

Accomack County Department of Public Safety



**Incident # 2008-983
Assault on a Fire Medic**

Investigative Findings

Table of Contents

Letter Cover 1

Incident Summary 3

Summary of Recommendations..... 4

Issues & Recommendations: Dept. of Public Safety..... 6

Issues & Recommendations: Eastern Shore 911 Center 12

Issues and Recommendations: Accomack County Sheriff’s Office 23

Definitions..... 25

Investigative Events..... 26

References 27

Appendix A: Transcript of Phone & Radio Communications 28

Appendix B: DPS Staff Critique of Incident 30

Dept. of Public Safety - After Action Report - Assault Incident

INCIDENT SUMMARY

On February 4, 2008 at approximately 5:30 p.m. Oak Hall Rescue was paged out to a psychiatric call. Two Accomack County Fire Medics (referred throughout as Fire Medic 1 / Fire Medic 2) responded in Unit 201 ambulance. The Fire Medics were told by the 911 Center that the Sheriff's Office had been notified.

As they arrived on scene, the patient was outside of his residence and walking toward the ambulance. The EMS crew exited their vehicle and engaged the patient in conversation regarding the patient's immediate needs and treatment.

Fire Medic 1 began to set-up for a blood pressure reading and at that same time the patient rushed forward and struck the Fire Medic I on the left side of the head with a closed fist. The initial blow caused a laceration above the Fire Medic's left eye. Fire Medic 2 then ran to an adjacent residence and called the 911 Center indicating an immediate need for law enforcement to respond.

Fire Medic 1 dazed from the first impact was unable to defend himself and subsequently received several more blows to his head from the patient (now referred to as assailant). Fire Medic I attempted to back away from the assailant and move toward his vehicle. During his retreat, Fire Medic 1 tripped over a rope that had been strung between two posts. Fire Medic I fell to the ground on his back and the assailant immediately took a position on top of Fire Medic 1 and continued to strike Fire Medic 1 about the head. Fire Medic 1 freed himself from the assailant by kicking the assailant off of him and sought refuge in EMS unit.

Once inside the vehicle, Fire Medic I secured the vehicle and prevented the assailant from entering the vehicle. The assailant then used an EMS bag left on scene to repeatedly strike the driver's side window in an attempt to gain entry.

Fire Medic 2, while in an adjacent residence, placed 2 separate calls to the 911 Center requesting immediate law enforcement assistance. While in the residence, Fire Medic 2 explained what had just taken place involving the assailant and Fire Medic 1.

While gaining access to this residence, Fire Medic 2 explained to the male occupant what was transpiring. The male occupant then exited the home with a firearm to lend assistance to Fire Medic I. Upon his return, the resident notified Fire Medic 2 that Fire Medic 1 was locked in the EMS vehicle and the assailant had entered his home.

Fire Medic 2 then received a call from a friend who is also a Virginia State Police (VSP) Trooper. Fire Medic 2 apprised the trooper of the current situation. The trooper notified VSP dispatch to send any available trooper to respond to the scene. Fire units from NASA Wallops Flight Facility responded after monitoring the request for assistance.

Dept. of Public Safety - After Action Report - Assault Incident

SUMMARY OF RECOMMENDATIONS

Department of Public Safety

- Development of a policy making it mandatory that DPS employees carry their assigned portable radio while on duty.
- Develop a policy for response to mental/behavioral/psychological emergency calls.
- Provide an in-service for staff with regard to providing proper communications during intense situations.
- Need for an on-duty Department of Public Safety supervisor to address and respond to staff needs.
- Develop a policy for notification of administrative staff.
- Provide an EMS in-service on psychiatric emergencies.

Eastern Shore Regional Communications Center (911 Center)

- Calls to the 911 Center without an underlying emergency medical need should be transferred to the Sheriff's Office.
- Develop a policy that provides specific direction for dispatchers as to when and how to request a response from the Sheriff's Office.
- Investigate the possibility of an "Emergency All-Call" policy for law enforcement.
- Modify or adhere to policy addressing responsiveness to field providers.
- Personnel at all levels should ensure policy is followed.
- Dispatch supervisors should be held accountable for the actions of subordinates, if known infractions occur.
- Provide one channel for all dispatch communications and announcements only.
- Consider standardized language when checking for the need of Sheriff's Office when units are on scene.
- Develop a policy and/or procedure for clearing a channel for emergency communication.
- Develop a policy for EMS personnel declaring an emergency or "Mayday."
- Develop a policy that addresses the use of the "man down" button by field providers.
- Consider best practices for field providers when reporting emergency situations on-scene via phone and/or radio.
- Requests for information should be compiled by persons outside event.
- Formal requests for information should be completed in a professional manner.
- Develop a policy for the review and critiques of non-routine events.

Accomack County Sheriff's Office

- Investigate the possibility of an "Emergency All-Call" policy for law enforcement in cooperation with the 911 Center.
- Development of a policy with regard to psychiatric calls involving all agencies.

Dept. of Public Safety - After Action Report - Assault Incident

CONTRIBUTORY ISSUES & RECOMMENDATIONS

The following discussion of issues and resulting recommendations are based upon providing the safest work environment for Department of Public Safety (DPS) employees, as well as, other emergency service providers in Accomack County. The issues brought forth in this document are not intended to assign blame nor should the contents be construed as accusatory toward any one person, organization or entity. All responses to emergency situations are unique and each provides insights into ways that services could be enhanced or improved while keeping personnel safety as the prime objective.

The vast majority of calls is routine and therein is the danger that we become complacent. It is only during non-routine events, such as the incident described above, that we recognize the need to review all decisions, actions, omissions, errors, and positive contributions that were part of the event in question. This very serious event has provided an opportunity for service agencies to come together and gain new insights. The end result is the development of new and more relevant policies, procedures and actions designed to increase employee/responder safety.

In reference to the Eastern Shore Regional 911 Center, given the structure of that organization and the regional service it provides, the enclosed recommendations are offered for their consideration only. It is my hope that changes recommended below will help to prevent or mitigate future events if and when they occur.

**Department of Public Safety
Fire/Rescue Division
Issues and Recommendations**

Department of Public Safety

Fire/Rescue Division

Issue: Access to Radio Communications

All Fire Medics are issued a portable radio with an individual radio identifier. Fire Medic 1 did have access to the assigned portable radio and was able to use the radio to place a call for assistance during the assault. Fire Medic 2 did not have immediate access to the assigned portable radio during the time of the assault. DPS policy, at the time of this incident, did not require that the portable radio be carried on the person while on duty. In this event, access to the portable radio may have provided Fire Medic 2 a more immediate and direct link for assistance from the 911 Center. In addition, the imbedded identifier would have accurately identified the caller to the 911 dispatcher. Each radio is also equipped with an emergency “man down” button for situations when verbal transmissions are not possible. Fire Medic 1 was unable to access the “man-down” button and opted for a verbal transmission.

