

# National Public Safety Communicators Week and 9-1-1

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Emergency Communications Centres throughout the Canada, including the North Bay Central Ambulance Communications Centre (CACC) are celebrating the second full week of April (April 8-14, 2018) as **National Public Safety Communicators Week**.

This year also marks the 50<sup>th</sup> Anniversary of 911.

On Wednesday April 11<sup>th</sup>, CACC staff have invited their partner communication agencies from North Bay Police and Fire, West Nipissing Police and Fire and The Ontario Provincial Police Provincial Communications Centre, as well as EMS and Fire personnel to an open house and BBQ hosted at the CACC.

## **History of 911**

In 1968, 9-1-1 became the national emergency number for the United States. Calling this single number provided a caller access to police, fire, and ambulance services, through what would become known as a common public-safety answering point (PSAP).



Conversion to 9-1-1 in Canada began in 1972, and as of 2018 virtually all areas are using 9-1-1.

The areas still without 9-1-1 service include some rural, remote and sparsely populated parts of the country as well as some unorganized townships.

Emergency telephone systems exist internationally – in the United Kingdom dial 999, the European Union dial 112, in Australia dial 000 and of course in Canada and the United States dial 911.

## **National Public Safety Communicators Week**

This week honours the thousands of men and women who answer emergency calls, dispatch emergency professionals and equipment, and render life-saving assistance to citizens.

Quietly known as the first First Responders, highly trained public safety communicators respond to emergency calls with lifesaving instructions. Communicators make a difference in peoples lives everyday, making decisions that affect people in ways that sometimes they don't realize.

Seldom apparent, their work is critical to the chain of survival. They are on-duty 24/7, 365 days a year and, because of the nature of their work, do not have the same visibility in the community. The dispatch environment is filled with technology, policies and complicated systems that come together to get the right resources to the right place, at the right time. Behind the dispatchers are an administrative staff that support and assist their work, from payroll, to policy writing, to computer maintenance and upgrades.

Most callers are anxious, distraught or confused and the call taker must remain calm in these high stress situations. There are high standards that must be met with regards to prioritizing and dispatching calls. Callers are often frustrated by the questions that are asked, not realizing the importance of the queries designed to quickly elicit specific information about both the patient and the location of the patient.

Detailed location information is required, such as the city or town, the closest intersection or cross street, apartment number or access code in order to guide emergency services to the correct location. Not all requests for ambulances are from a residential or business address. Call takers must identify a variety of the locations on a digital mapping system, such as islands, highways, snowmobile trails and cottages, etc...

Specific medical questions are asked in order provide proper pre-arrival instructions to the caller, determine what specific equipment is required and what level of resources, Primary Care or Advanced Care Paramedics should respond. The call taker must also determine whether assistance is required from Ornge Air Ambulance, Medical First Response Teams, Fire Department or Police.

The call taking process takes only a few minutes but can seem longer in a crisis. The call information is sent electronically to the dispatcher for action well before the call is terminated. It is imperative that the call taker determine what happened and how to help before the paramedics or other responders arrive. This involves pre-arrival instructions including, but not limited to, first aid, adult and infant CPR, choking protocols, emergency child birth, epinephrine injections or staying on the line with a frightened or confused caller.

## **North Bay CACC**



North Bay CACC is a department of the North Bay Regional Health Centre located off site. Under the direction of the CACC Manager, the North Bay CACC has 28 staff, including an Operations Supervisor, Information Support Officer, Liaison & Policy Officer, Team Leaders, full time and part time Ambulance Communications Officers as well as an administration clerk.

Annually, over 36,000 calls for assistance are received on 911 lines, dedicated emergency lines as well as administrative and hospital lines for the Districts of Nipissing, Timiskaming and Parry Sound.

On duty CACC staff manage EMS Resources at 11 EMS stations, 9 First Response Teams and 18 Fire Departments. This includes Primary Care and Advanced Care Paramedics, Supervisor units and any air ambulances resources that are in the area. The CACC also coordinates the use of the NBRHC Community Transfer Vehicle.

