

## Welcome Message from the Editor-in-Chief

---

Emergency dispatchers are no strangers to misunderstandings about what they do. Even the U.S. government classifies emergency dispatchers as “clerks,” rather than as the protective service professionals they are. In research on emergency dispatch, we see plenty of misunderstanding as well. Mostly, it comes in the form of narrowed focus. When people talk about emergency dispatch research, they generally mean they’re studying one of two things: times or cardiac arrests. The vast majority of emergency dispatch research over the past twenty years has focused on one of these two topics.

Yet as you know, there’s much, much more to emergency dispatching than handling cardiac arrests (around one percent of all calls to emergency medical dispatch—and more like 0.2 percent of all calls to emergency dispatch overall). And although dispatch and response times are important, they’re not the only measures of success for communications centers, dispatchers, or dispatch protocols.

In this issue, we’re happy to say that we have addressed some of those other important issues, including decision making, communication, and standardization. We’ve also moved beyond the focus on medical conditions to include studies of center management and police dispatching.

With the advent of cell phones and other cell-enabled mobile devices, the number of silent calls to 911 is increasing rapidly. Most of these calls are so-called “pocket dials.” A few, though, are silent because the caller is in a terrible situation: an abuser or assailant is nearby, or she can’t speak because of a stroke or other condition. As the number of pocket dials increases, it becomes increasingly important to distinguish accurately between those “nuisance” silent calls and true active calls. Heidi Kevoe-Feldman and C. Blair Sutherland provide an evidence-based approach to doing just that.

At the system level, decisions don’t have to be made as quickly, but they’re equally important. One such decision is which protocol to use for a specific incident. Chris Knight et al. investigate this question, looking at which protocol discipline (medical, fire, or police) multi-discipline centers use to handle one of the most common types of calls: traffic accidents. They discuss not only which disciplines are selected, but the rationale each agency uses to make its decision.

Like multi-discipline centers, multiple agencies under the same jurisdiction or oversight agency must make coordinated, system-wide decisions and provide uniform service. In Italy, one such system evaluated inter-agency variability among its agencies. Furgani et al. demonstrate that implementation of the MPDS reduced variability and helped provide a single standard of care and service across the region.

However, providing standardized information isn’t enough if it’s not the right information—and one of the most critical pieces of information an emergency dispatcher can gather is

the existence of weapons on scene. Identifying that a weapon is present, and sending responders information about that weapon, can save officers from walking into ambushes and reduce the likelihood of harm to callers, victims, and even suspects. In “Weapons Reported on Scene by Callers to Emergency Police Dispatch,” the authors provide a first-ever analysis of the types of weapons reported to emergency police dispatch and the incident types with which those weapons reports are associated.

As always, thanks for reading—and for your commitment to the science, practice, and profession of emergency dispatch.



Isabel Gardett, PhD  
Editor-in-Chief