Recommendation:

1.) Development of a policy making it mandatory that DPS employees carry their assigned portable radio while on duty.

Having employees use their assigned portable radio rather than calling the 911 Center via phone during critical situations would eliminate several points of confusion. This is especially true with the situation in question. The 911 Center dispatchers would not be able to transfer a radio call to the Sheriff's Office and would be able to readily identify the caller with pre-programmed identifiers. Having immediate access to the “man-down” button also will expedite emergency assistance and clarify emergency situations in the field. *Also see Recommendation for the 911 Center.*

Action: *An Administrative Directive was issued on 02/11/2008 requiring the carrying of assigned portable radio on all activities outside of the stations.*

Department of Public Safety Fire/Rescue Division

Issue: Scene Security and Staging for Law Enforcement

Based on the limited call information and call type, Fire Medic 1 and Fire Medic 2 did have a brief conversation regarding staging and waiting for law enforcement to arrive. A radio transmission was made by Fire Medic 1 regarding scene safety. No response was audible from the 911 Center. Both personnel felt the Sheriff's Office was en-route to the scene and would arrive shortly. A decision was made by Fire Medic 1 (the more senior employee) to access the scene and assess the situation. Fire Medic 1 indicated that seeing the patient exit the residence and walk to the ambulance was a positive sign.

***Note: The ultimate responsibility for scene safety lies with the field provider.*

Recommendation:

1.) Develop a policy for response to mental/behavioral/psychological emergency calls.

It was apparent after talking with staff, this type of event while not common place, is not a single secluded or isolated event. The need for policy guidance to protect staff is warranted.

Department of Public Safety Fire/Rescue Division

Issue: Employee Identification and Proper Language in Emergency Situations

When Fire Medic 2 called the 911 Center they only identified themselves by their first name. Dispatchers treated the caller (Fire Medic 2) as a member of the public and transferred the call to the Sheriff's Office. The Sheriff's Office was receiving this call as any other call to the Sheriff's Office for emergency assistance. Fire Medic 2 was initially frustrated by the 911 transfer and became increasingly frustrated when questioned by the Sheriff's Officer (name, address, problem, etc.). Fire Medic 2 was unable to relay clear and concise information to the Sheriff's dispatcher. Frustration was mounting because Fire Medic 2 was under the impression the Sheriff's Office already had a deputy en-route to this call and knew the address. Fire Medic 2 lashed out at the ACSO dispatchers with expletive language further increasing the frustration levels on both sides of the communication. This resulted in a hang-up (unknown who hung-up on who). In review of the conversation, Fire Medic 2 was unable to give any clear indication of her location. The issue became less about the incident and immediate need but more about the communication and use of language from Fire Medic 2.

Recommendation:

- 1.) Provide an in-service for staff with regard to providing proper communications during intense situations.**

Action: Department critique of the incident, isolating the importance of proper communication, using this event to show that clear and calm communication during stressful events is critical.

Department of Public Safety Fire/Rescue Division

Issue: No Field Level Supervisors for Department of Public Safety Staff

The Department of Public Safety does not have any level of field supervision of its staff. In addition, at the time of this incident, the administrative offices were closed. The 911 Center asked both Fire Medics on two different occasions if they wanted the administration or DPS 1 notified of the incident. While during the apex of the event, this request was inappropriate to the mitigation of the situation, it does call to light the need for employees to have access to supervisory personnel at all times during the work day. Personnel in the field do not have immediate access to County level personnel to refer to for advice, direction, and assistance. Fire Medic 1, while locked in the EMS unit, made the call to administrative staff on a personal cell phone. The call placed from the back of the EMS unit was to an off duty Captain attending a private function and the call was received on the Captain's personal cell phone.

The lack of field level supervisors impacts the Department in routine and non-emergency matters as well. Staff cannot be observed in the performance of their assigned job function whether on an emergency scene or during routine station duties. This lack of supervision and the rapid turn-over of County Fire Medic staff often mean that new and inexperienced providers are on the street with little guidance. They do not have the option of conferring with a supervisor before making a decision. Fire Medic 1 and Fire Medic 2 did not have the benefit of supervisory input as they discussed whether or not to wait for law enforcement or to proceed.

Recommendation:

1.) Need for an on-duty Department of Public Safety supervisor to address and respond to staff needs.

The Department of Public Safety and Accomack County are responsible for the safety of its employees while in the work place. Employees currently lack a supervisory resource in the field and at their respective stations. They lack contact with the organization as a whole on a daily basis. In this case, the Fire Medics had a conversation with regard to staging or proceeding to the scene. It is unclear if the employees would have questioned a field supervisor and requested input but that option was not available to them. With the rapid turn-over in staff, the department has placed many young and inexperienced Fire Medics in the field. This situation alone demonstrates the need for some level of oversight and guidance. A field supervisor readily available to staff to provide support during this incident would have been a welcomed advantage.

Action: *Included in FY 2009, FY 2008, and FY 2007 budget requests.
Recommended in the 2007 Comprehensive Fire and EMS Study.*

2.) Develop a policy for notification of administrative staff.

It is important that management be apprised of all major events as they occur. This includes employees who are injured in the field in the line of duty. Administrative notification should not be an employee's decision nor should it be the responsibility of the 911 Center. This would be one of the field level supervisor's responsibilities. The field level supervisor's first priority would be staff needs and then notification using the chain of command within the organization.

Department of Public Safety Fire/Rescue Division

Issue: Management of Mental, Behavioral & Psychological Emergencies

It is not possible to determine if any amount of training could have prevented this incident. However, a better understanding of behaviors that mental/behavioral/psychiatric patients often exhibit is a positive first step. Increased knowledge and awareness of potential triggers during emergency responder's interventions would be very beneficial. Training to better understand this type of patient is provided at every level of the EMS program from Basic to Paramedic. Unfortunately, training is often limited to a text book and covered by an EMS instructor. In order to gain a better understanding of perhaps why this event occurred and to increase staff knowledge, an in-service should be conducted by a mental health professional. This individual could also review current EMS treatment and management plans for the psychiatric patient and provide additional recommendations

Recommendation:

- 1.) Provide an EMS in-service on psychiatric emergencies.**

Action: A Community Services Board Mental Health Professional contacted and scheduled for DPS in-service.

**Eastern Shore Regional Communications Center (911 Center)
Issues and Recommendations**

Eastern Shore Regional Communications Center (911 Center)

Issue: Determining the Need for an Emergency Ambulance

In review of the call placed to the 911 Center, the Department of Public Safety could not find any underlying “medical emergency” or subsequent need for an ambulance. It was apparent the dispatcher was becoming frustrated with the lack of information that was being obtained from the caller. The ambiguity in the caller’s responses should have been enough to transfer this call to the Sheriff’s Office. Emergency medical issues were not evident. Example: Problems with the caller’s airway, breathing, circulation, or physical deformity - ABC’s of emergency care, would demonstrate a need of for an emergency ambulance.

