springs and Johns Creek public service sector, including fire and police chiefs.

On Sept. 1, 2009, ChatComm went live. Incorporating the city of Dunwoody (population: 46,000) in neighboring DeKalb County in October 2011, led to the hiring and training of 10 telecommunicators.

“I think the response from the communities has been very good,” Estey said. “We’re kind of unique because we’re an outsourced operation.”

Higher standard
ChatComm follows standards developed by participating agencies: 90% of calls must...
be answered within 10 seconds; 90% of those calls must be processed for dispatch in 60 seconds. If ChatComm falls off the mark (dips below the usual 93-94% metrics), which hasn’t happened since January 2010, fines can be imposed as part of their contract.

“We’re a paid-for-performance agency and we report these metrics monthly to our client agencies,” Allen said. “We’re held strictly to the standards, there’s no doubt about it.”

Estey said success at the center is built on how well people do their jobs rather than seniority. The turnover rate is a low 7%.

ChatComm has four Qs—Allen, one records/QA person, and two shift supervisors (one is an EMD-Q and the other is an EFD-Q)—in charge of reviewing 25 calls per week for each protocol. The center uses both the Medical Priority Dispatch System™ (MPDS®) and the Fire Priority Dispatch System™ (FPDS®), for a total review of 200 calls each month. MPDS has been part of the center’s operations from day one.

“MPDS was decided early on by the implementation team due to experience and industry ratings and was part of the original plan projected for cost to the taxpayers,” Estey said. The center relies on medical and fire ProQA to dispatch calls for Johns Creek’s police and fire departments, Sandy Springs’ police and fire departments, Dunwoody’s police department, and Rural Metro Ambulance.

Since ChatComm opened in 2009, it has had several opportunities to put their mettle to the test, including a 500-year flood that hit Sandy Springs.

“We did a month’s worth of calls in a day and a half,” Estey said. But perhaps even more telling was when in August 2011 Johns Creek hosted the 93rd PGA Championship at the Atlanta Athletic Club. ChatComm established a remote base in a PGA command center trailer, providing two to four dispatchers at a time, each working the radios an average of 16-hour days. 9-1-1 calls related to the PGA championship were rerouted from ChatComm’s center in Sandy Springs to the onsite command center. Dispatchers sent paramedics on ATVs to respond on medical calls.

“We did all of that local control through the command center,” Estey said. “It was a lot of fun. It was a lot of work.”

Championship test

ChatComm received 292,627 total calls in 2011. Of those, 83,654 came from Johns Creek, a 16.8% increase from 2010. In all, 76,010 of the Johns Creek calls were police incidents, a 14.9% increase, and 19,485 of these were 9-1-1 calls. Fire calls totaled 4,528, a 6.6% increase, and 3,116 were EMS calls, a 13.7% increase.

Fielding Calls Dispatcher Tashira Rice has been with ChatComm for 18 months.

Accreditation

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Distance Not Always Factor For Injury
Protocol prioritizes medical complication in low-level fall

By Brett Patterson

Brett:

Our calltaker, Janine Baker, received a call regarding a 62 year-old female who had fallen. We used ProQA, and the program did not shunt to Protocol 31 after she chose dizziness as the cause of the fall. We agree that the program did not, in effect, shunt to Protocol 31; instead, the final coding was 17-A-01, which consequently created a PSiam call. Diane Bagby
Executive Administrator
Louisville Metro EMA/MetroSafe Louisville, Ky, USA

Diane/Janine:

As I understand it, your question is simply: “Why does ProQA not shunt to Protocol 31 for a fall associated with dizziness when “10 feet” is entered as the height of the fall?”

In previous versions of the MPDS, a LONG FALL was defined as a height of 6 feet or greater. Data suggested this height was conservative, so it was subsequently raised to 10 feet or greater and an additional definition and code for EXTREME FALL (30 feet or greater) was added so that agencies could decide how to respond to these new codes. In the previous version, all falls from a height below 6 feet (including ground-level falls) associated with dizziness, fainting, or near fainting were shunted to Protocol 31 as it was thought that the medical insult took priority over potential injuries suffered from these low-level falls. Indeed, this was the case, as we did not have any reports of life-threatening injuries from this low-level, near-syncopal falls.

However, when the LONG FALL definition was raised to 10 feet or greater, the Standards Council elected not to shunt the low-level falls (< 10 ft) to Protocol 31 due to the increased potential for serious injury. Obviously, the mechanism of injury associated with a fall from 9 feet is significantly greater than a fall from ground level, which does prompt a shunt to Protocol 31. Therefore, current protocol shunts a ground-level fall associated with dizziness, fainting, or near fainting to Protocol 31, but any fall from a height above ground level is handled on Protocol 17.

Your question has been archived for review by the Standards Council when considering version 13 of the MPDS. Any additional outcome data you may provide will be most helpful. I have attached a Proposal for Change form in the event that you believe a protocol change is necessary.

Please do not hesitate to contact me directly with any additional questions or comments regarding MPDS content or rationale.

Brett A. Patterson
IAED Academics & Standards Associate Research Council Chair

Brett:

Thank you for the reply. As a follow-up, the patient had both a fractured shoulder and low blood pressure; she was released from the hospital within 24 hours.

Diane

Brett:

I’m filling in for a Quality Support Coordinator, and I was hoping you could provide some clarity on Protocol 28 Stroke (CVA). I auditioned a call in which the caller thought the patient was having a stroke because she was having trouble raising one arm. During Case Entry, the caller stated that the patient had difficulty breathing. The calltaker selected Protocol 28 at Case Entry, but I thought the correct Chief Complaint Protocol would be Protocol 6 Breathing Problems since “difficulty breathing” is a priority symptom. The calltaker continued asking Key Questions on Protocol 28 where I noticed the question ‘Is she breathing normally?’ The calltaker entered the answer ‘No.’

If “difficulty breathing” is a priority symptom, why doesn’t Protocol 28 shunt to Protocol 6? I find Protocol 28 difficult to explain when she will not doubt say that the symptom of “difficulty breathing” is addressed on Protocol 28. Is there a rule for selecting a Chief Complaint Protocol based on priority symptoms at Case Entry?

Also, if this information were not volunteered at Case Entry (e.g., the calltaker discovers the patient is not breathing normally during Key Questions), should the calltaker return to Case Entry and select the correct Chief Complaint Protocol (since Protocol 28 doesn’t shunt to breathing problems), or is this irrelevant as the same response is likely to be a 1C?

Jackie Herrett
Quality Support Coordinator
Patient Safety & Clinical Quality
Northern Operations Centre

Jackie:

It sounds like the “foremost” symptom (in this case a diagnosis) was stroke, and difficulty breathing (a priority symptom) was mentioned during Case Entry. Case Entry Rule 3 would normally direct the EMD to Protocol 6 in such a case. Some clarification, however: Protocols 13: Diabetic Problems and 28 accept a caller’s diagnosis at face value because of high reliability. If abnormal breathing is “discovered” during Key Questions on these Protocols, rather than voiced as an initial complaint description, there is no need to shunt to Protocol 6 as the difficulty breathing is typically related to the problem (stroke) and is not the primary concern. It will be triaged as ALS, and the patient will be cared for in the same manner. However, if difficulty breathing is the initial complaint description (or part of the complaint description), in medical calls, Protocol 6 should be selected to err on the side of patient safety. Clear as mud?

Brett A. Patterson
IAED Academics & Standards Associate Research Council Chair

Brett:

Thank you kindly, that was very clear and helpful!
Lithuania Goes Live
Christmas comes in a hurry for implementation team

Louise Ganley and Tracey Barron were moving at speeds faster than the speed of ProQA Paramount during the 10 weeks before Christmas.

Like the herding instinct of a Border Collie, the two from the U.K. office nipped at heels—figuratively, of course—relying on their energy and know-how to reach a “go-live” date at Kaunas Ambulance Service (Lithuania) in at least half the amount of time it generally takes for these things to happen.

“We kicked off in October and they wanted it done before Christmas,” said Ganley, PDC™ clinical support officer. “It was the fastest implementation I’ve ever done.”

The ripples of their pace were felt at tsunami force in Salt Lake City, where Tudy Benson, PDC director of European Operations, and the Translation and Standards Department labored under a “very short time frame” to ready translated Protocol and training materials.

Benson, who directed the contractual agreement and is used to working from a distance, said the Lithuanian implementation was complicated by factors, including the city’s size (the second largest in Lithuania), time and language differences, and the first-time translation of Protocol into Lithuanian.

“It was a whirlwind,” Benson said. “But as Louise said to me, and I have to agree, the stress was something we put on ourselves. We wanted to make sure everything went well.”

The dogged persistence and leadership qualities of Paulis Doboinskas, director, Crisis Research Center, and the enthusiastic reception by Kaunas Ambulance Service 1-1-2 staff were two factors working in their favor despite the scheduling crunch. Benson said Doboinskas’ “if we can do it now, why delay?” attitude was the perfect match for dispatchers “eager to soak up everything about Protocol” without the luxury of time on their side.

Benson and Doboinskas drafted an implementation plan in April at the Navigator 2011 conference held in Las Vegas. Three months later, in July, Benson was on a plane to meet Doboinskas in Amsterdam to begin preparations. In October, she and Ganley were in Lithuania for the start date, with Barron, International Academies of Emergency Dispatch (IAED™) Research and Studies officer, scheduled to arrive several weeks later. Benson returned to the United States to co-pilot the project from behind her desk.

“Tudy was very confident about this,” Ganley said. “She believed in us.”

While the actual translators (Milda Dambrauskiene and Zilvinas Dambrauskas) are native Lithuanians living in the Baltic country, all the backend duties fell to the Translation and Standards Department in Salt Lake City. Translation & Standards Manager Irena Weight identified the full spectrum of products needed for the implementation, their priority level, and deadlines for their completion.

Translation Specialist Dave Ogden prepared the required content and uploaded it into a specialized translation software program for Dambrauskiene and Dambrauskas to complete their translation. Next, Production Artists Julie Green, Chad Iverson, and Alyssa Steiner used the imported translations to create the layout for the Lithuanian Medical Priority Dispatch System™ (MPDS®) cardset and 15 additional products, first concentrating on the necessary materials for the upcoming course.

“It was kind of a tight time frame to get it done,” Green said. “This went to the top of the list.”

The quick turnaround had Proofreader/Assistant Editor Cynthia Murray rapidly checking drafts for consistency between the English and Lithuanian versions while Weight ensured that changes were properly entered into ProQA software.


By Audrey Fraizer

Louise Ganley and Tracey Barron were moving at speeds faster than the speed of ProQA Paramount during the 10 weeks before Christmas.

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O Green Town in Lithuania The 13-meter tall tree in Kaunas is made from 40,000 recycled plastic bags.

Photo by Tracey Barron
Crete In Seven Days
Implementation on Greek island sails by

If you think 10 weeks for the Medical Priority Dispatch System™ (MPDS) implementation in Lithuania was unprecedented, consider the one-week time frame to complete comparable work at a dispatch center on the northwest coast of the Greek island of Crete.

“It took longer for the decision to go through the approval process than it did to get the system ready to go live,” said Louise Ganley, Priority Dispatch Corp.’s (PDC™) clinical support officer.

The dispatch center on Crete is part of the U.S. Naval Support Activity (NSA) Souda Bay, a logistics support installation that provides operational fighting support to U.S., Allied, and Coalition Forces deployed within the European/Central/Africa command.

Support can—and must be—extended at a moment’s notice, said Emergency Dispatch Team Leader Sotirios “Sam” Kagadis. “We do this by providing, operating, and sustaining superior facilities and services dedicated to combat readiness and security of ships, aircraft, detachments, and personnel.”

The consolidated fire, medical, and security dispatch center monitors alarms, radio communications, and cameras configured with automatic 9-1-1 phone systems. The center dispatches response for emergency calls originating from the base and coordinates dispatch outside its jurisdiction for local Greek authorities. The dispatch staff of local nationals (Greeks) takes part in base training exercises.

