

911 Scenarios and FAQ



Introduction: This resource was developed to help DBHDS licensed providers understand what they may expect when 911 is contacted for a medical emergency. It was developed in collaboration with former EMS emergency professionals, former law enforcement professionals, and members of the DBHDS Office of Integrated Health (OIH). While these resources are NOT an exhaustive list of 911 scenarios, it was developed to support providers in reviewing and using this information with staff when creating medical emergency scenarios.

This document includes 911 scenarios that may take place when a Provider has a medical emergency with an individual in their service.

- The first two scenarios could serve as a rough template for what a provider will experience when they have an individual who is **Non-Responsive OR Not Breathing AND Dispatch IS trained in Emergency Medical Dispatch.**
- The last scenario provides an example of what to expect **IF your 911 locality is NOT Emergency Medical Dispatch trained.**
- **FAQ:** We included some frequently asked questions that we hope providers find helpful.

It shall be noted that NOT all 911 centers are trained in emergency medical dispatch which includes providing instructions via phone for the following: CPR, Seizures, Traumatic Injuries, Heart Attacks, and other major medical emergencies.

You can call the non-emergency number for the locality where your service(s) is located to ask if they are Emergency Medical Dispatch trained; **HOWEVER**, it does **NOT** change that **ALL STAFF** should be prepared to initiate emergency medical response when needed! Please utilize these scenarios as a **tool** to establish emergency medical response training courses within your agency.

FIRST THINGS FIRST: When you call 911, indicate there is a medical emergency, and provide the location. Remember that help is being sent even though you are still speaking with a dispatcher. Help is on the way and it's now your role to help the individual being supported by helping first responders get prepared to render aid.

Scenario #1: The Individual is Non-Responsive

Dispatch: Where is the Emergency?

Provider: (You should be able to provide your full address and phone number. If this is a Group Home, please tell them this and that you are a caregiver)

- EX: 123 Sycamore Street Richmond 23237. We are a licensed group home however we are currently at Main Street Park on an outing.

Dispatch: What is your emergency?

Provider: (You must be able to describe exactly what you see such as the individual will not answer or respond like they normally do, they are not breathing, they feel warm/cold, bleeding, and/or visible injury)

- EX: 54-year-old male unresponsive after walking in the park and experienced a seizure.

Dispatcher: May I have your name? Please confirm your address again

Provider: (Please answer accordingly)

- This allows for minimal miscommunication due to dispatchers often doing more than just answering 911 calls, as they also are dispatching fire/EMS/police across your jurisdiction. At times, these centers can become loud due to ongoing crisis incidents. Although this particular emergency is important, there are situations in which major or large-scale incidents they are managing must take priority.

Dispatch: How old are they (the individual)?

Provider: (By this time you should have the binder or record for the Individual and have the face sheet or medical emergency form available so you can read directly from it. Remember, it is important to also take the individuals' medical emergency sheets on outings, to be prepared for a potential emergency. Always ensure this information is transported in a secure manner.)

- EX: 54-year-old male

Dispatch: Are they conscious?

Provider: (Are they awake? Are they alert? Are they responding as per the norm when you call their name? If you place a hand on them, do they make eye contact or verbally respond?)

- EX: They are breathing but they are not answering me. (Provide any additional observations which could trigger the following questions. REMEMBER they are only going to be able to assist you if they have all the information)

Dispatch: Has anyone at the location tested positive for COVID?

Provider: (If asked, please answer truthfully)

Dispatcher: Is the person turning blue? Are they experiencing chest pain? Are they breathing now? Do you hear any noises?

Provider: (This is where dispatch is attempting to see how they can best help you. The answers to these questions are VERY important.)

Dispatcher: What were they doing when it started?

Provider: (Were they outside? Were they eating? Did they just take their medications? Were they found in bed?).

- EX: They were eating and had seizure OR I went to administer medications, and they were

lethargic and not acting right. PLEASE provide details of what happened prior to the individual becoming unresponsive.

Dispatcher: How long ago did it start?

Provider: (When did you last see them awake, alert, or acting normally?)

- EX: This would be where you would explain how long they have been this way. Such as they had not been feeling well for a couple days. Please provide how long you have been aware that the individual was/is unresponsive.

Dispatcher: Are they diagnosed with anything? (COPD? Asthma? Health problems?)

Provider: (Use the face sheet! This will help medics prepare for the individual!)

Dispatcher: Do they take any medications?

Provider: (Use the face sheet! This will help medics prepare for the individual who needs assistance! If you just gave meds, tell the dispatcher).

Scenario #2: The Individual is Not Breathing

Dispatch: Where is the Emergency?

Provider: (You should be able to provide your full address and phone number. If this is a Group Home, please tell them this and that you are a caregiver.)

- EX: 123 Sycamore Street Richmond 23237. We are a licensed group home.
- **NOTE:** Please ensure that the emergency medical services and firefighters can access the home, which requires someone to unlock the door if possible. If this is not possible, they will be required to force entry into the home to access the individual.