In the transcript, the dispatcher was obviously frustrated as indicated by the long sigh audible on the tape and with statements like “I’m not really sure what you’re asking for”. The patient also was unsure as to what was needed. When questioned, “do you need an officer, do you need an ambulance?” response, “I need something.”

Recommendation:

- 1.) Calls to the 911 Center without an underlying emergency medical need should be transferred to the Sheriff’s Office.**

Eastern Shore Regional Communications Center (911 Center)

Issue: Delayed Response from the Sheriff's Office

In review of the 911 tape, it was readily apparent that communication ambiguity between the 911 Center and the Sheriff's dispatch staff contributed to a delay of law enforcement units to this call. While the 911 Center staff did "notify" the Sheriff's Office, they in effect also cancelled any response during the same conversation.

Excerpt from transcript: Page 4 line 14-15 911 talking with Sheriff's dispatcher

911 "But, um, I've got an ambulance on the way, and um I'll let you know if they need you or not"

ACSO Okay

Excerpt from transcript: Page 5 line 19-29 ACSO talking with 911 Center

ACSO "But you're sending the ambulance?"

911 "Yes I am, once they get on scene they may not even need you guys."

ACSO "Well let us know, okay"

911 "Better safe than sorry"

ACSO "That's okay, just let us know"

911 "I will"

On two separate occasions (highlighted) the 911 Center staff told the Sheriff's Office that they would let the Sheriff's Office know if a response was needed. (*Summarized from above.*) Given these statements it is apparent why the Sheriff's Office did not immediately dispatch a road deputy to this call. A survey of Department of Public Safety personnel, all indicated that the statement "Sheriff's Office has been notified" carried the connotation that a deputy was en-route to the scene.

Recommendation:

1.) Develop a policy that provides specific direction for dispatchers as to when and how to request a response from the Sheriff's Office.

The policy should include an estimated time of arrival for law enforcement personnel. If an immediate medical need is determined (one involving ABC's Airway Breathing, Circulation, etc. problems) policy should allow for alerting any available law enforcement personnel regardless of jurisdiction. Policy should also make clear the definition of "notified" so all personnel understand its meaning.

2.) Investigate the possibility of an "Emergency All-Call" policy for law enforcement.

Have the 911 Center be able to alert all available (the Sheriff's Office, state, town, and special police) law enforcement officials for response. This type of request would be solely for the protection of emergency responders and not for the investigation of a crime, thus reducing jurisdictional issues.

Eastern Shore Regional Communications Center (911 Center)

Issue: Lack of Acknowledgement of Field Communications

From the initial call and as the call progressed, the 911 Center failed to acknowledge field communications from providers. According to the Draft Communications Manual (DCM 2008) and the Communications Manual dated 1994 (CM, 1994) any station or unit calling must be answered promptly. The following communications were not acknowledged by the Center:

Excerpt from transcript: Page 19

Line 21: "Scene Safe"
Line 25: "201 on scene" (1st time)
Line 37: "Need Help!"
Line 41: 5 separate radio breaks
Line 43: "Rescue, we've been assaulted"
Line 45: "Rescue, do you copy?"

Recommendation:

1.) Modify or adhere to policy addressing responsiveness to field providers.

Dispatchers at no time should be distracted from their console and communication responsibilities. This recommendation includes examining factors that may affect a dispatcher's ability to respond to field providers.

Eastern Shore Regional Communications Center (911 Center)

Issue: Supervisory Intervention

A review of the communication tape revealed several apparent breaches of policy, procedural errors and omissions during this incident. These errors did not occur as an isolated event, but continued for the duration of the incident. If supervisory staff were present, these errors should have been corrected immediately. If intervention does not occur, then supervisory and dispatch staff have failed to do the task to which they are assigned and responsible for.

The following are policy related concerns as a result of this incident review:

- 1.) Field communications to Center unanswered
 - Policy: 1991 Communication Manual (CM, 1991) page 39 paragraph Q
 - Policy: (DCM, 2008) page 34 paragraph P
 - Policy: 911 Training Manual page 33 paragraph C1
 - 911 Training Manual page 38 paragraph L1-2
 - Issue: Lack of acknowledgement of field providers.*
- 2.) Echoing of important field communications
 - Policy: (DCM, 2008) page 35 paragraph U
 - Policy: (CM, 1991) page 40 paragraph V
 - Policy: 911 Training Manual page 33 paragraph E2
 - 911 Training Manual page 38 paragraph G1
 - Issue: Field communications during volatile situations*
 - Issue: Lack of acknowledgement of field providers.*
- 3.) Request for Emergency Assistance
 - Policy: (DCM, 2008) page 34 paragraph T
 - Policy: (CM, 1991) page 40 paragraph V
 - Issue: Field providing declaring an Emergency, using the phase "NEED HELP!"*
 - Policy: (DCM, 2008) page 40 paragraph Y
 - Issue: To contact with field unit upon hearing "NEED HELP"*

Recommendation:

- 1.) **Personnel at all levels should ensure policy is followed.**
 - Supervisory staff and personnel must ensure policy and procedure at all times.
- 2.) **Dispatch supervisors should be held accountable for the actions of subordinates, if known infractions occur.**

Eastern Shore Regional Communications Center (911 Center)

Issue: Radio Channel Concerns

All dispatch information for both Fire and EMS incidents are on channel 1 or “RESCUE”. In addition, channel 1 is designated for all EMS operations. This arrangement rooted in past practice is outdated for today’s Fire and EMS service operations. This frequency arrangement presents a significant risk to the safety of DPS personnel, as well as, all EMS personnel in Accomack and Northampton Counties.

1. With all rescue operations on the same channel as all dispatch actions, there can be a significant “wait time” between transmissions because of other radio communications. Currently no policy is in place to clear communications from channel 1 should an EMS provider have a dire emergency as was the case in this incident. The clearing of all radio traffic from a channel that a responder has declared an emergency allows complete access to the channel for any communications.
 - a. During this incident two other non-emergency communications from field providers were on channel 1.
 - b. Both of these communications could have cancelled-out any additional information/communication from Fire Medic 1. They took valuable time away from personnel on the scene of the assault from transmitting to the Center.
 - c. Should a fire call and or other EMS call have had to be dispatched, personnel on scene would have had to wait until free air time could be obtained in order to declare an emergency.
2. The amount of airtime that is required when dispatching a fire call delays an EMS provider from reaching the 911 Center by radio. Example, the dispatching of a residential house fire, could take as long as 60-90 seconds. During this time no other communications can be heard on channel 1.
3. There are communication issues in the northern end of Accomack County resulting in either poor or no reception of the 911 signal. In addition, radio transmissions from portable radios are often cancelled out by radios with stronger transmitting abilities. Although in this situation the portable radio transmissions from Fire Medic 1 were received by the 911 Center, some were of low volume and many went unacknowledged.