In accordance to military standards, the dispatch center was in the market for a system that offered EMD training and certification, among other features. Kagadis made several inquiries, reviewed material received in response, and chose medical ProQA pending two final conditions prior to sending a request through proper channels.

Kagadis is an untiring perfectionist—the system selected had to measure up to his precise expectations—and he wouldn’t proceed without the staff’s OK. Everyone on staff speaks fluent English as a second language.

“The group here is a team that works closely together,” he said. “I can say with confidence that we exercise the meaning of ‘all for one and one for all.’”

Once given the go-ahead in late Sept. 2011, Ganley and Tracey Barron, IAED™ Research and Studies officer, jumped into action. Barron divided her days teaching the EMD course and the ProQA application of MPDS. Ganley met with the commander and administration for process updates. The center went live on Oct. 2, 2011.

Ganley and Barron credit the staff’s drive to achieving the “almost spotless” implementation.

“They really needed something in place and were very excited to get this done,” Barron said. “They were with us all the way.”

Kagadis, who has been a dispatcher for as long as the base has had local national dispatchers in the dispatch center (since 2004), said they now have a system making “things better on a regular basis.”

“The MPDS provides an easy-to-use, largely encompassing tool to deal with medical emergencies,” he said. “It gives our dispatchers a tool that is truly lifesaving.”

The one-week-to-go-live schedule, however, won’t be the last NSA Souda Bay sees of the implementation duo. Ganley returned in April to provide ED-Q™ training and check on post-implementation progress. She and Barron talk regularly with Kagadis, who has added an item to his list of ideal conditions.

“I would love to see the software available in the Greek language,” Kagadis said. “In an emergency situation when the caller is a Greek national who doesn’t speak English and reporting an incident involving one of our sailors, it can save us valuable time in the translation of some of the terminology.”

munication with the translators was naturally delayed by the time difference between the two countries. Noon in Kaunas is 8 p.m. in Salt Lake City. In other words, the three-week turnaround meant strict attention to the clock.

“This was high priority,” Murray said. Although neither Ganley nor Barron speak the language, they’re the first to admit it’s a tough one to learn and follow. Lithuanian is one of the oldest languages spoken although it wasn’t standardized until a century ago. Call-takers, because of the country’s tourist industry, also handle calls in Russian, Polish, German, and English.

“We learned a little Lithuanian,” Barron said. “But fortunately for us, most places where tourists go are fairly English-speaking friendly.”

Ganley and Barron worked non-stop coordinating the EMD student and instructor courses with the translated teaching tools as they arrived. They organized ProQA Paramount and AQUA training and depended on their Lithuanian translators for answering questions and when ordering food from the local restaurants.

Hill Of Crosses
More than 100,000 crosses mark the hillside memorial.

A Look Across History
Cobbled streets give tourists a view into the country’s fabled past.
Firsthand Indemnity
Virginia Tech plan handles second shooting efficiently

James Thalman

Just after 12:30 p.m. on Dec. 8, 2011, lightning struck a second time at Virginia Polytechnic Institute and State University: A 9-1-1 caller reported a shooter on campus and apparently on the loose. A campus police officer had been shot and killed during a routine traffic stop.

A sharp fear cut through the midsections of the campus’ first-responder personnel whose minds immediately flashed back to the morning of April 16, 2007, and the massacre of 32 students and faculty—an act that has become known across the country as higher education’s “9/11.” It ranks as the largest mass murder of college students since 36 Syracuse University students were killed in the bombing of Pan Am Flight 103 on Dec. 21, 1988.

Although the Virginia Tech assailant—Ross Truett Ashley, a 22-year-old part-time student at Radford University, which is about a 30-minute drive away from Virginia Tech in Radford, Va.—had murdered Officer Deriek Crouse in a parking lot before killing himself with the same handgun about a half-mile away, the shooting was much smaller by orders of magnitude compared to the 2007 mass-casualty incident.

The combination “officer down/active assailant” alert caused a shock that was quickly mitigated by the fact that the school’s newly upgraded and fully operational, redundant, static-free alert system had already engaged.

The Blacksburg, Va., school’s emergency response plan, which was in the middle of an upgrade in April 2007, had been fully operational for at least two years before the Dec. 8, 2011, shooting, but it was the school’s first real test. Almost before first-responders could react in December, alerts were automatically routed to electronic message boards in classrooms and by text message to the estimated 96% of Virginia Tech’s 35,000 students who carry cell phones.
“We relayed the message immediately and via every possible communication link to get the word out,” said school spokesman Mark Owczarski.

**A meridian event**

Seung-Hui Cho, a senior-level undergraduate student at Virginia Tech, was armed with two handguns when he began his rampage at 7:15 a.m. on April 16, 2007, in the West Ambler Johnston residence hall, killing a student and an in-house advisor. The second and more serious part of the incident began about 9:40 a.m. after Cho had chained and locked the three exits to Norris Hall, the campus’ engineering faculty and classroom building that also houses foreign language lectures. In about 20 minutes, Cho shot a total of 47 students and faculty members, most of them murdered on the 2nd and 3rd floors where they were gathered for 9 a.m. classes.

The U.S. Department of Education deemed the campus response in 2007 an unintended yet inexcusable violation of standard high-alert/mass-casualty incident procedures in place on all public college campuses. A two-hour lag between the first shots that killed two students in the residence hall and a campus-wide danger alert is the most obvious disconnect, according to the department.

A detailed after-action assessment of the 2007 massacre, completed by an independent, blue ribbon committee under the auspices of former commonwealth Gov. Tim Kaine, provided a 150-page structural and staffing blueprint for upgrades. The existing system was inadequate. Although the university could broadcast a phone message, only students and faculty who had voluntarily registered their phone numbers would have received an alert. In addition, the system was cumbersome, requiring 11 separate actions to send a broadcast message to all registered numbers, an approach Owczarski deemed as “not useful” when time is critical.

**Analysis**

Jaci Fox, who chairs the International Academies of Emergency Dispatch’s (IAED®) Police Board of Curriculum and is an EPD and EPD-Q™ instructor, has examined the events of the 2007 massacre and what lessons could be learned for all dispatch centers from this unprecedented cautionary tale, which Virginia Tech had the misfortune to experience firsthand.

Taking a ‘nothing is so bad that something good can’t come from it’ approach, Fox cited communications deficits that added to the turmoil, including a technologically outdated and understaffed call center, the chaotic interaction of responding agencies with one another, and the hesitation of the emergency administrative staff to deal with the incident.

According to Fox and former Priority Dispatch Corp. Police Consultant Eric Parry, the Virginia Tech Police Department erred in not insisting that university administrators handling the incident immediately issue a campus-wide notification that two persons had been killed and that all students and staff should be cautious and alert. The alert came more than two hours after the first two murders and about 10 minutes after the massacre was over and Cho lay dead from a self-inflicted gunshot wound as police closed in.

The incident was also a product of just plain bad luck, Fox said: Virginia Tech was a semester away from completing the installation of a unified, multimedia messaging system that would have significantly mitigated Cho’s ability to carry out the rampage. The upgrade, now in place, would have allowed university officials to send an emergency message in parallel to computers, cell phones, PDAs, and telephones—a system model that is the core of the current nationwide upgrade of NG9-1-1.

Had the system been complete, authorized users could have sent an alarm. Unfortunately, they did not have the technical means to do so in April.

**Independent commission report**

The independent commission’s report came up with the same conclusion, finding the breakdown in 2007 an issue known at virtually every communications center: disconnect. According to the report:

“Each jurisdiction having its own frequencies, radio types, dispatch centers, and procedures is a sobering example of the lack of economies of scale for emergency service. Local political entities must get past their inability to reach consensus and assure interoperability of their communications systems.”

The report concludes: Emergency services leaders and governmental entities require cooperation, consensus building, and the provision of adequate finances. “Failure to accomplish this goal leaves any region vulnerable to a similar situation in the future with potentially tragic results.”

**Aftermath**

In the wake of the shooting, Virginia Tech, along with campuses across the country, conducted internal reviews of emergency procedures, notification systems, and policies related to student behavior. According to a report by the Midwestern Higher Education Compact, many campuses are taking a “lessons learned” approach in re-evaluating their own emergency plans and dozens have implemented new or enhanced processes and technologies to improve communications and the mobilization of emergency resources.

Ironically, at the same time as the shooting this past December, Virginia Tech administrators were seeking a reduction in the fine during a meeting with education department staff in Washington, D.C.

School officials facing legal actions are hesitant to comment specifically on both incidents, but they said, generally speaking, that they couldn’t help but wonder if the steps taken to complete the alert system upgrades prevented the second shooting in 2011 from becoming much worse. It’s impossible to know if the 2007 incident might have been decidedly less severe if the alerts and the new response plan had been in place then.

“Like to think it was huge in that regard,” Owczarski said.
Scott Freitag is every bit the quick-witted, entertaining, debonair, and absolutely dazzling ladies’ man he claims to be. Or, at least, that’s the challenge the National Academies of Emergency Dispatch (NAED™) president must live up to following his opening presentation at Navigator 2012.

“Someone had to give my introduction,” Freitag said to the nearly 1,200 people staring at him from the other side of the podium. “I decided why not me? Who knows me any better?”

While his opening comments might have fooled a few—after all he wasn’t going to let anyone else do the introductions—Freitag did underscore the word “challenge” in relation to the choices he’s made during his career and the choices that determined the path of emergency communications.

“What does challenge mean to you?” he asked. “Many have taken the ultimate challenge in becoming an ACE [Accredited Center of Excellence]. Others are working toward that goal. We all have our own challenges in maintaining the sharp edge required for this profession.”

“Take the Challenge” was the theme behind this year’s Navigator conference, held April 18–20 at the Marriott Waterfront Hotel in Baltimore, Md. From a record number of pre-conference attendees (282), educational tracks (15), individual sessions (91), and formal conference attendees (1,247) from all over the globe (13 countries), the fourth decade of emergency dispatch appears ready to scale future challenges brought on by technology and inevitable chieftains of change. Challenge will stay the constant.

But, how do you define challenge?

NAED Co-founder Jeff Clawson, M.D., finds challenge in maintaining and continuing the high levels of practicing emergency dispatch.

“We have a unified set of protocols, widespread throughout the world and, in many places, institutionalized,” Dr. Clawson said amid a brief Q&A during Freitag’s opening presentation. “The protocols are a self-sustaining, perpetual motion system and, to me, our greatest challenge is maintaining a process that can be refined and, at the same time, continue to succeed. We have to dedicate ourselves to maintaining that interest and passion.”

Dedication in itself is a challenge. How do agencies decide the focus—where do they invest the time, talents, and funding? The list
only grows from the demands of new technology, limited budgets, center consolidation, and baby boomer concerns over an upcoming generation that might view the workplace differently.

There are also the challenges of functioning as an international Academy. The International Academies of Emergency Dispatch (IAED) has to take into consideration cultural and language differences, geographical distances, cultural dictates, government, and the response system configuration. Part of the distance solution has been solved through the addition of five navigator conferences outside of the United States.

“That’s what navigator is all about,” Conference Coordinator Claire Colborn said. “Immediately after one conference ends, we’re onto planning the next, looking at issues that will impact the next year’s sessions and choosing the speakers who can best deliver the information.”

New education tracks—Next Generation 9-1-1, Human Resources, and Motivation—joined existing ones that included topics in leadership, management, quality assurance, and what to do about the stress the profession tends to produce. The 46 exhibitor booths highlighted the latest and greatest technology—including ProQA Paramount—and the softer side of emergency communications—such as education and public awareness.

Entertainment included an Opening Gala, a Rock Star Lounge sponsored by TriTech, the 11th Annual Navigator Golf Tournament, and off-site tours of the SYCOM Helicopter Comm Center.

