



International Academies  
of Emergency Dispatch

# EMERGENCY DISPATCH RESEARCH AT WORK

R E S E A R C H B R I E F



**AGENCIES  
WITHOUT THIS  
STANDARD IN  
PLACE SHOULD  
BE PREPARED TO  
DEFEND THEIR  
PRACTICES IN  
COURT—AND IN  
THE COURT OF  
PUBLIC OPINION**

## DEFINITIONS:

### High acuity

Urgent medical conditions  
and priority symptoms

### Low acuity

Non-urgent medical  
conditions and symptoms

### Protocol

Standardized questioning  
tool that differentiates high-  
and low-acuity cases

### Comprehensive system

A protocol, dispatcher  
certification and training,  
and review with feedback of  
handled calls



## IS THERE A STANDARD OF CARE AND PRACTICE FOR EMERGENCY DISPATCH?

**Yes! Ignorance of the standard is no defense.**

### THE STANDARD OF CARE AND PRACTICE FOR EMERGENCY DISPATCH

**Response:** A call for help generates a response or activates a plan for alternate, non-mobile care.

**Assumptions:** Callers are not judged nor denied service based on behaviors or assumptions.

**Customer Service:** Emergency dispatchers are professionals who provide a high level of customer service. They can't save everyone, but they can help everyone.

**Protocol:** Emergency dispatchers use a standardized protocol consistently and compliantly.

**Relevant Information:** Emergency dispatchers collect all relevant information and pass it to responders.

**Pre-Arrival Instructions:** Emergency dispatchers provide telephone pre-arrival instructions when necessary.

**Comprehensive System:** Agency provides a comprehensive dispatch system that accurately and safely differentiates high- and low-acuity cases.

**Certification:** Agency provides emergency dispatcher training, certification, and call review with routine feedback.

**Establishing a Standard:** Over time and through litigation, concepts have evolved into a standard that reflects society's expectations of an emergency dispatch system. Emergency services and public safety agencies without this standard in place should be prepared to defend their practices in court—and in the court of public opinion.

**Liability:** Ignorance of the standard is not a reasonable defense; both the courts and the public use it to judge emergency communication centers, municipalities, and individual dispatchers in legal cases. Everyone involved in emergency dispatch is liable when errors occur, people are harmed, and lawsuits result.

For example, agencies that do not provide a comprehensive system are vulnerable to lawsuits. A recent study found that there were no cases in which an agency using a comprehensive system was named as the defendant. Conversely, the study found the failure to provide such a system left many agencies liable for the errors made and the people hurt.

In addition, when trained and certified emergency dispatchers do not use a protocol to handle calls, the number of dispatch errors increase. The study found that no dispatcher named as a defendant had used a protocol on the call. In some cases a protocol was available to them, but they did not use it and were unable to deliver care and services as expected.

**Dispatch Danger Zones:** Danger zones are a known group of **common and preventable** dispatch errors. The study found

the top three danger zones to be multiple calls made about the same incident, delayed dispatch or response, and poor customer service or mishandling of the call. (For more danger zones, see [Figure 3](#) in the published study cited below.)

**Public Service:** Avoiding dispatch danger zones minimizes vulnerability to lawsuits. Lawsuits are costly in time, money, and personnel. Knowing and meeting the standard reserves resources while delivering the highest possible level of service to the public. 🌟

#### FOR MORE INFORMATION:

- Clawson J et al. "Litigation and Adverse Incidents in Emergency Dispatching." *AEDR*, 2018.

#### TAKE THE QUIZ FOR CDE CREDIT:

- Go to [learn.emergencydispatch.org](https://learn.emergencydispatch.org)
- LOGIN with your Username and Password, click COURSES, and click RESEARCH BRIEF

## LITIGATION IN ACTION

Two particularly heartbreaking cases demonstrate how concepts have evolved into a standard. These cases involved **multiple dispatch danger zones**: omission of pre-arrival instructions, help not sent, delayed responses, more than one call for help, no standardized system for questioning callers, inadequate emergency dispatcher training, and failure to transfer relevant information.



Brooke Hauser, her mother (Ivette), and her sister (Yvonne)

On March 1, 1990, 14-month-old Brooke Hauser fell into her family's pool in Boca Raton, Florida. Her 13-year-old sister, Yvonne, found her floating in the pool, got her out, and called 911. She pleaded with the emergency dispatcher, **"What should we do?"** as she watched Brooke turn blue, then purple, and blood run out of her nose. No instructions on how to

perform CPR were provided by the emergency dispatcher even though it was obvious he knew it was required to save her.

Paramedics arrived quickly on scene and revived Brooke; however, she lived another 15 months in a vegetative state until she succumbed to pneumonia. Following Brooke's death, her mother, Ivette, discovered that emergency dispatchers at her local emergency dispatch center were prohibited from giving pre-arrival instructions to callers.

In an effort to prevent another tragedy, Ivette sued the city but abandoned her lawsuit once Boca Raton **implemented sweeping changes in their 911 system**. She established **Parents Against Negligent Dispatch Agencies (PANDA)** and became an avid lobbyist for legislation that requires dispatch systems to **provide pre-arrival instructions in life-threatening situations**.



Edward Polec

On November 11, 1994, 16-year-old Edward (Eddie) Polec was murdered in Philadelphia, Pennsylvania. A tragic case of being in the wrong place at the wrong time, he was in a parking lot near St. Cecilia Church when five cars full of teenagers armed with baseball bats spotted him.

About 40 minutes prior, calls to the Philadelphia Police Department had begun pouring in as this gang made their way through the neighborhood vandalizing and provoking fights. The gang caught Eddie on the steps of the church and brutally beat him to death with a bat.

Having witnessed the entire event, Eddie's friend ran to a nearby pay phone and called 911. She was transferred by the emergency dispatcher to an ambulance dispatcher. Although the emergency dispatcher had the exact location of the pay phone in her computer, help was sent to the wrong location. Although the 911 center received over 30 calls that evening, only one police officer (after multiple calls) and one ambulance (after 47 minutes) were sent to respond.

**Emergency dispatchers did not have nor were trained to use a standardized system for questioning callers.** Eventually, the police officer sent to investigate one of the initial complaints was flagged down and he radioed for an ambulance. Even after the public's outcry of lost confidence, the Philadelphia Police Department did not make any changes to their 911 system. Eddie's father **demanding systemic changes** by threatening to sue. They made sweeping changes, and he withdrew the suit. 🌟