Recommendation:

- 1.) **Provide one channel for all dispatch communications and announcements only.**
 - a. **A dedicated EMS operations channels.**
 - b. **A dedicated fire operations channels (in-place).**
 - c. **All channels must be recorded digitally and coded with time stamp intervals.**

As calls for service to the 911 Center increase, the dispatches increase as well. It may be more advantageous to have one channel dedicated to dispatch only. Rescue operations should be on a separate channel, just as fire operations are on a separate channel. At the present time, EMS calls represent 90% of the 911 Center’s total dispatch call volume. It would appear that a dedicated channel or the ability to clear the channel immediately would benefit all concerned. It certainly would have helped in the incident under review.

** Supporting document: Fire Ground Radio Communications and Firefighter Safety (Varone, J.C., 1996)

Eastern Shore Regional Communications Center (911 Center)

Issue: Field Communications During Potentially Volatile Situations

Use of plain text has become the new standard for communications. This open air communication can create significant problems for responders. There are times when the hint of having the Sheriff's Office respond will exacerbate conditions on scene. In this incident, the assailant was in close proximity to the portable radio when the 911 Center dispatchers called and asked "Do you need the Sheriff's Office". It is unclear if this statement triggered the assailant to strike, but it must be considered as a possibility given the next radio transmission came from Fire Medic 1, stating "Need Help" followed by several radio breaks. These radio breaks indicate someone was trying to key the transmit button but was unable to hold the button long enough, definitely a "Red Flag".

The 911 Center dispatchers made no effort to hail the provider making the communication, "Need Help" even though a radio identifier would have been available to them on the console. The five identifiable radio breaks were also not followed up.

Once Fire Medic 1 transmitted, "rescue we've been assaulted", the radio channel should have been cleared to provide Fire Medic 1 an uninterrupted line to the 911 Center if needed. This incident clearly demonstrates the need for immediate and uninterrupted communication. A review of current policy and the Communication Manual did not reveal a procedure that addresses this need. Once Fire Medic 2 called the 911 Center and reported the ambulance crew had been assaulted, this should have been another "red flag" for clearing the radio traffic and attempts made to reach Fire Medic 1. This was not acted upon. The dispatcher did not attempt to determine the extent of injuries Fire Medic 1 sustained.

Units from NASA Wallops Flight Facility heard the statement "rescue we've been assaulted" and contacted Fire Medic 1 to determine if they could help.

Recommendations:

- 1.) **Consider standardized language when checking for the need of Sheriff's Office when units are on scene.**
The Commonwealth of Virginia Interoperability Commission has recommended the use of "Signals" for use by both dispatchers and field providers whenever it needs to be determined if law enforcement officers are required on scene. The use of "Signals" by both field responders and 911 Center dispatchers would clearly articulate the need during "on-scene" events. It would also prevent anyone other than the providers and the dispatchers from being aware of what is being requested.
- 2.) **Develop a policy and/or procedure for clearing a channel for emergency communication.**
- 3.) **Develop a policy for EMS personnel declaring an emergency or "Mayday."**
- 4.) **Develop a policy that addresses the use of the "man down" button by EMS field providers.**

Eastern Shore Regional Communications Center (911 Center)

Issue: Transfer of a Field Provider with an Emergency to the Sheriff's Office

The 911 Technical Consultant, was contacted (via phone interview) to determine how the 911 Center was recording the call once it had been transferred to the Sheriff's Office. The response was that dispatchers can listen in on transferred calls to see if additional address information could be provided. The recording continues until the 911 Center dispatcher releases or hangs up the call.

When Fire Medic 2 called the 911 Center and identified by first name only to the dispatcher, the call was transferred directly to the Sheriff's Office. 911 dispatchers stated "this caller sounded like a black lady" (page 13 line 21-23). I concur that just a first name is not sufficient enough information for dispatchers to recognize the caller as a field provider. However, dispatchers had more information than that as indicated below:

Excerpt from transcript: Page 5 Line 39-40

Caller: "This is first name (Fire Medic 2), "I'm on scene, he's beating my partner." Give me State Police give me somebody now."
911: Let me transfer you to the Sheriff's Office.

The call is still being recorded, and the communication between Fire Medic 2 and Sheriff's Office is heard.

Excerpt from transcript: Page 6 Lines 1-9

Caller: "Get me a Sheriff here at this call
ACSO: "What's the matter?
Caller: "He's beat my partner"
ACSO: "All right, where are you ma'am"
Caller: "I am with the ambulance."

The 911 Center recording of the tape stops at this point.

The term "on-scene" carries a specific connotation and meaning in the field of emergency services and is not used by the general public. Coupled with "at this call", "beating my partner" and "I am with the ambulance" strongly identifies that this person is a field provider.

If dispatchers are listening in on transferred calls to the Sheriff's Office for the purpose of providing additional or supplemental information, then they should be providing that information.

911 Center policy (DCM, 2008: pg. 30 ¶ P) indicates that all telephone calls incoming to the Center, requesting law enforcement response shall be transferred to the Sheriff's Office. Policy was followed by dispatch personnel with regard to transferring the call.

Although 911 Center policy (DCM, 2008: pg. 62 ¶ K) states that "communications officer receiving a request for law enforcement response from field personnel they (911 Center) shall notify the appropriate law enforcement agency...." The connotation here is that field responders contacting the 911 Center via radio are treated different than those contacting the Center via telephone.

Recommendation:

1.) Consider best practices with regard to answering emergency assistance calls from field providers.

Field personnel are familiar with contacting and communicating with the 911 Center. If an emergency situation does occur in the field, calling the 911 Center would be their first action. They should use the assigned radio as the preferred method of communication. Should two separate policies exist for contacting the Center either by phone or radio?

Eastern Shore Regional Communications Center (911 Center)

Issue: FOIA Request

In total, three written requests for follow-up information were submitted to the 911 Center.

The first request was dated February 5, 2008. This request was completed and received by February 7, 2008. A tape of the radio and phone conversation was provided. No cover letter or anything indicative of the event identification written on the cassette or case. The recordings made on the cassette are a compilation of the radios at the Center. The recordings appear to be spliced together in a condensed format. Nothing on the tape gives any aspect of real time or time stamps as milestones throughout the recording.

While it is unclear if the tape was compiled by someone other than those involved in the event, the Department of Public Safety was contacted by the personnel working during the event to the availability of the tape. Personnel of a higher rank or not associated with a given FOIA request should compile the needed information. This reduces the potential conflict of interest, increases credibility and validity that all information assembled is without bias and has not been altered.

A second and third request for information was submitted to the 911 Center. The responses were not submitted on department letterhead, not dated and were not discernable who the response was from. Not all the requested information was submitted.