Dispatch: What is your emergency?

Provider: (You must be able to describe exactly what you see such as the individual will not answer or respond like they normally do, they are not breathing, they feel warm/cold, bleeding, and/or visible injury)

- EX: 54-year-old male unresponsive and not breathing

Dispatcher: May I have your name? Please confirm your address again.

Provider: (Please answer accordingly)

- This allows for minimal miscommunication due to dispatchers often doing more than just answering 911 calls, as they also are dispatching fire/EMS/police across your jurisdiction. At times these centers get loud with crisis incidents, although this emergency is important there are times where they have major incidents or mass incidents they are also working.

Dispatch: Does anyone there know CPR?

Provider: If you have been trained indicate “yes”.

- Remember you are going to be stressed and even if you say “yes” this is the time to say you still want assistance from them and they are going to help walk you through it **IF** they are Emergency Medical Dispatch trained.

Dispatch: At this point, the dispatcher will then read the statements from their cards that provide step by step instructions **IF** they are trained in Emergency Medical Dispatch! If they are not, then they will not be able to provide you steps. This reason is why it is **IMPERATIVE** to do monthly medical emergency drills such as practicing CPR with the staff of your agency.

Note: If you have another person with you, Dispatch may ask additional questions of you when your partner takes over compressions or if there is a break in the sequence of events to help the first responders get ready for the individual. This is where the emergency medical form will be helpful in answering any further questions. If you are alone then these questions may not get asked since the priority of the call will be implementing CPR.

- For example:
- **Dispatcher:** Do they have any medical issues? Are they diagnosed with anything? (COPD? Asthma? Heart problems? Do they take any medications?)
- **Dispatcher:** How long ago did it start?

Example of what can occur if the 911 operator is **NOT trained in Emergency Medical Dispatch**

Dispatcher: (Locality) WHERE is your emergency?

Provider: 123 Sycamore Street Richmond, Va 23237

Dispatcher: WHAT is going on at 123 Sycamore Street?

Provider: Individual is unresponsive, not breathing.

Dispatcher: Have you started CPR?

Provider: No.

Dispatcher: Okay. EMS on the way.

((CALL DISCONNECTED))

Please recognize this scenario is very possible and this is why it is imperative to PRACTICE all emergency drills.

Frequently Asked Questions

1. **How do I know if my service is in a jurisdiction that is trained in Emergency Medical Dispatch?**
 - a. You can contact the local non-emergency number for your Emergency Communications Center and request that information.
2. **Why do I have to know my address, don't they know where I am when I call via my phone?**
 - a. This is a great myth! 911 centers operate by receiving a call via cellphone and the cellphone hitting its closest tower. The tower will then communicate to the 911 center and notify them of the incoming call. However, this tower could be located on the line of two jurisdictions and send you to the wrong center OR the signal produce nothing further than the tower location and not your physical location. TECHNOLOGY is the basis of a 911 center, and we must ensure that we are able to provide information when technology fails.
3. **What if I am unsure, I can make it to the door to unlock it, is there a way to communicate a spare key for access?**
 - a. YES! Please contact your local communications center and request the information be added to your address information on the key location. THEY WILL NOT AIR THIS OVER THE RADIO! Responding medical personnel, or even law enforcement, will be notified via telephone or vehicle computer communication on the location of the key. This could be extremely beneficial in Sponsored Residential Service for example.
4. **Why is the dispatcher asking me so many questions?**
 - a. The dispatcher has a responsibility to you, the individual, and the first responders to keep everyone safe while providing assistance quickly as possible. Gathering information allows for first responders to bring all the equipment they feel will assist the fastest, including medications to be administered in the field, or CPR equipment. REMEMBER the dispatcher is not the person coming to the scene, but they are information gathering for those that are!
5. **What other information can be added to my address for first responders to be aware of, these are often identified as "flags"?**
 - a. If the individual utilizes Project Lifesaver, if the home has an AED machine, potential Hazards in accessing the home such as best ways to identify the residence or address if the road is difficult to locate (often seen in more rural areas), any dogs or animals located at the residence, alternative entry ways into the home such as where the handicap ramp is located, or any other pertinent information for the safety of the individuals and first responders.
6. **Why are the emergency medical drills important?**
 - a. During the course of your work, there **WILL** come a time when you will have to **CALL 911**.
 - b. It is a stressful event particularly when it's your first time managing an emergency.
 - c. The best way to succeeded is to **PRACTICE** on a regular basis.
 - d. Practice is accomplished through regular **DRILLS**.
7. **What if I know how to do CPR but I forget due to the situation being stressful?**
 - a. Just say that! The 911 dispatcher is there to help you. If they have been trained, they will help and it is **imperative you follow their instructions**.
 - b. They will stay on the phone with you to support you, so don't hesitate to ask!
 - c. Most importantly, **YOU** are the key to success. Success comes through **DRILLING and PRACTICE calling 911 and CPR**.