Call Handling Protocols: Where Do We Go From Here?

In March 2006, a family gathered together over dinner, were confronted with a nightmare scenario when their son started to choke. The parents sprang into action. Mom tried frantically to dislodge the food, while Dad called 911. The father later recalled, “I took my son into my arms. He was blue and his body was becoming limp. The dispatcher continued with her verbal commands, directing all my movements.” He continued, “Because of the dispatcher’s exceptional communication skills and command presence, this traumatic incident has a happy ending.”

Sadly, events like this happen all too often. Thankfully, many conclude with a positive outcome because of the intervention by the person on the other end of the emergency line. To the majority of public safety dispatchers, this sort of event is “routine” – as they diligently perform their duties each day motivated by professionalism and a desire to help the community they serve. For many callers, 911 is quite literally the end of the line; for the dispatcher, a ringing phone can be a journey into the unknown.

Protocols, procedures, guidelines – whatever you want to call them, they came into use to improve the odds against the victim, to remove the need for dispatchers to “fly by the seat of their pants,” and to provide a benchmark against which future standards could be measured. When call handling protocols were first introduced, some complained that asking questions would delay dispatch and that providing advice to callers would expose agencies to backlash and liability if things turned out wrong. History has proven the contrary, and public safety agencies of all sizes have embraced call handling protocols as part of their daily operations. Some agencies have developed in-house systems, while others subscribe to products provided by third-party organizations. While different systems naturally take different approaches, their objective is the same – to offer better protection for victims, responders and bystanders. Structured call handling procedures work; their importance in the chain of response cannot be ignored.
Meeting Public Expectations

Caller demands placed upon today’s communication centers are dramatically different than they were just five years ago. The public expects that the person at the other end of the line will know how to provide assistance in a variety of emergency situations. The rapid growth in cell phone ownership has created spikes in call volume that are difficult to manage. Technology can now help pinpoint a cellular caller’s location, but the need to solicit relevant information remains a vital process. Liability risk isn’t just about the caller and others at the scene. Agencies also have a duty to protect their responders and ensure they are as well-briefed as possible before arriving at a potentially dangerous situation. Yet despite these changes, the format of most protocol systems has remained largely unchanged.

Early protocol systems were designed to be very service-specific. Emergency medical dispatch (EMD) protocols were developed for agencies handling medical calls, fire protocols were developed for those handling fire-related calls, and law enforcement protocols were designed for police departments. Some of these systems do provide overlap that allows agencies to handle incidents that require a multi-service response, but generally, if the caller requires a multi-service response, she will be handed off to another communication center that provides these additional services. These processes seem to be designed around the agencies that use them – rather than the needs of the caller or “customer.”

Members of the public barely give the mechanics of the 911 system a second thought – until they have to use it. When that call is made, the citizen’s priority is to simply receive help in the shortest possible time. But what if the problem requires a multi-agency response? For example, let’s imagine a road accident has blocked a busy intersection. Gasoline from one of the damaged vehicles has spilled onto the road and one of the drivers appears to be trapped in her car with injuries that need medical attention. If the PSAP that receives a 911 call reporting this accident is a police department, the call handler will record information in order to dispatch an officer, and then will most likely forward the caller to a secondary PSAP for the hazmat and medical emergencies that are present. It is also very likely that the caller will be required to repeat the information they have already provided to the first call handler.

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The Consolidation Factor

Since the inception of 911, PSAPs have generally been organized around municipal jurisdictions – at one time, out of necessity. As a result, many primary PSAPs cover relatively small geographical regions and dispatch only one or two services. Yet even this situation is starting to change as efficiencies in operating costs and advances in communications technology have made the physical location of a PSAP less critical. Call center consolidation is a topic of debate in communities large and small. How will a call handler in a consolidated center deal with the scenario we painted of an accident at a busy intersection with hazardous materials and injuries if their protocol system is based upon distinct and separate procedures for police, fire and medical dispatch?

Call handling procedures or protocols need to evolve to meet a consolidated future. In an environment of ever increasing call demand and budgetary constraints, the “luxury” of multiple dispatchers being deployed to handle a single call is questionable – especially when agencies can find an alternative through more effective call handling procedures. The key to this approach is the degree of influence an agency has in developing the content of the protocols or procedures they use.