Recommendations:

- 1.) **Requests for information should be compiled by persons outside event.**
- 2.) **Communications recordings should have time stamps or digital identifiers to ensure data is not missing.**
- 3.) **Formal requests for information should be completed in a professional manner.**

Eastern Shore Regional Communications Center (911 Center)

Issue: Internal Investigations of Non-Routine Events

Neither the DCM 2008 nor the CM 1991 makes mention of a policy or procedure for investigating non-routine events at the Center. Significant events should trigger an internal investigation and subsequent report of lessons learned. It is with this type of event that progress toward provider safety and system efficiency are often the result.

As a routine check, the 911 Center does Quality Assurance (QA) and Quality Improvement (QI) on every fifteenth emergency medical call.

Recommendation:

1.) Develop a policy for the review and critiques of non-routine events.

Critiques and lessons learned should be shared with the emergency response community as a whole so that all agencies may benefit.

**Accomack County Sheriff's Office
Issues and Recommendations**

Accomack County Sheriff's Office

Issue: Delayed Sheriff's Office Response

In review of the incident, narratives and communications tapes from both the 911 Center and the Accomack County Sheriff's Office, it was apparent that communication ambiguity between the 911 Center and Sheriff's Office exist with regard to response. See page 15 with regard to a description of those events.

Other Recommendations:

1.) Investigate the possibility of an "Emergency All-Call" policy for law enforcement in cooperation with the 911 Center.

See page 15 for description. Sheriff's Office participation in the development and execution of such a policy would be paramount.

2.) Development of a policy with regard to psychiatric calls involving all agencies.

Develop a policy for care and transport of the psychiatric patient involving the 911 Center, field providers, and the Sheriff's Office. If no medical need is found, the patient shall not be transported by ambulance. Those patients without a medical need should be transported via Sheriff's Office to the appropriate facility if warranted.

DEFINITIONS

DPS - Department of Public Safety

DPS # - Verbal call sign for Department of Public Safety Personnel

DPS1 - Director of Public Safety

DPS3 - Captain, Department of Public Safety

911 Center - Eastern Shore of Virginia 911 Communications Center

Radio Identifier - Indicator of who is talking on the 911 Center console

ACSO - Accomack County Sheriff's Office

Fire Medic - Employee of Accomack County Department of Public Safety

EMS Unit - Ambulance

Station 20 - Station number for Oak Hall Rescue

Unit 201 or 201 - Ambulance #1 from Oak Hall Rescue

Emergency Medical Dispatch (EMD) – Emergency Medical Dispatch is organized interrogation of persons calling for medical assistance. This is done by using a card file system of medical protocols.

911 Draft Communications Manual - Draft guidelines for the operations of the Center and notification of field personnel

Current Communication Manual - Guidelines for the operations of the Center and notification of field personnel, approved in 1991, considered outdated by the Acting 911 Center Director. Use as a reference in this document.

RESCUE - Radio identifier for 911 Center Channel 1

Channel 1 - Main dispatch and rescue operations radio frequency

Standard Operating Procedure (SOP) – A general guide of what do, give a specific situation or set of circumstances.

INVESTIGATION INTO EVENTS

- 1.) Photos of injured Fire Medic 1 taken (2/4/2008)
- 2.) Written statements were requested of Fire Medics 1 (2/7/2008) & Fire Medic 2 (2/11/2008)
- 3.) FOIA request to 911 Center for phone conversations and radio communication related to this event and within the time frame identified (2/5/2008)
Ref: *Letter (DPS 2008a) Information request* Received on: February 7, 2008
- 4.) FOIA request to the Accomack County Sheriff's Office for phone conversations and radio communication related to this event and within the time frame identified (2/5/2008)
Ref: *Letter (DPS 2008a) Information Request* Received on: February 8, 2008
- 5.) Letter of thanks and appreciation sent to Wallops Fire Department (2/6/2008)
- 6.) 911 Center tape transcribed (2/13/2008)
- 7.) Interview with Fire Medic 1 (2/14/2008)
- 8.) Interview with Fire Medic 2 (2/14/2008 & 2/15/2008)
- 9.) Follow-up questions to 911 Center (2/15/2008)
Ref: *Letter (DPS 2008b) Questions Regarding Assault Incident*
Received on: March 5, 2008
- 10.) Photo release signed by Fire Medic 1(2/15/2008)
- 11.) Follow-up questions to Accomack County Sheriff (2/20/2008)
- 12.) Accomack County Sheriff's response (2/21/2008)
- 13.) Phone interview/questions for Scott Chandler 911 Consultant (2/22/2008)
- 14.) 3rd request for information from 911 Center (2/26/08)
Ref: *Letter (DPS 2008c) Assault Incident – Additional Questions*
Received on: March 5, 2008
- 15.) Department of Public Safety critique of incident (2/27/2008)
- 16.) Draft document completed (3/1/2008)
- 17.) Release of document to 911 Center & Sheriff's Office for the purpose of legal review and/or confidential information (3/4/2008)
- 18.) Interview with Accomack County Sheriff (3/11/2008)
- 19.) Interview with 911 Center staff (3/18/2008)
- 20.) Release of document (3/25/2008)

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APPENDIX A: Transcript of Phone & Radio Communications

Text between brackets [XXXX] has been removed to protect individual identity.
A descriptor has been added where necessary.

1 911 911 where is your emergency? (Loud feedback)
2 I'm sorry....hello
3
4 Caller inaudible – (still lots of feedback)
5
6 911 I can't understand you, you're cell phone is very broken
7
8 Caller This is **[First Name #1] [Last Name]** (?)
9
10 911 Ok
11
12 Caller Um, it's a emergency over here, I don't know what's wrong with me
13
14 911 What do you mean you don't know what's wrong with you? What's going on?
15
16 Caller inaudible - I'm having a (inaudible) or something
17
18 911 You think you have what.....sir? Hello.....
19
20 Caller Yes...I'm talking to my mind (inaudible again) I've had problems with it
21
22 911 What kind of problem?
23
24 Caller I'm talking to myself in my mind and something I say is stretched out
25 (inaudible)
26
27 911 You're talking to yourself in your mind.
28
29 Caller Yeah,
30
31 911 Ok, do you need an officer, do you need an ambulance?
32
33 Caller I need something, like I need something
34
35 911 What do you need?
36
37 Caller Um, Um, Um, Um, I'm weird (inaudible) I'm mixed up
38
39 911 Ok, have you been drinking or anything?
40
41 Caller Huh?
42
43 911 Have you been drinking, or taking any drugs?
44
45 Caller I've been drinking last night but um, um (garbled and inaudible rambling) me
46 and my girlfriend, broken relationship (inaudible) I'm mixed up...I don't
47 know what's happening.
48
49 911 Ok, I'm not really sure what you're asking for. I understand you're saying
50 you're messed up, I mean what do you think is wrong with you?