The 29 graduates of the 2011 class of the Communications Center Manager (CCM) course received certificates, and Monica Million was presented the first annual David E. Connolly Leadership Award. Accreditation Chairman Brian Dale announced 48 re-accreditations and 15 first-time ACE accreditations; with the addition of Johnston County E-9-1-1 Communications and Prince George’s County Public Safety Communications Center, there are five centers in the world with triple accreditation.

EnRoute sponsored the Dispatcher of the Year Award and the Closing Luncheon featuring the presentation of the Dr. Jeff Clawson Leadership Award. You could hear a fork drop it was so quiet when Staff Sgt. Matthew Eversmann described the 1993 United Nations peacekeeping mission featured in the film Black Hawk Down.

“Taking the challenge often demands that first leap of faith,” Freitag said. “Look at all of you. Dispatch is a profession because you took the challenge and led the way for the rest of the world.”

Navigator 2013 does bring the challenge back to Freitag. Although a quick wit at opening presentations, his challenge lies in rolling out the red carpet for attendees of next year’s conference in Salt Lake City. Not only is the city constructing a new Public Safety Building to house administrative offices, central dispatch, and a disaster/emergency operations center, but Freitag is pushing his department to become the sixth tri-accredited ACE in the world.

“We’re going through the same experiences and challenges as everyone here,” he said. “And everyone is going to smile and be happy when we’re done.”

Navigator 2013 will be held April 17–19 in downtown Salt Lake City. The call for presentations is already open.
Technology and NG9-1-1

Kevin Willett
Public Safety Training Consultants; Redwood City, Calif., USA

NG9-1-1 provides a great look at our future in terms of technology and meeting public demands, but before tackling everything at once, let’s fix the stuff in front of us now. And that includes more than texting and wireless capabilities. Although important, we should also be concentrating on keeping better training records or improving morale in our communications centers and other issues that directly impact our dispatchers. How do we want to advocate our funding? Do we want to spend more on our employees or do we want to take that money and spend it on technology that has yet to happen?

Protocol compliance

Lisa Kruse, EMD
West Metro Fire Rescue; Lakewood, Colo., USA

When I first heard we were going to start using protocol I was very excited. I was a little concerned that some of my fellow dispatchers were going to dislike the program after using the lax state system, where freelancing was common practice. Now that we’ve used the system for a while (ProQA®), I truly enjoy how easy it is to get through a phone call. With every call, I am extremely conscious of how important the wording is to get the proper coding on calls. I strive to be completely compliant with every call and from the noncompliant calls I learn which questions or tools I still need to work on. I think our department made the right decision in choosing this program. I appreciate the fact that it has made my life easier and made me a better dispatcher.

Cell phones in the workplace

Leslie Whitham
Southern California agency, USA

Because of liability issues, our comm. center stopped allowing cell phones in the workplace. So, what happened next? Dispatchers began texting from their purses. They acted like they were looking for something in their purse, but it didn’t long for us to catch on to what was really going on. The next step was saying no purses and that’s when we heard the “Well, then I quit” going around the center. Before anyone left, we sat down and asked each dispatcher to list five work priorities, and then to chisel that list down to two priorities. Guess what? No one listed texting in the top two or top five. The light bulbs went on. Cell phones and texting weren’t so important after all.

Shift work

Jerry Stallings
Queen Anne’s County; Centerville, Md., USA

We work 24-hour shifts and every dispatcher had to agree to the plan before it was implemented. The communications center is set up for us to cook and serve meals and there is a bunkroom where each dispatcher can sleep six hours on a rotating basis during the 24-hour shift. Sometimes, we get together and cook a spaghetti dinner or something else big for everyone on shift. Three years ago on Thanksgiving we opened the EOC for a traditional dinner—turkey and all the trimmings—for anyone in public service scheduled to work the holiday. At least 30 people stopped by and we’re still hearing how much people appreciated the dinner.
**Morale**

Debbie Jones  
Sussex County Emergency Operations Center; Georgetown, Del., USA

Negative attitudes are caused by a combination of things, but the attitude can snowball and affect the whole center. Recently, we’ve been addressing the issue by holding monthly meetings and providing more training. We’ve found that added training is one way to get things moving, along with putting dispatchers in for awards and paying particular attention to events we can hold during National Telecommunicators Week. There was a dress-down day and we gave each dispatcher insulated lunch bags and coffee mugs. We have incentives for meeting EMD standards and since our center is only three years old, we have every new technology. I also let people know that they can come to me for help.

**Building woes**

Cary Armand  
St. Charles Parish 911 Communications District; Hahnville, La., USA

We had a problematic CAD so we made the decision to buy a new CAD system. At the same time, we decided to gut the interior of the communications center and built a temporary center we used for three months. The temporary quarters were very cramped but our dispatchers did a phenomenal job under the circumstances. We installed a new CAD, bought new ergonomic furniture, and pulled up the carpet. We put in a personal ventilation system which lets everyone control his or her own heat. Everything was redone and we kept everyone up-to-date with the progress. After three months, they were so ready to go home.

**Building woes II**

Eddy Beckendorf  
St. Charles Parish 911 Communications District; Hahnville, La., USA

The improvements at the center really improved morale and so did increasing our staff to complement our call volume. We looked at current call volume and projected the numbers out so that we’d have enough positions for the next 20 years. When I started the process, we had 12 people. We now have 21, with the goal of hiring three more by 2013. The design plans started in February 2009, but it wasn’t only management making the decisions. People in operations looked at furniture and CAD systems. They knew we were working toward their future and what we wanted to do for the long term. The work started in January 2011 and although the months in our temporary quarters were difficult, the results were worth the wait. We celebrated. It was great to involve the whole center.

**Motivation**

Karyn Kretzel  
West Metro Fire Rescue; Lakewood, Colo., USA

We believe that motivation is a year-round goal and not something we try to do one week during the year. Sometimes we try to motivate our people to eat healthier, and this year we used that idea when we purchased a propane barbecue grill for the third-floor balcony at our center. The floor is concrete and we definitely made sure we were meeting fire code before announcing our intention. On the first day it was in, the day shift was barbecuing hamburgers and hotdogs and they also did the same for the night shift. This is something that really draws people together and gets them out for breaks. We also have an “Atta boy” bulletin board with room for 32 cards for giving accolades. Even Stan our janitor put up a note thanking our dispatcher Debbie for moving her legs while he was cleaning the floor.

**Training**

Lynn Carroll  
Jefferson County Emergency Communications; Kearneysville, W.Va., USA

Learning all the new technology and reaching 100% protocol compliance levels take constant training for our dispatchers and me. I went to eight training sessions alone to learn about the digital trunking system and since our director is working on getting a CAD system (the communications center uses the Medical Priority Dispatch System™ (MPDS®) cardset and is planning implementation of a CAD system), I anticipate another dozen sessions to learn that well enough to train everyone else. In addition to training for new equipment, we also have a training academy for new employees. The academy lasts from six to eight weeks and includes sessions on call taking, policies and procedures, equipment, geography, and working alongside an experienced dispatcher. Training never ends.
We have the ability to change the caller’s experience just by the way we talk on the phone. We have to react [to our callers] from their perspective. We have to understand that our callers are facing emotional situations; their perspective is very different from ours. They don’t do this every day. I find that if I smile while talking to callers and using the protocol, I don’t sound robotic or indifferent. We have to show our callers that we do care.

We are a regional center under the direction of the Greeley Police Department and we have lots of training before any new system is implemented, so it doesn’t come as a surprise. Once we have some experience, we have additional training to answer more questions and we have a committee working within shifts to resolve any glitches that might come up. New dispatchers have extensive training that can last eight months or longer, and that’s after going through many steps of our selection process. We also work within the department to improve morale and our dispatchers have gotten a lot better about helping one another and sharing information. They’re doing well. I believe they choose the attitude they bring to work.
What could be more important than protecting our children?

**Announcing 9-1-1 COMMUNICATION CENTER BEST PRACTICES IN CASES OF MISSING CHILDREN**

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

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

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


2. **Request** a copy of the Public Safety Telecommunicator Checklist for Missing Children.

3. **Apply** to attend NCMEC’s CEO Overview Course in Alexandria, Virginia.

**CEO Overview Course**

9-1-1 Communication Center Managers and Directors are invited to apply to attend the two-day overview course held at the National Headquarters of NCMEC in Alexandria, VA. Courses are conducted approximately every six weeks at no cost to participants.

For more information, visit www.missingkids.com/911 or email 911@ncmec.org
James Fleming goes far beyond whistling while he works. He sings.

The event technology specialist at the Baltimore Marriott Waterfront Hotel really sings, and never mind those off-key, safe-in-the-shower kind of tunes. The guy who works behind the scenes at the hotel is a professional musician. He can without question carry and sustain a tune. The whole world tends to be a stage for his voice and solo performances on drums or the piano.

But it was his voice that caught the attention of Navigator Conference Coordinator Claire Colborn. Fleming heard it was Colborn's birthday, sang her the ageless melody, and—quite honestly—thought nothing more of the gesture. He went back to hanging banners, setting up the audiovisual equipment, and—you guessed it—singing.

Fleming, however, doesn't skip a beat. And this time his musical beat caught the attention of NAED™ President Scott Freitag, who went looking for Fleming based on Colborn's description of his birthday wishes to her. Freitag took a video of the performance and soon enough, everyone was in agreement.

“He asked me to sing the National Anthem at your opening ceremonies,” Fleming said. “I was extremely shocked. Nobody has asked me to do that before.”

Fleming's vocal talent was “the buzz” after his remarkable performance on stage during the first morning of the Navigator conference. Ask anyone. He would have been a shoo-in as winner for the Star-Spangled Banner vocal contest sponsored by the Smithsonian's National Museum of American History. Too bad the competition was judged three years ago. (No offense to the person who won.)

Fleming said music is a gift. He has never taken a singing lesson and taught himself to play an array of musical instruments. His fellow workers call him “Ice Cream” because his smooth tone reminds them of a vendor at a Baltimore Orioles baseball game. He sings at anniversaries and birthdays and loves to clown around musically with event coordinator coworkers, particularly Gary Bryson who does a mean shuffle to Fleming’s vocal percussion impersonation.

Sometimes, however, Fleming can be heard singing when he would prefer no one noticed. Recently, for example, his fiancé, Kwatika Packwood, caught note of what he intends to do while she is walking down the aisle to meet him at the Altar of a Baptist Church in Baltimore. She is a soprano and sings in the choir at her church in Washington, D.C.

“I’ll be singing our love song,” he said. “I was practicing and didn’t know she had walked into the room. She’s very happy, although I imagine she expected as much.”

Fleming released his first solo album in 2000 and a second solo album of Gospel music is set for release later this year.
Jim Riley never thought he’d see the day he’d get teary on stage, let alone be on stage in front of an audience numbering close to 1,000 people.

But, then again, his good friend Lynn Shull, two good Samaritans, and an EMD working together to save his life wasn’t anything he anticipated, either.

“I’m not real good at public speaking,” Riley said, wiping away tears on a stage that may as well be a million miles away from his home in rural Barnstead, N.H. “But I’m getting much better at public crying.”

Shull and Riley were repairing a roof in the town of Alton on a seasonal 30-degree day (Dec. 1, 2011) when Riley collapsed and stopped breathing. Alton is a small town but—as urban dwellers would agree—one with a big advantage over the area surrounding Riley’s rural setting in neighboring Barnstead.

There’s cell phone reception. The cell phone call Shull made from downtown Alton connected to the New Hampshire Bureau of Communications. The PSAP, located in Concord, receives about 2,000 9-1-1 calls each day. Police and fire requests are transferred to the appropriate dispatch center. The EMD in Concord asks the MPDS Case Entry and Key Questions to determine proper response and Pre-Arrival Instructions and the call, once the medical problem is identified, is relayed to the local dispatch center for on-scene response.