Third Party Liability

Some authorities suggest that effective procedures need to be independently mandated as a way of ensuring their content will withstand legal challenge. This can be true in part for smaller organizations that lack the means to create in-house protocols. Larger agencies or consolidated communication centers will be better able to devise, generate and approve the content of their own call handling protocols and procedures. The role of professional organizations that have provided such systems in the past will evolve; they will become advisors on standards and best practices that call centers should work within.
Quality Assurance

One aspect that will not change is the need to closely monitor operating procedures to make sure the agency is meeting its goals. In a more consolidated future, quality assurance will most likely take on a more important and significant role. The key to this will be the ability to understand how all calls are handled – not just those calls where particular protocols have been used. By examining the entire range of calls – from the mundane calls reporting a lost dog to the extraordinary calls an agency might receive during a natural disaster – an agency will be able to understand more about the specific involvement of the call handler. Using such a model of quality assurance, agencies will be able to see how many calls requested multi-service or how many were handled as follow-up calls to prior incidents.

On follow-up calls, the protocols an agency is using should be designed just for recording the additional information being offered or assisting the call handler in delivering necessary pre-arrival instructions. Determining a dispatch recommendation on a follow-up call should not be a priority for the call handler. If an agency only targets quality monitoring on calls where protocols were followed or a dispatch priority was produced, they are only examining a limited sample of their calls. What about calls that don’t fall into these categories? Who is verifying that they were also handled appropriately?

Prioritizing Responses Through Protocols

Call prioritization remains a debated topic in the industry. Some suggest that if 911 calls were correctly prioritized, accidents involving emergency vehicles en route to the scene could be reduced. This implies that the dispatcher has some responsibility for how responders drive to the scene of an emergency. The speed of an emergency vehicle attending an incident is directly related to the conditions and environment the vehicle is negotiating at the time. The use of protocols to prioritize calls should instead be regarded as a deployment tool, providing the dispatcher with objective reasoning to assign a responder based on need, especially when the volume of calls exceeds the number of responders immediately available.
Current Protocol Systems
And A Look To The Future

Technology that delivers call handling protocols within communications centers has tended to mirror many of the concepts that evolved from hard copy formats. Distinct sets of protocols based upon responder types are deployed as an adjunct to existing dispatch technology. The call handler frequently has the opportunity to decide to not utilize protocols in such systems and thereby circumvents the quality monitoring process. If quality and standards of care were the primary reason for introducing protocols, this is a major flaw.

PSAP dispatchers have been credited with saving countless lives through the use of call handling protocols. Used correctly, their effectiveness is without question. Correctly prioritized calls will support more effective and efficient dispatch strategies. Content devised in consultation with responders will improve the professional relationship between them and the dispatchers they work with. Data gathered through protocol use allows them to be objectively monitored and assessed. Yet the manner in which they are deployed will significantly affect whether the full potential of an agency’s protocols can be obtained. If you currently use protocols or if your agency still hasn’t fully adopted their use, consider this: the use of call handling protocols should be standard practice on every call. Emergencies don’t just get called into your agency through 911.

Having access to information on how all calls were handled provides greater opportunity to improve your agency’s efficiency in the future. A business case for new equipment or resources can be made more easily if empirical data can support it. The content of scripts must be capable of referencing the agency’s operational needs. Pre-arrival procedures (particularly for medical emergencies) are likely to be more generic, but if the boundaries of a consolidated center encompass regions where medical directors have differing opinions, script content may need to contain nuances to reflect this. At times of heightened operational demand, such as severe weather or a large-scale disaster, protocols should not be discarded. Instead, their use may need to be temporarily adjusted to support the standard of service deemed appropriate under those conditions. In medical terms, a protocol is a plan, and by definition, an effective plan should be an adaptable one. In call handling terms, a protocol should equally be regarded as a plan that guides the dispatcher while allowing them to remain adaptable to the circumstances of the call. In a consolidated future, the flexibility of a protocol system to support the specific needs of an agency is likely to have greater significance.