There are 58 Fire Departments in the geographical area covered by the North Bay CACC. Most Fire Departments maintain a tiered response agreement with EMS, which dictates when the CACC should notify them to respond to assist with medical calls, off road rescues or motor vehicle collisions.

CACC coordinates the movement of patients to and from the North Bay Regional Health Centre, West Nipissing General Hospital, Mattawa General Hospital, Temiskaming District Hospital, Englehart and District Hospital as well as the Kirkland Lake and District Hospital within the catchment area as well as the bordering hospitals of Health Sciences North, Timmins and District Hospital, Huntsville Hospital and Centre de Santé Timiskaming to name a few.

With the assistance of the Ornge Communications Centre, emergency calls and non-emergency long distance patient transfers are coordinated with both helicopter and fixed wing air ambulance resources. There are five hospital helipads, 14 community helipads and three airports within our catchment area. During daylight hours, an air ambulance helicopter can choose to land directly at the scene of a serious incident if there is a sufficient clearing.

The CACC has a Quality Assurance program which ensures that calls are constantly reviewed to maintain a high quality of service mandated by the Ministry of Health and Long Term Care.

The North Bay Central Ambulance Communications Centre is committed to ensuring a high level of communications services are provided to both the citizens of Ontario, the ambulance services, fire department and police services at all times.

### **Community Involvement**



CACC staff are also very active within the community, from coaching minor sports to charity events, such as the Lions Telethon, Our Hospital Walk Run, and donations to local groups and charities including, but not limited to: the Gathering Place, the Warming Centre, Canadian Cancer Society, Heart and Stroke Foundation and the North Bay Regional Health Centre clothing cupboard, Camp FACES and the Team Conter Memorial Fund.



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CACC staff frequently handle accidents in remote locations of our catchment area, and recognize the impact this may have on Emergency Responders including Police, Fire, EMS and Communicators. As a result, CACC staff are making special donations to the Emergency Communicators, who responded to the tragic events of the Humboldt Broncos bus crash in Tisdale, Saskatchewan.

### **Staff Stories**

In honour of the 50<sup>th</sup> Anniversary of 911, staff provided some memories of calls they have received over the years.

- A severe storm with almost tornado like winds had passed through our entire area and we received multiple calls for every fire department and EMS that we dispatched. A medical alarm call was received for a semi-remote area. The call taker called the residence and an elderly lady answered. When asked what was going on she said, "a tree had fallen on her house, her husband was dead and she didn't know what to do." Police, Fire and EMS were immediately dispatched to the scene, the call taker confirmed that the elderly lady was uninjured and in a safe place and then asked where exactly her husband was in the house so we could try and help him. She said: "oh no dear, he's not here, he's been dead for years!" It was just the comic relief needed in the room at this really busy time.
- we were best friends growing up, but lost track after high school. I answered your 911 call when your child accidentally swallowed some poison. I kept you calm, ensured emergency services were on their way immediately and connected you with poison control.... you had no idea it was me.
- I took a call from an elderly lady calling for her husband who had been ill. I asked her how long her husband had been unwell for. She replied, "he's not on welfare, he's a veteran!"
- The caller stated that an elderly man had collapsed and there was a group of bystanders with him. I asked if anyone was doing CPR and he stated " Yes!! They are artificially inseminating him as we speak."
- you called when you were suicidal, I calmly tried to talk you into putting the knife down, knowing that the ambulance you expected would be preceded by the police..... I accidentally mentioned your medical history that I remembered from high school, thankfully you assumed I had access to your medical records on my computer and had no idea it was me.
- Our calls are randomly audited and I received feedback for documentation in the call. The auditor was confused with the amount of information and medical history that was documented about the patient, but the caller had not provided it on the phone during our brief conversation. The patient was my neighbour and the caller was his wife, I knew them both very well.