Having identified cardiac arrest from Shull’s description of Riley’s condition, New Hampshire Bureau of Communications EMD Joyce Jastrem started relaying compressions only CPR Pre-Arrival Instructions. Shull pumped for several minutes, relinquishing the lifesaving support to two passers-by who stopped to give aid. Brett Kimball picked up the cell phone while his coworker, Dave Elwell, took over compressions.

By 12:53—10 minutes into the call—Alton Fire/Rescue arrived on scene and defibrillated Riley and began transport to a local hospital. Paramedic Janet Williamson intercepted the ambulance and provided advanced life support. He was later airlifted to Dartmouth Medical Center in Hanover, N.H.

One week later, Riley was home recuperating from surgery to implant a stent into the blocked artery.

Riley’s debut on a stage in Baltimore was the second time he and Jastrem were together celebrating his survival and her lifesaving instructions. The first was at the New Hampshire Bureau of Communications several weeks after the event and the second was four months later when Jastrem accepted honors as the NAED Dispatcher of the Year. While the award is based on several factors, including protocol compliance, it’s the audio recording of the call submitted as part of each application that captured the audience’s attention.

Jastrem’s call lasted 10 minutes and 22 seconds from the time Shull frantically pushed the numbers 9-1-1 on her cell phone keypad. It took weeks before Riley was cleared to do any of the labor that keeps his home running. He and his partner Dot Wenblad—Shuller’s mother—live on a 100-acre farm. They chop wood, haul water drawn from a well, grow vegetables, tap trees for maple syrup, and occasionally climb to the top of the hill to make a cell phone connection. They have no TV, computer, or landline phone. They more than willingly live at a place that doesn’t agree more.

“You really never expect anything like this,” said Jastrem, of the award. “To me, it was a typical call.”

Jastrem is not one for the stage, but she is passionate about 9-1-1, and honored for an award she probably wished someone else might have received under similar circumstances many years ago. In an area of Detroit, Mich., where her family lived years ago, there wasn’t the numbers 9-1-1 to dial in an emergency, at least the day her dad needed it most.

“We were visiting relatives and my dad collapsed,” said Jastrem, who was 13 at the time. “I dialed 0 but in all the confusion no one could tell me the address. Help finally arrived but it was too late.”

Jastrem certified as an intermediate EMT and she is married to a firefighter. Her attachment to dispatch was almost immediate.

“I’m very pro 9-1-1,” she said. “It really does save lives.”

Riley and Wenblad couldn’t agree more.

“I knew a good man when I found him,” Wenblad said. “I’m lucky Joyce was there to save him.”

Location. Location. Location
Day at work is lifesaving to rural homeowner

Jim Riley and Joyce Jastrem
Stephan Bunker still remembers an event from 15 years ago as if it happened yesterday, like it does to somebody, in some place, every day.

The volunteer firefighter, at the time, was selling hotdogs at a fair to raise money for his department when a plea for emergency medical assistance turned his attention from hotdogs and condiments to a building not far from where he had been standing.

“I made a leap over the counter,” he said. “The response was automatic. It was training drilled into me.”

Bunker dashed through the exhibit hall’s doors, winding his way through a swarm of people nearly blocking his attempts to help a two-year-old girl experiencing a seizure. Her parents were screaming for help, at a loss for what they could do for their daughter.

“At that moment I knew I never wanted to see that same fear in the eyes of any other person in my jurisdiction,” said Bunker, who worked full time in emergency communications. “Our local dispatch center had not adopted protocols and our dispatchers hadn’t been given permission to offer over-the-phone assistance. So, I provided the emergency care until response arrived on the scene.”

The child survived and Bunker started his crusade advocating for emergency medical dispatch (EMD) legislation enacted in the 2005 Maine legislative session. The law mandated, with funding support, the statewide implementation and ongoing evaluation of EMD, commencing on Jan. 1, 2007.

Despite retiring in November 2011 after three decades of working in Maine’s emergency communications, he is now advocating the same legislation for police and fire dispatch.

“The parents of that two year old have no idea what they started,” said Bunker, who for 25 years was with the Maine Department of Public Safety, serving as the first director of the state’s E-911 bureau.

Bunker was one of three people receiving the Dr. Jeff Clawson Leadership Award during a presentation at the closing luncheon of the Navigator 2012 conference sponsored by the National Academies of Emergency Dispatch (NAED). Each received a $500 contribution from the NAED for a charity of the recipient’s choosing. Bunker gave his donation to 911 CARES, a nonprofit organization that collects donations for dispatchers in personal distress due to, for example, medical problems.

In addition, he donated $448 from a fundraiser he held at the Maine NENA conference in support of Houlton (Maine) Dispatcher Tiffany Cissel, who on March 24, 2012, lost everything in a house fire; all she had left was her uniform.

Bunker said he was “flabbergasted” by an award named for Jeff Clawson, M.D., inventor of the Priority Dispatch System™ and co-founder of the NAED. The award is given annually to an individual who has made a significant contribution to the emergency dispatch profession.

“I know of so many others to recommend,” Bunker said.

Bunker’s co-recipients are Gordon Deans, executive director, Maryland Emergency Number Systems Board; and Greg Mears, M.D., EMS medical director for North Carolina and executive director of the EMS Performance Improvement Center.

Gordon Deans’ acceptance of the Academy’s Award was every bit as reciprocal in tone as the speeches heard at other Oscar-winning presentations.

Deans’ interaction with the Academy goes back more than a decade, and the role he plays in the system people depend upon in an emergency, clearly shows his dedication to the Priority Dispatch System™.

Leadership award honors three recipients
protocols used in 3,515 communications centers worldwide. Many PSAPs in Maryland have been using the Medical Priority Dispatch System™ (MPDS®) for nearly 15 years.

The ENSB oversees the administration of the 9-1-1 Trust Fund Revenues. Through this process, the Board funds the Emergency Medical Dispatch™ (EMD™) system and all Maryland primary PSAPs use the Academy’s EMD Protocol, while 92% of the primary PSAPs also use the Academy’s Fire and Police Protocols. The Board also funds the Emergency Telecommunicator™ Course (ETC™) to prepare entry-level emergency telecommunicators for careers in public safety and ETC instructor training to provide each Maryland PSAP with certified ETC instructors.

ENSB’s protocol-funding policy requires implementation of a quality assurance (standards) program to determine the percentage of protocol compliance each PSAP must meet. In fiscal year 2010, the target of 85% was met when 11 of 13 PSAPs reported quality assurance scores consistently exceeding the 90% compliance standard.

In 2009, the Harford County Division of Emergency Operations became the second PSAP in the world—and the first in the United States—to be recognized by the Academy as an Accredited Center of Excellence (ACE) in all three (Medical, Police, and Fire) protocols. Also during the past year, Prince George’s County Public Safety Communications Center became the fifth PSAP in the world—and the fourth in the United States—to receive the same Tri-ACE distinction.

Deans acknowledged Harford and Prince George’s counties for their efforts in “taking their systems to a higher level” and, also, the dispatchers in the state’s 22 other PSAPs whose dedication is demonstrated every day as they take emergency calls for help.

“These are the people who continue to lead the way,” he said.

Mears, FACEP, likes collaborative interaction to achieve best practice standards. He likes to compile and provide information targeting and improving the emergency medical system in ways—often unique—that make him an innovator and facilitator.

Dr. Mears has an extensive list of accomplishments over the past 20 years as a local EMS medical director, the NC State EMS medical director, and as the original principal investigator in the development of the National EMS Information System (NEMSIS). Through Dr. Mears’ standardized approach, EMD, EMS service delivery, and ultimately, patient care have been improved at the local, state, and national levels.

“He has made significant contributions to emergency dispatch,” said Dr. Clawson during the awards presentation. “He is dedicated to the course.”

And, in this case, the award heralds Dr. Mears’ dedication to the course of emergency Medical Protocol. Largely because of his collaborative approach, 64 of the state’s 100 counties have approved EMD programs. During this past year, Johnston County Emergency 911 Communications became one of five Accredited Centers of Excellence (ACE) in all protocols (medical, police, and fire).

Dr. Mears thanked Dr. Clawson for having the vision to create the standardized approach to providing emergency assistance, and a system that enhances the state’s existing EMD programs.

“Dr. Clawson is a leader in providing tools we can all use to accomplish our goals,” Dr. Mears said. “Thank you for your efforts and dedication you give to the people you save,” he said.
13 Countries Represented

1,247 Attendees

92 Instructors

282 Pre-conference Attendees

91 Sessions

46 Vendors

2,623 Room Nights

15 Educational Tracks

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

Get a free copy of the Field Triage Decision Scheme: The National Trauma Triage Protocol, the MMWR and other free resources at www.cdc.gov/FieldTriage
Sister Act
Award honors two girls for helping grandpa in an emergency

Six-year-old Emily and her four-year-old sister Riley skip around a room off the main banquet hall on the third floor of the Marriott Waterfront Hotel in Baltimore, Md.

“It’s a big day for the girls,” explains their mother, Krystyna Stunkel, who lives with her parents and two children in Parkville, Md. “I think they’re doing really well.”

The two girls had momentarily finished a lunch of kids’ fare—chicken nuggets as opposed to the chicken and rice served to adults—and sat patiently through a 45-minute presentation by Staff Sgt. Matthew Eversmann, whose real-life actions as a Special Forces commander in the Battle of Mogadishu, Somalia, in 1993 were immortalized in the film Black Hawk Down.

There was no telling whether the girls were impressed with the commander’s heroic efforts to keep his troops alive during an 18-hour battle ensuing from a United Nations peacekeeping mission gone horribly awry.

After all, the girls had their own heroics bringing them to the same stage just prior to Eversmann’s introduction. They received the 911 Heroes Award from 9-1-1 for Kids during the closing luncheon at the Navigator 2012 conference.

“I believe they saved me from a life-threatening situation,” said Richard “Poppy” Forstner. “If they hadn’t been there, things could have turned out much differently.”

“Poppy” had fallen down in the bathroom, wedging himself next to the bathtub. Hearing his cries for help, Emily broke from her play to find her beloved grandfather trapped and she was too little to help.

“She asked if I was OK,” Forstner said. “I told her, ‘No. I was hurting.’”

Emily grabbed her sister Riley and together they put a plan into action. Riley pushed the three numbers 9-1-1 on the cell phone and Emily talked to the dispatcher answering the call at the Prince George’s County (Md.) Public Safety Communications Center. The PSC is an Accredited Center of Excellence in all three protocols (Medical, Police, and Fire).

Help was on its way.

Forstner spent the next two days in shock therapy at Good Samaritan Hospital in Baltimore County, Md., as treatment to monitor the presence of enzymes indicating a high probability of cardiac muscle damage. Two weeks later, he was hosting a hospital visit from Emily and Riley.

“They are my heroes,” he said.

Grandma Donna [Forstner] said the girls’ response drew from the 9-1-1 coaching the family has provided for the emergency care of Krystyna, who has a seizure disorder. The girls’ mom was in therapy at a local hospital at the time of Poppy’s accident.

“They know calling 9-1-1 isn’t a game but something very important for helping their mom,” Donna said.

The girls took the award in stride, every bit as much as they did the arrival of emergency crews following their phone call.

“When I came in, they were with a county police officer doing crafts,” said Grandma Forstner, who rushed home from radiation therapy upon hearing of the emergency. “I am very proud of them.”
Col. Luiz Carlos Wilke was proud to take the stage at Navigator 2012. You could tell by the way he moved to the front, walked the few steps to the podium, and adjusted his tie while translator—Rogerio Rigato—adjusted the mic.

“Good morning,” Col. Wilke said in his native Portuguese language. “What you have done here has allowed us to put humanities’ emotional context into our center and, at the same time, given us a protocol that has improved our response time.”

As the general manager of SAMU-192 do Municipio de SÃO PAULO (the 192 being the number to call in an emergency), Col. Wilke said he was honored to take “a bow” during the Accredited Center of Excellence (ACE) presentation held on Wednesday, April 18.