1
2 Caller Garbled inaudible rambling
3
4 911 Ok, (sighs) do you want an ambulance?
5
6 Caller Yes, I need something, yes
7
8 911 What's your address?
9
10 Caller [##### Street Name #1]
11
12 911 [#####]
13
14 Caller [Street Name #1, Town], Virginia
15
16 911 You said [Street Name #2]Sir
17
18 Caller [Street Name #1], yes, [Street Name #2]...yes
19
20 911 [Street Name #2]..., ok, what's your name.....sir.....what is your name?
21
22 Caller [First Name #2] [Last Name]
23
24 911 [Last Name]?
25
26 Caller [First Name #1] [Last Name]
27
28 911 and the phone number you're calling from...[###-#####]...and you think
29 you're having some sort of a psychiatric breakdown?
30
31 Caller Yes
32
33 911 OK, how old are you?
34
35 Caller [##] years old
36
37 911 [##]?
38
39 Caller Inaudible
40
41 911 All right.....all right.....do you.....are you having thoughts of suicide or
42 anything like that?
43
44 Caller I don't know.....(inaudible) everything....I'm just talking to myself.
45
46 911 So you're just talking to yourself?
47
48 Caller Yeah.....inaudible...talking to myself. I have to
49
50 911 Okay.....but you haven't been drinking today?

1
2 Caller I told you, last night.
3
4 911 Okay, are you diabetic or anything?
5
6 Caller Huh?
7
8 911 Are you a diabetic? Okay, besides talking to yourself, what other kind of
9 problems do you have right now, I mean.....
10
11 Caller I was at Onancock.....(inaudible).....I'm separated.....and it's just getting
12 on my nerves.....I'm trying to sleep, and I'm nervous.....and (inaudible) I
13 just can't get my mind straight.
14
15 911 All right then, um, I'm gonna, I gonna go ahead and send you an ambulance,
16 and um just stay calm, don't do anything, irr, you know irrational, and I'll
17 have someone there shortly, okay, and if you take any medicines, I'll need
18 you to get those together, okay.
19
20 Caller Ya
21
22 911 All right then.
23
24 Dial Tone.....phone ringing
25
26 ACSO Accomack County Sheriff's Office
27
28 911 Hi, I need an officer, up at, [##### Street Name #2, Town] it's going to be
29 that trailer park.
30
31 ACSO Your name?
32
33 911 This is [First Name] [Last Name] from 911.
34
35 ACSO Oh... Okay, what's going on?
36
37 911 I don't know, there a guy calling and he says he's having psychiatric
38 problems.
39
40 ACSO Okay
41
42 911 I don't know
43
44 ACSO Do you have a phone number for him?
45
46 911 Um, [###-###-####] – hold on a second.....he says that he's having anxiety
47 problems, and I don't know, I think he's been drinking.....so, but I have an
48 ambulance on the way.
49
50 ACSO Okay, where's that [Street Name #2] run off of?

1
2 911 [Street Name #1], there across from the [Reference Business]
3
4 ACSO Okay
5
6 911 But, um, I've got an ambulance on the way, and um I'll let you know if they
7 need you or not.
8
9 ACSO Okay.
10
11 911 All right, thank you.
12
13 Dial tone.....static noise
14
15
16 911 Communications
17
18 ACSO Hey, this is [First Name] over at the Sheriff's office.
19
20 911 Uh huh.
21
22 ACSO Is this [First Name]?
23
24 911 Yes
25
26 ACSO What's the problem at this, why you need a Deputy, I don't think I'm getting
27 it right.
28
29 911 I think that he's been drinking.
30
31 ACSO You think?
32
33 911 I think, I don't know, I couldn't understand it, he wasn't making any sense
34 what so ever.
35
36 ACSO What did he say?
37
38 911 Um, well, he tells me he's been talking to himself, and that
39
40 ACSO He must have been talking to me 'cause I've been doing that all day long
41 (they chuckle)
42
43 911 He's been talking to himself and he thinks that he is having a psychiatric
44 break...
45
46 ACSO That's alright (inaudible).....that's all I need
47
48 911 I don't know, it's just...
49
50 ACSO That's it right there...he has mental issues.

1
2 911 Mental issues...exactly.
3
4 ACSO Okay if it's mental, than we can send it
5
6 911 Yeah,
7
8 ACSO But you're sending the ambulance?
9
10 911 Yes I am, once they get on scene they may not even need you guys,
11
12 ACSO Well let us know, okay
13
14 911 Better safe than sorry
15
16 ACSO That's okay, just let us know
17
18 911 I will
19
20 ACSO Okay honey
21
22 911 Thank you, bye
23
24 End of call
25
26 911 Where is your emergency?
27
28 Caller This is [First Name], I'm on scene, he's beating my partner. Give me State
29 Police, give me somebody now.
30
31 911 Let me transfer you to the Sheriff's Office. Phone rings.
32
33 Caller Please help me
34
35 ACSO What's the matter?
36
37 Caller Get me a Sheriff here at this call
38
39 ACSO What's the matter?
40
41 Caller He's beat my partner.
42
43 ACSO All right, where are you ma'm
44
45 Caller I am with the ambulance.(break in tape)
46
47 ACSO Where you got an ambulance, on that call?
48
49 911 Yeah, that's the one on [Street Name #2]
50

1 ACSO Where?
2
3 911 The one that I just transferred a while ago, and asked you about the officer.
4
5 ACSO Okay.
6
7 911 The ambulance crew has been assaulted
8
9 ACSO The ambulance crew has?
10
11 911 Yes
12
13 ACSO All right
14
15 911 All right, bye
16
17 *****
18
19 911 Communications
20
21 ACSO Hey, I just received a call from **[First Name]**
22
23 911 uh ha,
24
25 ACSO and she said both of them are being assaulted and the man is still beating her.
26 I can't get assistance..... cursing (inaudible)..... and I cannot talk to her
27 having that kind of language with me.
28
29 911 She, she is, um, on scene up there at **[Street Name 2]**
30
31 ACSO I understand that but she's calling (inaudible)...that he's assaulted her but I
32 can't have her cursing at me, I need to get the information that I need. I know
33 she's scared and everything, but I don't need that cursing and what she's
34 doing to me.
35
36 911 Okay, what do you need?
37
38 ACSO I need exactly where they're at, and who the subject is, can you give me the
39 subject's name?
40
41 911 The subject is my ambulance crew
42
43 ACSO I know that, no the subject is not the
44
45 911 His name is **[First Name #3] [Last Name]**
46
47 ACSO Name, **[First Name #3]** what?
48
49 911 **[First Name #3] [Last Name]**
50