He was also honored to describe the unique system of finding employees through an agency that finds employment for people with disabilities. Everybody behind the CAD has a physical disability, and most incurred the disability while in the line of duty as a firefighter or police officer.

“We were able to open a door to people without hope,” he said. “This could not happen without MPDS and the dedication to make this happen.”

SAMU-192 do Municipio de SÃO PAULO is the largest center in the world to adopt the Medical Priority Dispatch System™ (MPDS) and the first center in the world to put a Portuguese ProQA® software version of the MPDS into practice. And thanks to a goal to achieve ACE since choosing MPDS, SAMU-192 do Municipio de SÃO PAULO is now the largest ACE in the world. The center went live in February 2011 and by January 2012 had mailed in the completed ACE application. Approval was quick to follow.

“Our people are doing a very good job, and they have found a new purpose,” Col. Wilke said. “We did not hire out of pity but out of a sense of providing our public emergency help from people who have been in similar situations.”

Others taking the stage following introductions by Accreditation Chairman Brian Dale included Jason Barbour, director, Johnston County (N.C.) E-9-1-1 Communications, and Charlynn Flaherty, associate director, Prince George’s County (Md.) Public Safety Communications Center. Both centers are triple ACEs (accredited in the Medical, Fire, and Police Protocols).

Barbour and Flaherty acknowledged the Academy and the staff at their centers for achieving the Twenty Points of Accreditation in all three disciplines.

“We’ve always been a center of excellence and this proves it,” Flaherty said. “We’ve worked hard to get where we are today.”

Prince George’s County processes over 15 million 9-1-1 calls per year and coordinates dispatching for the police department, 47 fire stations, nine municipal police departments, and the sheriff’s department.

Barbour encouraged every center to do the same, whether it’s achieving single, double, or triple ACE status.

“Hats off to you,” he said. “Because of these protocols and your dedication, callers are receiving the best service possible.”

Johnston County E-9-1-1 Communications receives more than 14,000 calls per month with an average of over 11,000 calls dispatched. The agency dispatches for 24 fire departments, 16 first responder units, 12 rescue stations, 10 municipal police departments, and Johnston County animal control.

Dale announced 48 re-accreditations and 15 first-time ACE accreditations; with the addition of Johnston and Prince George’s counties, there are five centers in the world with triple accreditation. Accreditation must be renewed every three years. The first ACE was awarded to the Albuquerque Fire Department in 1993 and since then, 166 centers have been accredited.
On Track

High Anxiety
Rarely a day goes by without at least one burglary alarm sounding
By Jaci Fox

A typical shift in a communications center would not be complete without receiving at least one call concerning a burglary/intrusion alarm. An estimated 32 million security alarm systems have been installed in the United States, with roughly 3 million new systems added each year. Sixty percent are installed in residences and the rest in commercial and institutional properties. Considering these figures, it’s little wonder that dispatch for these alarms can comprise 5–10% of a center's total annual call volume and rank among the highest misuses of 9-1-1 and police resources because of the high percentage of false alarms.

The Police Priority Dispatch System™ (PPDS) has an efficient way of managing these calls: Chief Complaint Protocol 104: Alarms. Protocol 104 defines alarms as: "Physical hardware installed at a given location to monitor burglary, robbery, medical, fire, hazardous materials, panic, or distress situations. Alarms may be monitored by an alarm company or may make local notifications only." Several types of alarms require the response of law enforcement, including: audible, burglary/intrusion, holdup/panic/duress, telematics, vehicle, and visual (flashing lights).

Audible alarms

Audible alarms can emit continuous, intermittent, or specialty sounds—chimes, chirps, warbles, and sirens—which are a relatively recent innovation used to attract attention in a world increasingly overrun with audible technology. Audible alarms are used throughout several industries; for example, in radiography, these devices are used to reduce the likelihood of accidental exposures by alerting personnel of radiation levels above a preset amount. Audible alarms are also used to deter car thieves.

Burglary/Intrusion

According to the Federal Bureau of Investigation (FBI), burglary is the most common threat to our homes. Statistics released in December 2011 in the FBI's Preliminary Semiannual Uniform Crime Report indicate that the number of property crimes—burglary, larceny-theft, and motor vehicle theft—decreased 3.7% compared with figures from the first six months of 2010. But that doesn’t mean burglary is a crime that will soon disappear.

The optimal time for burglary depends on the property. Most (62.4%) residential burglaries occur during the day, between 6 a.m. and 6 p.m. when the resident is out of the home. Generally, residential burglary rates are highest in August and lowest in February, although factors such as weather and location do influence the rate. In non-residential burglaries, the higher percentage (58.0%) of incidents occurs at night after the building has been vacated for the evening.

Single-family detached houses, compared to other types of residential settings, are more often the attractive targets—with greater rewards—and are more difficult to secure because they have multiple access points. Only about a quarter, 23%, involve initial entry through a first-floor window, while another 22% involve access through the back door. Overall, businesses are four times as likely to be burglarized as homes, and small businesses are targets in more than half of the commercial burglaries committed.

In the absence of an on-site security patrol, businesses and residential property owners put their money and trust into home/commercial security systems, selecting the type based on the level of protection that fits the buyer's needs. A burglary/intrusion alarm system is activated to monitor motion when premises are vacated. The alarm is triggered at an attempted entry or when motion is detected from inside the empty building. Alarm systems may utilize different technology to detect intrusion or motion in the building.

A basic burglar alarm system is built into doors and windows and other points of entry. The more points of entry armed with detectors, the higher the cost of the system. If a security company is monitoring the system, they have to pay in rewards—and are more difficult to secure other types of residential settings, are more often the attractive targets—with greater rewards and are more difficult to secure other types of residential settings, are more often the attractive targets—with greater rewards and are more difficult to secure.
Holdup/Panic/Duress

While the majority of alarms that are reported for residential properties are burglary/intrusion alarms, panic/duress alarms are popular as personal alarm systems. Panic buttons are normally activated by a person and can be hard-wired or wireless, fitted in a fixed location (such as under a desk or adjacent to a door), or carried by an individual. They can even be worn as a pendant. They can be silent or emit an audible alarm. A panic button can relay a signal to an alarm panel and can be monitored for response.

Telematics/Vehicle alarms

Telematics is a type of alarm system “that supports two-way communication with a vehicle for the collection or transmission of information,” according to Protocol 104. For example, the OnStar brand of telematics is incorporated into a vehicle’s electronics, and a specific button alerts an OnStar operator who asks about the problem and arranges the appropriate response. Currently, OnStar operators use the Medical Priority Dispatch System® (MPDS) to process medical emergency calls.

An anti-theft device in a vehicle relies on loud audible sounds (a siren, klaxon, pre-recorded verbal warning, the vehicle horn, or a combination of all these) activated when the door handle is forced or significant amount of vibration or shock is applied to a vehicle. The noise is designed to act as a deterrent by attracting significant attention to the vehicle. Unfortunately, as with other alarm systems, it’s not always thieves tripping the alarms. A majority of car alarms are false alarms triggered by trucks passing the parked car or glitches in the car’s electrical system.

False alarms

Not every alarm alert identifies a crime in progress. According to a report by the U.S. Department of Justice (False Burglar Alarms 2nd Edition), police responded to about 36 million alarm activations in 2002, at an estimated annual cost of $18 billion. The vast majority of alarm calls—between 94% and 98%—are false. Alarms can malfunction due to storms, high winds, power outages, animals, tampering, heating cycles, water contact, or operator error. No matter the cause, each false alarm requires approximately 20 minutes of police time, usually for two officers.

Many jurisdictions charge a fee for service in cases of a false alarm. For example, Salt Lake City, Utah, established a system of fines to reduce the number of false holdup, duress, and panic alarms. In the United Kingdom, a combined approach of fines, eventual loss of police service, and device reengineering is used to reduce technology-related false alarms. Jurisdictions trying to recoup costs, however, generally omit the lost-opportunity costs (when police and associated public service workers—including police calltakers and dispatchers—are unavailable to respond to actual crimes due to resources allocated to the false alarm).

Emergency communications

Suspicions of a false alarm aside, all alarms must be considered a crime in progress until proven otherwise. Protocol 104 provides three pathways to effectively collect information from different types of callers: an alarm monitoring company, a private caller, or a telematics representative.

Most commonly, the EMD will use the alarm monitoring company pathway, which takes just over a minute to process interrogation. This question sequence asks for pertinent property information including the name (commercial and residential) and owner, the specific area where the alarm has triggered, the phone number listed for the business/resident/owner, and possible contact with a keyholder. If contact has been made, the calltaker asks for the name of the person responding, the mode of transportation, and the estimated time of arrival (ETA).

The second pathway addresses private callers reporting a sounding house alarm, vehicle alarm, or other alarm when the source or location of the alarm is unknown. The calltaker asks how long the alarm has been sounding and whether any suspicious activity has been observed. If the alarm is coming from a vehicle, the calltaker will ask for the vehicle’s description using the acronym “CYMBALS,” which stands for “Color, Year, Make/Model, Body style, Additional (paintwork/damage), License, State/Province.”

The third pathway assists the calltaker in gathering information from a telematics call center. This pathway determines the type of response required, the vehicle’s description, and the associated phone number.

After completing Key Question (KQ) interrogation and sending the correct Determinant Code, the EPD should provide Post-Dispatch Instructions (PDIs) when appropriate.

Keep in mind that Case Entry Rule 4 instructs calltakers to shunt to the correct Chief Complaint during interrogation when a more specific Chief Complaint becomes known. For example, the scenario quickly changes when the caller is originally reporting an alarm coming from the direction of a vacationing neighbor’s home (Protocol 104) and then notices, during KQs, two strangers going through an open window. At this point, it is appropriate for the calltaker to shunt to Protocol 110: Burglary (Break and Enter)/Home Invasion. In addition, the calltaker should provide the appropriate PDIs and use the Case Exit Panel X-2 “Stay on the Line” instructions to provide law enforcement with any updates.

Because a calltaker may use Protocol 104 to address non-emergencies several times each shift, these calls must be handled efficiently to deter crime and limit lost-opportunity costs as much as possible.

Sources

5 See note 4.
7 See note 5.
You must be Police certified to take this quiz.

CDE Quiz Mail-In Answer Sheet

Answer the test questions on this form. (A photocopied answer sheet is acceptable, but your answers must be original.)

We will not process altered sizes.

A CDE acknowledgement will be sent to you. (You must answer 8 of the 10 questions correctly to receive credit.)

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

The National Academies of Emergency Dispatch
139 East South Temple, Suite 200
Salt Lake City, UT 84111 USA

Attn: CDE Processing
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Please retain your CDE acknowledgement for future reference.

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Primary Function
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☐ Medical
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☐ Instructor
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☐ Medical Director
☐ Commercial Vendor/Consultant
☐ Other

Answer Sheet Police

May/June Journal 2012 “High Anxiety”

Please mark your answers in the appropriate box below.

1. According to the FBI, what is the most common threat to our homes?
   a. residential house fire
   b. home invasion
   c. vandalism
   d. burglary

2. In 2010, how often did a burglary occur in the United States?
   a. once every second
   b. once every 14.6 seconds
   c. once every minute
   d. once every 1.24 minutes

3. Residential burglary rates are generally highest in:
   b. May.
   c. August.
   d. December.

4. Overall, homes are four times as likely to be burglarized as businesses.
   a. true
   b. false

5. The majority of alarms that are reported for residential properties are:
   a. panic/duress alarms.
   b. personal alarm systems.
   c. burglary/instruction alarms.
   d. medical alarms.