1 ACSO I was talking about the person that they went to um, being served to.
2
3 911 **[First Name #3] [Last Name]** is the name of the person they were responding
4 to.
5
6 ACSO **[First Name #3] [Last Name]**, okay.
7
8 911 Uh huh,
9
10 ACSO And we got officers going that way
11
12 911 Yes
13
14 ACSO Cause, do you suppose that they knew....he was coming violent, they should
15 called you so they could have staged out (inaudible)
16
17 911 I got an ambulance call, I got a 911 coming in okay, hold on. 911 what is
18 your emergency? Hello.....911 what is your emergency?
19
20 Fire Medic 2 Where is the cops **[First Name]**?
21
22 911 They're coming honey, they're coming
23
24 Fire Medic 2 Where are they?
25
26 911 They're coming, hold on a second.
27
28 Fire Medic 2 Please help me.
29
30 911 I know, I know, honey, honey, all right is he still in there?
31
32 Fire Medic 2 Yeah, he's in the room (sobbing)
33
34 911 Okay, let (inaudible)....talk you in baby
35
36 Fire Medic 2 Is **[Fire Medic 1]** okay, I don't even know if he's okay.
37
38 911 Calm down baby, calm down, we got 'em on the way okay...
39
40 Fire Medic 2 Please help me.
41
42 911 I know baby, (crying in the background)...are you hiding from him?
43
44 Fire Medic 2 Yes, I (inaudible.....crying)
45
46 911 Okay baby, just stay right there okay, they're on their way
47
48 Fire Medic 2 Oh, my God.
49
50 911 Sheriff's office is on 1787....tell them that he's in [##### **Street Name #2]**

1
2 Fire Medic 2 Where is **[Fire Medic 1]**, I don't even know where **[Fire Medic 1]** is?
3
4 911 He was on the portable baby
5
6 Fire Medic 2 I know, but WHERE IS HE!!!
7
8 911 I don't know, someone just marked up, some of the 20 monitors....are
9 coming after you guys (inaudible).. okay.
10
11 Fire Medic 2 (inaudible) I don't, tell them (background noise) Don't come in here, I think
12 he has a weapon. (Sounds like another radio the background). Do not let them
13 come in the (inaudible)... Do not let them come in the POV.
14
15 Dispatch Medi crew.....(inaudible).... a weapon.
16
17 Fire Medic 2 The lady....the house...on the end, her husband went out there, he has a gun.
18 He's a white gentleman with a gun, he's good. The black gunman is the
19 armed suspect.
20
21 911 Black gentleman armed, white man, uh, went out...
22
23 Fire Medic 2 Yes, the woman who let me in her house, her husband went out there...he has
24 a gun, the suspect is black, and he is off his rocker.....he beat **[Fire Medic 1]**,
25 he beat **[Fire Medic 1]**.
26
27 911 Okay baby, just calm down okay
28
29 Fire Medic 2 Tell them, tell them do not come here.
30
31 911 Okay, you've got State Police coming from the scales and.....
32
33 Fire Medic 2 I can't, where's this other guy? Ask 201 if he's okay, does he want me to
34 come to him? (other radios in the background) I'm coming...just
35 a...please....where is the black guy?
36
37 Male Did you see what kind of weapon he's got? (Radio Traffic – Background)
38
39 911 What kind of weapon does he have?
40
41 Fire Medic 2 I don't know
42
43 911 She's not sure.
44
45 Fire Medic 2 That guy can shoot me when I go to him, cause he's not going to walk me to
46 my partner. Ask 201 does he want me to stay in my position or does he want
47 me to come and treat him?
48
49 911 Ask 201 if he wants her to stay in the position or come and treat him.
50

1 Dispatch 201 – DPS wants to know do you want her to remain where she is or come
2 and treat you?
3
4 201 Tell her to stay where she is.
5
6 911 He says stay where you're at baby
7
8 Fire Medic 2 Thank you, I tried to reach him on the cell phone.
9
10 911 Okay
11
12 Fire Medic 2 who is.....coming with sirens.
13
14 911 Do you want us to call **[DPS 1]**?
15
16 Fire Medic 2 No, I...uh....just give me a f—king cop here, that's all we need for right now.
17
18 911 They're, they're on their way baby, they're on their way, that's what
19 **[Dispatcher 2 First Name]** wanted me to ask you. We got 'em on the way
20 baby.
21
22 Fire Medic 2 Does he know for sure he's not coming out?
23
24 Radio They've got him right in sight.
25
26 911 They're getting people there now, I can hear 'em
27
28 Fire Medic 2 Oh, God...(inaudible)...we've got to help him, he's gonna...(inaudible,
29 sirens in the background) you know what I'm saying, I mean
30
31 911 Someone's coming
32
33 Fire Medic 2 God thank you...(inaudible) I don't know who's coming, but they are
34
35 911 Okay, they're coming, they're coming
36
37 Fire Medic 2 (crying) Thank you **[Dispatcher 1 First Name]** (radio noise, sirens in
38 background, crying, voice inaudible) ... didn't even wait for the god damn
39 cops, I told him we needed to wait for the f—king cops.
40
41 911 He didn't know.....are you okay?
42
43 Fire Medic 2 (crying) I just want you to tell me he's okay.
44
45 911 (crying) I think he's okay, he sounds fine on the radio okay.
46
47 Fire Medic 2 I just called on his cell phone.....oh God.....now tell whoever's coming
48 here, tell the fire truck that **[Fire Medic 1]** is in the ambulance and he's hurt
49 but the suspect's here - don't let him go down.
50

1 911 The suspect is there.....
2
3 Fire Medic 2 Tell him, tell him to stop, don't go past me.
4
5 911 **[Fire Medic 1]** is in the ambulance (radio chatter in background)
6
7 Fire Medic 2 Don't go further.
8
9 Radio Hold you're position
10
11 911 Okay, **[Fire Medic 1]**'s on the radio to them now.
12
13 (On scene Male) Calm down, tell me what's wrong
14
15 Fire Medic 2 That guy beat the shit out of **[Fire Medic 1]**
16
17 (On scene Male) Where's **[Fire Medic 1]** at
18
19 Fire Medic 2 He's in the ambulance (1-niner-5 radio background). That's the guy, the
20 suspect's right there.....no that's her husband. The guy's right there
21 with....(inaudible)... the guy's got a gun, hold him down. Okay, I've got
22 Wallops here, don't go by there cause you're gonna trip... he. .yes, okay
23 that's her husband, but the guy is on the porch in between those two trailers
24 not this one.....in the ambulance bleeding, yes he's bleeding he got the shit
25 beat out of him, (a male voice asks "is he by himself"), yes....(inaudible radio
26 chatter).
27
28 Wallops 201 can you back up the ambulance? (*radio traffic back ground*)
29
30 201(male) That's negative (*radio traffic back ground*)
31
32 Wallops Okay (*radio traffic back ground*)
33
34 Fire Medic 2 Thank you **[Dispatcher 1 Fire Name]**. (*radio traffic back ground*)
35
36 911 You're welcome
37
38 Fire Medic 2 Everything's okay, just let DPS1 know what happened or call **[DPS 4]**(?).
39 Tell them what happened.
40
41 911 Okay
42
43 Fire Medic 2 I love you, thanks,
44
45 911 I love you too, bye. Dial tone. Have you got a hold of **[DPS 1]**?... Phone
46 rings. Well, she wanted me to call.
47
48 911 Male **[Fire Medic 1]** said (inaudible – laughter?)
49
50 *****