6. What is the percentage of alarm calls estimated to be false (triggered by something other than a true emergency)?
   a. 10 to 25%
   b. nearly 50%
   c. 68 to 75%
   d. 94 to 98%

7. All alarms must be considered a crime in progress until proven otherwise.
   a. true
   b. false

8. The most commonly used pathway in Protocol 104 addresses:
   a. soliciting information from an alarm monitoring company.
   b. private callers reporting a sounding house alarm, vehicle alarm, or other alarms, although the source or location of the alarm is unknown.
   c. assisting Telematic Call Centers.

9. The acronym used to ask for a vehicle’s description is:
   a. DRUMS.
   b. ENGINE.
   c. CYMBALS.
   d. SCOOTER.

10. It is appropriate for an EPD calltaker to shunt to a more specific Chief Complaint during interrogation as soon as the correct Chief Complaint becomes known.
    a. true
    b. false

To be considered for CDE credit, this answer sheet must be received no later than 06/30/13. A passing score is worth 1.0 CDE unit toward fulfillment of the Academy’s CDE requirements. Please mark your responses on the answer sheet located at right and mail it in with your processing fee to receive credit. Please retain your CDE letter for future reference.
 Eleven of the southeastern United States have a lot in common, aside from their neighboring borders or proximity to the ocean. It’s not only about slang, food, and music. It’s a loyalty that transcends the usual ties of national patriotism and state pride, according to Tim Jacobson, author of Heritage of the South.

But there’s another feature about this region that loyalty shouldn’t have to take into consideration. People in the southeastern United States have a 50% higher risk of dying from stroke than people in other regions of the country. Some researchers refer to three of the states—North Carolina, South Carolina, and Georgia—as the buckle of this so-called “Stroke Belt” because of death rates twice as high as the rest of the nation.

The trend has changed little since it was first discovered in the 1950s. The higher-than-average death rate from stroke has been linked to a combination of factors—genetics, delaying regular health check ups, and lifestyle (e.g., smoking and foods high in saturated fats)—rather than the lack of adequate medical treatment at the time of a stroke.

The southeastern United States isn’t the only section of the country where stroke statistics are closely monitored. As the third leading cause of adult disability in the United States, stroke has long been investigated to improve the incidence and outcome of stroke, particularly during the first four
steps in the Chain of Survival and Recovery: detection, dispatch, delivery, and door.

While lifestyle might play an important part in predicting the potential for having a stroke, the time of symptom onset is the most critical piece of information obtained in the prehospital setting to increase the potential of recovering from it. Stroke victims cannot change their genetics or past lifestyle factors, but early recognition, when a stroke does occur, can expedite diagnostic tests and treatments. “Time is brain,” and maximal neuronal salvage can only be achieved with early care to discourage the risk of permanent brain damage, disability, or death.

To improve the dispatch link in stroke recognition, the National Academies of Emergency Dispatch (NAED®) developed the Stroke Diagnostic Tool, released in version 12.1 of the Medical Priority Dispatch System™ (MPDS). It is available to ProQA and version 12.1 cardset users.

The 12 Determinant Suffixes added to Protocol 28: Stroke (CVA) aid in identifying stroke evidence at the dispatch level, enabling the immediate notification of stroke centers in an effort to expedite the care of more stroke patients. Additionally, the tool provides a high degree of stroke predictability that can also expedite scene processing and, ultimately, better serve potentially treatable stroke patients.4

EMD Estelle Clegg uses the Stroke Diagnostic Tool “nearly every day” she is working at the Great Western Ambulance Service (GWAS) NHS Trust communications center in the UK. Prior to the tool’s release, the calltakers relied on the caller’s ability to “tell us the patient was having a stroke.”

The Stroke Diagnostic Tool, she said, hastens identification.

“We don’t often hear follow-up [from our calls], except when it comes from the [ambulance] crew,” she said. “Their follow-up identifies that it really does work.”

In 2010, GWAS responded to more than 264,000 emergency calls. According to statistics from the National Stroke Association, an estimated 150,000 people have a stroke in the UK each year, and it is the third most common cause of death in England and Wales, after heart disease and cancer.

What is a stroke?
A stroke occurs when a blood clot blocks an artery (a blood vessel that carries blood from the heart to the body) or a blood vessel (a tube through which the blood moves through the body) breaks, interrupting blood flow to an area of the brain. When either happens, brain cells begin to die and brain damage occurs. The term “brain attack” is often used to describe a stroke to communicate the urgency of promptly recognizing stroke warning signs in an effort to improve the chance for a full recovery.

There are two types of stroke:

- Ischemic stroke occurs when blood clots block arteries or by the gradual build-up of plaque and other fatty deposits. About 87% of all strokes are ischemic.
- Hemorrhagic stroke occurs when a blood vessel in the brain breaks, leaking blood into the brain. Hemorrhagic strokes account for 13% of all strokes, yet are responsible for more than 30% of all stroke deaths.

Often referred to as a “mini stroke”, a Transient Ischemic Attack (TIA) may be considered a third type of stroke, and is a significant predictor of the risk of stroke. This condition is usually caused by a small blood clot that blocks blood flow to a portion of the brain causing a temporary interruption that generally resolves itself within 24 hours. In version 12.2 of the MPDS, TIA will be included in the title of Protocol 28 and will be handled similarly to the complaint of stroke.

When brain cells die during a stroke, abilities (speech, movement, memory, eyesight, or other functions) controlled by that area of the brain are lost. Exactly how a stroke patient is affected depends on where the stroke occurs in the brain and how much of the brain is damaged.5

Healthcare providers use the “seven Ds” as a tool to describe the process that should be carried out to facilitate quick and definitive stroke treatment: detection, dispatch, delivery, door, data, decision, and drug6.

- Detection is promptly recognizing the signs and symptoms of stroke and determining the onset time.
- Dispatch requires notifying emergency medical care and delivering the patient through the door of the nearest stroke center or hospital for rapid triage in the emergency department.
- Data is collected about the patient’s history, lab work, physical assessment, imaging studies, and the time of onset and symptoms.
- A decision concerning the use of tPA (clot-buster) must be made using the exclusion and inclusion criteria for tPA therapy.
- If all criteria are met, the drug is started.

### Stroke Diagnostic Tool

Overall, the Chief Complaint of “stroke” accounts for about 1.4% to 2% of all MPDS cases. In comparison, Protocol 10: Chest Pain (Non-Traumatic) accounts for about 9%; Protocol 6, Breathing Problems, about 14%; and Protocol 26: Sick Person (Specific Diagnosis) about 10%.

Though Protocol 28: Stroke (CVA) is less commonly used than other protocols, learning when and how to use Protocol 28 and the Stroke Diagnostic Tool is essential. First, the EMD must select the correct Chief Complaint Protocol based on the caller’s complaint description. If the caller solely describes a priority symptom in the patient—such as “not breathing”—Protocol 28 is not an appropriate Chief Complaint selection. Not-breathing or ineffectively breathing medical patients should be cared for using Protocol 9: Cardiac or Respiratory Arrest/Death or Protocol 6: Breathing Problems. Unconscious but breathing patients should be cared for using Protocol 31: Unconscious/Fainting (Near).

Much of the confusion surrounding protocol selection for critical patients involves a misinterpretation of the dispatch-defined term “INEFFECTIVE BREATHING”. On the Case Entry Additional Information, the definition states...
that when the caller volunteers that the patient is “barely breathing,” “fighting for air,” “turning blue or purple” etc. at Case Entry, the EMD should send an appropriate ECHO-level Determinant Code (2, 6, 9, 11, 15, 31) as these situations warrant extreme conditions of breathing. Protocol 28: Stroke (CVA) is not an ECHO-level Protocol and should not be used for patients in need of rapid, critical breathing interventions. However, if a caller describes “difficulty breathing” in conjunction with a primary complaint of “stroke,” the foremost symptom is considered to be stroke, which is best handled on Protocol 28. These very different situations are generally easy to tell apart. Callers for patients with INEFFECTIVE BREATHING nearly always voice this as the initial complaint description, whereas patients with a primary complaint of stroke sometimes have a secondary complaint of abnormal or difficulty breathing.

If a stable stroke patient develops INEFFECTIVE BREATHING during Key Questioning on Protocol 28, the EMD should consider the Stroke Diagnostic Tool “NOT COMPLETED,” send the appropriate response, and immediately proceed to the proper DLS Link (ABC-1). The initial presence of INEFFECTIVE BREATHING is a clear contraindication for the selection of Protocol 28: Stroke (CVA) and, therefore, the administration of the Stroke Diagnostic Tool. In addition, patients with critical priority symptoms are very unlikely to qualify for stroke center triage or thrombolytic care.

Another source of confusion involves the fact that the complaint of “stroke” is actually a diagnosis, rather than the more common symptom-related complaints EMDs receive. Stroke and diabetic situations are the two sole Chief Complaints in the MPDS that are diagnosis based, and are so because of their high degree of reliability. The primary complaint of stroke is most often associated with stroke symptoms, probably because the general public is familiar with these symptoms that are very unique to stroke, especially sudden loss of function on only one side of the body.

Response to stroke patients

The Academy’s Council of Standards evolved and approved the Stroke Diagnostic Tool in an effort to better recognize the evidence of stroke early in the EMS response, not only to enable early hospital notification in the interest of prompt and effective patient care, but as a study methodology to measure and improve the outcomes of stroke patients. The tool was released and used extensively in the United Kingdom for about one year, yielding excellent results and positive feedback, prior to its release in North America.

The Academy is aware that some EMS agencies do not alter their response to stroke patients based on the standard Protocol 28 Key Question evaluation or the use of the Stroke Diagnostic Tool. With the exception of the lone 28-A-1 (Breathing normally <35) Determinant Code, the general recommendation is an ALS response varied from HOT for “Not Alert” or “Abnormal Breathing” codes, to a COLD ALS response for those without priority symptoms. First responders are not recommended for any of the stroke Determinant Codes. However, some systems send first responders on the C-1 and C-2 codes. These local response options are important to this discussion because, although some agencies choose to limit response options by Determinant Level (i.e., sending the same response to all codes within a given level without specific regard to Determinant Descriptor or Suffix), many other agencies utilize the protocol’s inherent design by assigning specific responses to the vast array of distinctions available. Indeed, for many MPDS users, varied response based on Determinant Descriptor and Suffix coding is used in the interest of safety, resource management, and patient care.
1. People in the southeastern United States have a ____ higher risk of dying from stroke than people in other regions of the country.
   a. 25%
   b. 35%
   c. 50%
   d. 65%

2. The higher than average death rate from stroke in some southeastern states has been attributed to:
   a. geographic location.
   b. a combination of factors.
   c. the prevalence of a seafood diet.
   d. its proximity to tornado alley.

3. What is the most important piece of information that should be obtained relating to a stroke patient?
   a. previous stroke history
   b. history of diabetes
   c. time of symptom onset
   d. recent use of drugs or alcohol

4. How many Determinant Suffixes were added to Protocol 28: Stroke (CvA) to aid in identifying stroke evidence at the dispatch level?
   a. 4
   b. 8
   c. 12
   d. 16

5. An ischemic stroke occurs when a blood vessel in the brain breaks, leaking blood into the brain.
   a. true
   b. false

6. Overall, the Chief Complaint of “stroke” accounts for about what percentage of all MPDS cases?
   a. 1.4% to 2%
   b. 9%
   c. 10%
   d. 14%

7. If the caller solely describes a priority symptom—such as “not breathing”—Protocol 28 is not an appropriate Chief Complaint selection.
   a. true
   b. false

8. Unconscious but breathing patients should be cared for using:
   c. Protocol 9: Cardiac or Respiratory Arrest/Death.

9. The initial presence of INEFFECTIVE BREATHING is a clear contraindication for the selection of Protocol 28: Stroke (CvA) and, therefore, the administration of the Stroke Diagnostic Tool.
   a. true
   b. false

10. The Academy’s Council of Standards evolved and approved the Stroke Diagnostic Tool:
    a. in an effort to better recognize the evidence of stroke early in the EMS response.
    b. to enable early hospital notification in the interest of prompt and effective patient care.
    c. as a study methodology to measure and improve the outcomes of stroke patients.
    d. all of the above
Christine Curley doesn’t like to fly. She doesn’t like the noise. She doesn’t like the narrow aisles between the seats. She doesn’t like turbulence. And, she doesn’t like making small talk. In fact, if there’s anything Curley likes about flying, it has nothing to do with being off the ground.

“When I was a kid, our plane was hit by lightning and we instantly dropped 1,200 feet,” said Curley, EMD, Grady EMS in Atlanta, Ga. “unless absolutely necessary, I don’t want to fly.”

Curley is also hesitant to go anywhere disaster might cross her path, which, it turns out, is just about everywhere.

“Disasters seem to follow me around,” she said. “I gave the Heimlich to a guy choking on shrimp at a restaurant last Valentine’s Day.”

Fortunately, Curley’s never at a loss for response, even when the things she likes the least happen to converge on the same spot, and that’s just what happened.

Curley was on an airplane, 20 minutes out of Seattle, Wash., on the first leg of a flight back to Atlanta after visiting her brother at an Army base in Fairbanks, Alaska. She was settled in her seat, keeping calm, and looking forward to arriving home.

That’s when the announcement came over the PA system. A flight attendant asked if anyone on the plane knew CPR. A passenger was in trouble. She’d given bystander CPR instructions many times over the phone during her six years in dispatch, and person-to-person many years earlier at a time it’s still hard to talk about. She unbuckled her seatbelt. The passenger was prone on the floor in the cabin reserved for flight attendants when they’re not navigating food and drink carts or otherwise assisting.

“He wasn’t breathing,” Curley said. “He wasn’t conscious. He was almost blue. It was too loud to hear if he had a pulse.”

Curley wedged herself into the already tight space and started compressions. By the time they landed in Seattle, the man was breathing and talking. She held up his oxygen tank when they got off the plane. She never found out the man’s name but he did survive the cardiac arrest brought on by medication. Her next flight to Alaska will cost $200 less for her efforts.

“The airlines gave me a discount ticket,” she said. “Did I mention that I hate to fly? I was terrified the whole time I was giving the man CPR.”

The part of her past Curley doesn’t like to talk about was the time a dispatcher gave her over-the-phone instructions for CPR. Curley was 15. Her dad was 49 and in cardiac arrest.

“The ambulance got there in five minutes,” she said. “He came back once but he didn’t make it.”

The family tragedy isn’t necessarily the reason Curley became a dispatcher. She likes helping people and worked as an EMT before moving into communications. She sometimes gets that “deep down awful feeling” when she takes a heart-breaking call, but that doesn’t change the way she feels about the profession.

“I’m actually passionate about what I do,” she said. “It’s a good feeling to know I can help.”
Getting To Know Us
National day provides introduction

John Q. Public might know a little more about dispatching today than when the first 9-1-1 call was made on Feb. 16, 1968 in Haleyville, Ala. That’s because PSAPs across the country have been participating in National Public Safety Telecommunicators Week (NTW) since then. This year’s celebration was held from April 8-14.

The week was first designated in 1994 by a joint resolution of the 103rd U.S. Congress to raise awareness of emergency dispatchers in federal, state, and local governmental entities. Each year since, call centers have organized volunteer projects, let dignitaries spend a night in jail, held mock fire drills, mock earthquakes, redrafted family escape routes in case of a fire, and generally put faces on 9-1-1.

This year, telecommunicators shared camaraderie and a story or two about calls they’ve handled, including this humorous one: The driver in Louisiana who found himself suddenly lower on the food chain after finding out the alligator by the side of the road wasn’t quite as injured as he thought and that duct tape doesn’t actually have tensile strength enough to keep a gator’s mouth shut.

It’s all in a day’s work, though some portions of any day at any time can get as serious as a heart attack or an F-5 tornado. Danny Gordon has handled every emergency call on the spectrum, but way more than his share of the uber-high-velocity twisters have come his way. That’s OK because he has “kind of a thing” for tornados—in part because tornados seem to have kind of a thing for Missouri.

“I’m just awestruck by them,” Gordon, 56, said as he started his usual overnight shift in Newton County Central Dispatch on April 14. “It’s like seeing the force of nature at its most powerful. All you can do is hope it passes quickly and without people hurt.”

Naturally, his best and worst days as a dispatcher have been tornado-driven.

“It’s so great to be the voice on the other end of the call and you’re helping and hearing the relief in someone’s voice when the field folks get somewhere in the nick of time,” Gordon said. “Course, there’s been plenty of the worst kind of calls, too—when the person is just screaming. It’s really tough to hear that because you know there’s probably not a thing you can do to help.”

The Newton County Central Dispatch Center keeps tabs on and dispatches for six law enforcement agencies, 10 fire departments, and a county-wide ambulance service in a jurisdiction of 627 square miles. Gordon is one of 14 full-time dispatchers and six administrative staff and office personnel. Newton County is mostly rural and has a population of about 56,000; Neosho is the largest city in the county, with a population of just under 11,000.

“Dispatching] is just the best job,” he said. “It matters in the most real sense, and you couldn’t work with a greater bunch of people.”

It matters so much to Gordon that he’s never missed a day of work.

“Dispatchers always say the work is teamwork, but that’s because it is in the best sense,” he said. “The ones who do the job are the only ones who appreciate how much it is. You could say that about most every occupation. But there’s something different about people who step up when emergencies happen, or just show up at the center when things are at their worst without even being called.”

A thank you says a lot

None of the NTW activities this year were what could be called extravagant. Centers contacted tried to say a lot within the margins of tightening budgets. Bouquets of helium balloons arrayed with various forms of congratulatory wishes hovered above potluck dinners or lunches and homemade or store-bought sheet cakes and thank-you cards inscribed with congratulatory and encouraging words were given for doing a hard job well.

The following is a sampling of appreciation and citations given during NTW 2012 activities:

Columbia, Mo., Mayor Bob McDavid and Boone County Commissioners signed an official proclamation, thanking Columbia/Boone County 9-1-1 Public Safety Joint Communications (PSJC) emergency telecommunicators for “their compassion and professionalism.”

Both training and certification to handle the 325,000-plus calls that come into the comm. center each year are through the National Academies of Emergency Dispatch (NAED) and the Missouri State Highway
Patrol. The center’s staff also takes part in continual training throughout the year. They handled 73,000 9-1-1 emergency calls in 2011.

In Knoxville, Tenn., newly-elected Mayor Madeline Rogero, said in recognizing NTW 2012, that in addition to being kept safer in emergencies physically, the public should also appreciate dispatchers for the emotional support they provide to children in accidents who are scared, adults on the verge of hysteria, and those despondent on the verge of suicide. Some have negotiated people out of taking hostages and talked others on the run into surrendering.

“Dispatchers read between the lines, make sure the site or situation is the safest it can be for attending personnel, monitor radio communications, and somehow manage to do it all by ear,” Rogero said.

Knox County Emergency Communications Director Bob Coker pointed out that his employees answer about 700,000 calls a year, with an average wait time of less than four seconds. Coker also congratulated the call center’s employees for their low public complaint rate, which is .00176%.

In Wisconsin, the La Crosse Emergency Dispatch Center noted NTW by remarking it’s busier than ever. Administrator Jay Loeffler said “9-1-1, what’s the address of the emergency?” is a question asked by the center nearly 100 times a day. They responded to 30,000 calls in the past 12 months—the most since the city implemented the 9-1-1 system in 1983.

Loeffler points out that emergency calls account for only about 10% of the incoming calls to provide other emergency communications support for pre-hospital medical, fire, and law enforcement agencies across La Crosse County.

Aurora, Ill., Police Department Chief Greg Thomas said NTW is about recognizing the best in emergency communications, which in Aurora means recognizing the department’s telecommunications operator Kelley Gruca, who has been answering 9-1-1 calls for 20 years.

“It is impossible to project how many lives she has touched,” Thomas said.

For her abiding professional skills and demeanor, Gruca was named the department’s first 9-1-1 Operator of the Year, a designation that officers and Gruca’s coworkers said is a well-deserved yet somehow inadequate recognition of her efforts.

“Kelley is the epitome of a true professional,” Thomas added.

Gruca’s coworkers say there’s no one they’d rather have on the other end of the line in an emergency.

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**Fatal Shooting**

Dispatchers pull together following ambush that leaves one officer dead

So much, and yet so little, has changed at the Weber Area Dispatch 911 and Emergency Services District in Ogden, Utah, since the Jan. 4 radio call reporting multiple officers down following a single-shooter ambush in a quiet residential neighborhood.

Dispatchers and calltakers still chatter above the white noise of electronics; they answer calls, monitor radios, and send response to 27 agencies in two counties—and wait for the end of a shift or the chance to take a break. The lighting in the second floor dispatch center stays muted—as it always has 24/7—and the calltakers and dispatchers still mark four-hour increments rotating among the police, fire, and medical stations.

But there are also possible changes that keep the center’s executive director, Tina Roylance, awake at night.

“I didn’t want to lose any of my crew,” said Roylance, who was at the center in less than 10 minutes after receiving a text message from floor Supervisor Kim “Gibby” Gibson. “Something like this changes a dispatcher forever. I worry about them. When something like this strikes home, it hits you right in the heart.”

We’re There For You Cards, gifts, and flowers flooded Weber Area Dispatch 911 following a shooting that left one officer dead.
Fortunately, no one had resigned in the five weeks following an officer’s initial request for immediate assistance. Multiple officers from a 12-member strike force were down, wounded when a single male assailant opened fire during their attempt to serve a “knock” arrest warrant for a narcotic offense at the residence. Jared Francom, a member of the Ogden Police Department since 2005, died the next morning from wounds suffered in an ensuing gun battle. Five other officers were hospitalized, three with critical injuries. All of them have since been released.

The magnitude of condolences arriving less than 24 hours after the incident surprised even Roylance, who has spent 20 years in communications centers north and south along the Wasatch (Mountain) Front. During that time, she has kept moving, from floor dispatcher and floor supervisor to center manager and, now, executive director at Weber Area Dispatch 911 where she’s been for about three years.

“The outpouring was overwhelming,” Roylance said. “Planters, bouquets, pizza, cards. We’re still receiving e-mails from all over the country. A woman in our area called every day for a week asking what she could do for us. Someone else brought us ice cream. I’ve never seen anything like it.”

Nearly two dozen notes and cards, mostly from fellow dispatchers, are pinned to a bulletin board outside the communications room. A stack of cards in Roylance’s office includes those handmade by elementary school students attending nearby DaVinci Academy. Across from the bulletin board, on a row of filing cabinets, are the potted green plants and teddy bears sent to honor the public safety profession and to signify a united spirit of public service.

The support, from within and outside Weber County public services, has kept Gibson from taking the step Roylance dreads the most. Gibson was the floor supervisor on duty when Erica Engstrom picked up the radio call at 8:41 that night. “Don’t kid yourself, Ogden is a wild place to work,” said Gibson, downplaying a suggestion that horrific events like this don’t happen there. It’s been nearly 50 years since a police officer was last killed in the line of duty in Ogden. “I’ve taken a lot of bad calls over the years. But this was the worst. This is the one that will stay with us forever.”

No one in the room knew about the special operation until an officer on scene told Engstrom, assigned to the Ogden dispatch channel, that shots had been fired. “My heart dropped,” she said. Gibson, alerted by the tone of the officer’s voice coming over the radio, notified Roylance of a shooting, while Dispatcher Shiloh Cheney and Engstrom coordinated response.

Although other non-related calls kept coming in, the focus of the 13 dispatchers and calltakers on shift narrowed to a single house and a 37-year-old Army veteran holed up in a shed in the backyard. According to an affidavit filed with a charging document, Matthew David Stewart had fired on officers from inside the home from a concealed position. He continued shooting in a milieu of gunfire from both sides, retreating to the shed outside through a bedroom window, and once apprehended, transported by ambulance to the hospital with non-life-threatening injuries.

“It was 21 minutes of active shooting,” said Gibson, who has worked 17 years in emergency communications. “It was a war zone.”

Stewart was charged with nine counts: aggravated murder, seven counts of attempted murder, and one charge of producing a controlled substance. Prosecutors have said they will ask for the death penalty. He is being held without bond.

The shooting four days into the new year shifted Gibson’s perspective in the same direction the event led Cheney, just a week on the floor independently after six months of training, including the EMD course required for certification. Cheney still gets teary-eyed when talking about that night but it’s an emotional response seldom tapped during her former job as a seamstress for Utah Symphony and Opera. It’s also one she doesn’t try to dismiss.

“My mother used to say I should become a professional mourner when I grow up,” she said. “I cry easily but nothing will ever compare to how I feel about this.”

Everyone in that room that night understood the risks, the way the job could and does push them emotionally. Public service is the backdrop to their lives; they know the odds. Roylance comes from a line of firefighters. Engstrom’s husband is an officer for the Riverdale City Police Department in Weber County. Cheney’s father, Steve, is a range deputy in Evanston, Wyo., and so is her brother-in-law Justin.

“I called my mom the next morning and asked that she tell them ‘please stay safe,’” Cheney said. “I know what they do is dangerous but they wouldn’t want to do anything different. They’re out there for the community.”

Gibson’s husband is a police sergeant and a former member of the same narcotics strike force under attack that night. She rode alongside her husband in his squad car in the funeral procession for Agent Francom. Thousands, she said, lined the streets of Ogden, holding American flags as the Ogden fire truck drove by, carrying his casket to the city cemetery.

“My husband has worked with these guys on scene,” Gibson said. “This is not over for these families. This will be a struggle for the rest of their lives.”

The same goes for those in the communications center.

Engstrom left the floor an hour after the officer’s call for assistance and cried. She called her husband and was anxious to go home. “I just wanted to be with my baby,” she said. Two days later she was back on the Ogden dispatch channel.

Gibson came in the next day as scheduled knowing she had no other choice but now possessed a newfound recognition for the profession.

“I’ve never seen so many people express their appreciation,” she said. “We do have amazing jobs. We do make a difference.”

Cheney said she could never leave “a family” who understands what she is going through and, regardless of the outcome, toughs it out together.

“Everyone that night was doing all they could to make something good out of something so terrible,” she said. “We are family. I came in the next day knowing this is where I want to be.”

“The outpouring was overwhelming. Planters, bouquets, pizza, cards. We’re still receiving e-mails from all over the country. I’ve never seen anything like it.”

- Tina Roylance
All In A Day’s Work
Cable technician’s job turns lifesaving

Cable technician Paul Schulli couldn’t have imagined how the routine call to set up a new high definition TV box would turn out like a scene from a movie with him cast in a supporting role, working to save a stranger’s life.

The day started simple enough as Schulli arrived at the home of David and Marianna Sibley on Dec. 20 in Langley, British Columbia, Canada. But as he was setting up, 79-year-old David, who was pointing out where the box would go, wasn’t feeling so well. He slumped over and, fortunately, into the arms of an alarmed Schulli. Marianna, in the other room, came to investigate the commotion and called 9-1-1.

“She was describing a collapse,” said EMD Robyn Bishop with the British Columbia Ambulance Service (BCAS)—Vancouver Dispatch Operations. “She was frantic and I don’t think she understood that he wasn’t breathing properly.”

David turned blue/purple, and Marianna told Bishop he was gasping for air.

“She really started to panic when he started changing color,” Bishop said. “That’s when I was pretty sure it was agonal breathing.”

Bishop coached Marianna in giving chest compressions but was puzzled when Marianna repeated the instructions word-for-word as she continued to stay on the phone. She was relaying the instructions to Schulli. Bishop turned on the compressions counter.

“She did a great job at relaying the information,” Bishop said. “I think it helped her to count so he could keep the pace.”

Schulli provided five minutes of CPR before responders arrived and took over. Bishop followed up with the paramedic crews, taking it as a good sign that David was transported to the hospital. David’s pulse returned before arrival, and he was on life support for three days. He was expected to recover.

According to an article in the Langley Times, Schulli was a bit embarrassed by all of the praise.

“I don’t think of myself as a hero,” he said. “Paramedics and firefighters do this every day; they are the real heroes. I wasn’t about to just let someone else’s husband, dad, brother die in front of me. I just did the best I could.”

Schulli has been nominated for a Vital Link Award through the BCAS for his role in helping to save David’s life.
William Stein can hear the difference between white noise and open air. He knows when a call may be the accidental result of a phone placed in a pocket or a purse. He knows when a call may be signaling a crisis that is forcing the caller to remain silent.

“You learn how to listen to the difference,” said the former dispatcher for Prince George’s County (Md.) Public Safety Communications Center. “A pocket call isn’t open air.”

In March 2010, Stein’s “sixth sense” and skills in deductive reasoning and questioning were put to the test in a call that lasted 32 minutes.

Stein had worked a 12-hour night shift and was on overtime when the familiar first words “What’s the address of your emergency” failed to elicit a reply after he had answered the call. He asked again, hearing only a tapping sound coming from the other end of line. Thinking it could be a caller in danger—either a police or a medical situation—Stein asked the caller to tap a key once if the answer is yes and twice if the answer was no to any of the questions he was about to ask.

He hears one tap. The caller understood.

“Are you in danger?”

One tap.

“Is someone in your house?”

One tap.

Stein tells the caller exactly what he is doing and, once tracking the location, explains that he will put the call through to response in Washington, D.C., because the signal was coming from outside Prince George’s County’s jurisdiction.

But he doesn’t hang up. Stein stays on the line, asking yes or no questions one at a time. Using the deductive method, Stein is able to capture the location of the caller and direct responders to the address. The caller, an elderly woman living alone in an apartment behind a main house, is transported to the hospital.

Although Stein, who now works as a firefighter in the county, was never told the patient’s outcome, he did find out that she had a stroke, causing her to lose speaking ability. Somehow, she had been able to reach a phone but could hit only one button—the number 4—after reaching 9-1-1.

Stein, for his efforts, was recognized at the Way More Wilder and Way More Crazier Police Calls session led by Eric Parry and Jaci Fox at Navigator 2012.

Parry acknowledged Stein for his use of deductive reasoning, which helped Stein reach a logical conclusion based on moving from one general statement to another.

“Try it,” said Parry, author of “Managing the 911 Center” and recently a police consultant for PDC™. “Practice breaking down every question to a ‘yes’ or ‘no.’ It’s very frustrating, and what Will did is amazing stuff.”

Fox, quality assurance coordinator for Medicine Hat (Alberta, Canada) Regional 911 Communications Centre, cautioned dispatchers to learn the difference between open air and white noise.

“You may never receive this type of call, but if you do, Will’s call is an example of exactly what you should do,” she said.
Most drivers concede the danger, but every once in a while they’re willing to take the risk.

At least, according to a 2010 telephone survey by the AAA Foundation for Traffic Safety, which found that 93% of drivers answered “unacceptable” to going through a red light or stop sign if possible to stop safely; although one-third admitted doing so in the past 30 days. Running a red light or rolling through a stop sign are easily the most common violations associated with traffic control signals.

Obviously, the consequences can be tragic. Each year in the United States, running red lights kills nearly 1,000 drivers and pedestrians and injures another 90,000. According to the Fatality Analysis Reporting System, there were 13,627 cars involved in fatal automobile accidents caused by running a stop sign in 1999 and 2000. Accidents resulting from rolling stops are highest in rural areas, at the crest of hills, and at night.

Just think of the days before traffic signals and before dispatchers had the protocol to send response or answer complaints about hazardous driving. One hundred years ago, driving was a skill yet to be mastered.

By 1915, Model Ts were the rage and 2.5 million people were registered to drive. Streetcars made arbitrary stops to let passengers off. U-turns were taken at random, and modes of transportation—engine, electric, pedals, and horse-drawn—traveled in opposite directions on the same sides of the road. Bicyclists looped between vehicles and mounted patrols. Pedestrians were fair game, dodging across congested streets, hoping to cheat death and financial woe by avoiding moving vehicles, mud puddles, and blame.

At busy intersections, with higher rates of traffic accidents, officers might stand on a small platform parallel to the roads to direct traffic flow in all types of weather. They timed traffic coming from either direction, giving each direction an equal amount of time. Citizens were often divided over accepting recommended traffic laws, preferring risk to regulation. Whenever there was an accident, patrolmen walking the beat would settle it.

A lack of laws and enforcement meant taking life into your own hands, whether behind the wheel or on foot. In 1915, nearly 35 people were killed for every 100 million vehicle miles of road travel; the number has since decreased to about 1.5 fatalities per every 100 million vehicle miles of road traveled in 2006.

In Salt Lake City, a former law student hired for the newly created position of traffic officer knew there had to be a better way to protect travelers and keep officers from working long hours in all sorts of conditions. He studied traffic safety plans and devices other cities were using and devised some of his own. He developed road safety ordinances no one wanted to follow. Lester Farnsworth Wire took his job to heart.

Among Wire’s “firsts” was placing stop signs on streets children frequented in winter on their sleds and sleighs. A whistle-blast ordinance he initiated assigned one blast to signal travel access for east/west traffic and two blasts to give north/south moving traffic the right-of-way. Three or more blasts from a patrol officer’s whistle signaled the anticipated arrival of emergency vehicles, forcing all traffic to stop at once and wait to proceed until a single blast or a double blast indicated the direction of vehicles to proceed once the emergency vehicles had cleared the intersection. The whistle blast was put into effect in May 1916 for the downtown district, from 11 a.m. to 9 p.m. each day, with three days of leniency granted for a public getting accustomed to the system.

Two months later, Wire took his traffic safety campaign another step further by getting the city council’s OK to install red and green signals and blast emergency vehicles’ semaphores at five busy intersections in downtown Salt Lake City. When a fire alarm was received, the person behind the main desk at the fire department pushed a button to activate the semaphore’s horn and metal “fire” arm. At the close of three minutes, a period of time considered sufficient for all apparatus to pass through the point, the arm returned to position, and the horn ceased
blasting. At night, a red light flashed on.

Behind the scenes, Wire was absorbed in plans to engineer an electronic traffic signal. No other city had one.

His original design consisted of a square wood box painted yellow under a pitched roof, with red and green lights manually operated by patrol officers standing in booths on either side of the road. Umbrellas placed over the top of the booths kept officers dry in wet weather and out of the sun on days the inversion from coal burning wasn’t so bad. The public was slow to accept the single traffic light placed at the busiest intersection downtown, finding it both a curiosity and a nuisance. They took to standing at the street corner taunting drivers into running the red “flashing bird house.” Salt Lake City drivers were probably the country’s first when it came to running red lights by refusing to wait for the “birdie” to come out of the box.

The public’s reception disheartened Wire; he switched to detective work. Jump ahead 12 years, and electric traffic lights were fast becoming the standard everywhere. Wire’s original birdhouse design was removed from the corner in 1926 and replaced by the invention of “iron mike,” an automatic system that relieved officers from the chore of controlling stoplights manually. Much to Wire’s consternation—or maybe delight—the “flashing bird house” was gifted to a local bird sanctuary for nesting purposes, and, later, disappeared under mysterious circumstances, never to be found. A second traffic signal Wire designed incorporating a two-light system inside a smoke stack from a locomotive engine found its way to a museum display in Syracuse, N.Y.

Wire never profited from his traffic innovations. He died in 1958 and his wife Edith, who never lost faith in her husband’s traffic wisdom, died in 1973, leaving their entire estate to create and operate the Wire Memorial Museum. Using additional funds, the Utah State Department of Transportation (UDOT) established the Lester Farnsworth Wire Memorial Library. The specialized library in a UDOT facility includes technical transportation books and documents and original material from Lester Wire’s estate.
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