1
2 911 Communications
3
4 ACSO Hey, this is **[Deputy First Name]** at the Sheriff's office.
5
6 911 Uh, huh
7
8 ACSO Did you say someone had a gun up here?
9
10 911 **[Fire Medic 2]** says it's a black male and he's got a gun. The women tells us
11 she's hiding and her husband went out looking for him and that's when
12 he's seen the gun.
13
14 ACSO Okay
15
16 911 I don't think he's shot any body.
17
18 ASCO Okay
19
20 911 Okay,
21
22 ASCO All right, thank you.
23
24 911 Uh, huh.
25
26 *****
27 911 Communications
28
29 ACSO Hey, this is **[First Name]** from Accomack.
30
31 911 Hey
32
33 ACSO How are you?
34
35 911 Okay, I guess
36
37 ACSO Who's this?
38
39 911 **[First Name]**
40
41 ACSO What's wrong with you?
42
43 911 This...I ah, upset me
44
45 ACSO What, have you got someone to talk to me, I need information. Are you
46 dispatching?
47
48 911 Yes, I'm fine, it just upset me.
49
50 ACSO What's your name?

1
2 911 [First Name]
3
4 ACSO All right [First Name], what's your last name honey?
5
6 911 [Last Name]
7
8 ACSO [Last Name]?
9
10 911 (spells) [Last Name]
11
12 ACSO Okay, what I need to know
13
14 911 Okay
15
16 ACSO Right now what I need to know... I need to know who's on the ambulance,
17 the girl on the ambulance?
18
19 911 [Fire Medic 1]
20
21 ACSO [Fire Medic 1] who?
22
23 911 [Last Name] (spells it)
24
25 ACSO Uh um, okay, who was the other one?
26
27 911 Um, [Fire Medic 1 First & Last Name],
28
29 ACSO [Fire Medic 1 First & Last Name]
30
31 911 Yeah, do you want their DPS numbers?
32
33 ACSO What's that?
34
35 911 Um, they're their numbers that the Department of Public Safety gives them,
36 their identifier numbers.
37
38 ACSO Uh, huh
39
40 911 Um, [Fire Medic 2 First Name], let's see, [Fire Medic 2 – First & Last
41 Name], [Fire Medic 2 First Name], is DPS [##] and , [Fire Medic 1 First
42 Name & Last Name],
43
44 ACSO I know him, he's been there a while.
45
46 911 DPS [##]
47
48 ACSO Okay, are these paid people?
49
50 911 Yes

1
2 ACSO So they're paid people, paid professionals?
3
4 911 Yes
5
6 ACSO just called us "mother f__kers" right
7
8 911 They're just scared.
9
10 ACSO I don't care. Okay, they're boss, is it Public Safety?
11
12 911 Yes, **[DPS 1]**
13
14 ACSO Yeah I know **[DPS 1]**. They called us, they didn't call, she didn't call through
15 you, right?
16
17 911 Um, actually she called here, um I think we transferred her and then..
18
19 ACSO It was a transferred call.....you transferred her to us?
20
21 911 Um, I'm not sure, actually, **[Dispatcher 2]** transferred one call he said it
22 sounded like a black lady we transferred that one and then she called here and
23 then I talked to her.
24
25 ACSO Did you transfer her to us when she was cussing my dispatcher.
26
27 911 I don't think so
28
29 ACSO Called on her own, is that what you're saying?
30
31 911 We, we got a call, and, and **[Dispatcher 2]** transferred it
32
33 ACSO Right, I know that, and then I called you back
34
35 911 I thought, I thought, that that was **[Fire Medic 2]**, he says that that was not
36 **[Fire Medic 2]**
37 ACSO Oh, I thought you meant the original call.
38
39 911 Okay, and then when um, the other dispatcher, the second one that called and
40 was telling me that she's cursing and I put her on hold because I had a 911
41 call
42
43 ASCO Oh wait, I'm getting confused. All right when it first started out you called
44 and gave it to my dispatcher
45
46 911 Yes
47
48 ACSO of what it was,
49
50 911 Yes

1
2 ACSO and it was, you thought somebody was drinking.
3
4 911 He said that what he did
5
6 ASCO I mean I'm just going by what she said, telling me, and then I called you back
7 and I wanted to know, and then that's when you told me, that you said the
8 mental part, that's when we dispatched our officer, I mean I know who he is,
9 **[First Name #2]**, okay, but then
10
11 911 I told her that he said that he had psychiatric problems and said that he'd been
12 talking to himself.
13
14 ACSO You told me that
15
16 911 I told her that he said he'd
17
18 ACSO That's me you told
19
20 911 Yeah
21
22 ACSO Yeah
23
24 911 and that I believed that alcohol may have been involved, that he'd been
25 drinking last night but he denied drinking today, he denied drugs today, and
26 he (she gets cut off)
27
28 ACSO Yeah, they're all going to deny drinking, they're all going to deny drugs.
29
30 911 Yeah
31
32 ACSO That's just how it is, you know. How long you been working over there?
33
34 911 Um, over a year
35
36 ACSO Yeah well that's how it is honey, so nobody drinks nothing, nobody does
37 drugs, that just how they are, okay, but I'm saying after that
38
39 911 Uh, huh
40
41 ACSO Did your ambulance people call you?
42
43 911 They, when they responded and they got on scene, remember I told you I
44
45 ACSO You told us to go, and they got on the scene, and they did not wait for us
46
47 911 No
48
49 ACSO They went in
50

1 911 They went in
2
3 ACSO On their own
4
5 911 They advised they were on scene, I gave them about three or four minutes and
6 then I called them on the radio and asked them if they were still going to need
7 Sheriff's office, because I told you I would advise you if they need you, and at
8 first he came back on and said repeat, and I did it again, and he never
9 answered me, and that's when, um, that's when the 911 line started coming in,
10 and then he came on the radio and said that they had been assaulted.
11
12 ACSO All right, he said,...[Fire Medic 1] did
13
14 911 [Fire Medic 1] came on the radio
15
16 ACSO And he said they'd been assaulted, okay, I'm getting that tape from you all.
17 Okay, and then what? You never did hear from [Fire Medic 2], right?
18
19 911 I heard from [Fire Medic 2] when she called on the phone, and I stayed on the
20 phone with her.
21
22 ACSO She called you up?
23
24 911 Yes
25
26 ACSO And what was she saying to you?
27
28 911 She was saying that she had been, that she had been assaulted, the guy,
29 um, she had run into somebody's house, and I can give you the address of the
30 house she went into, um, [##### Street Name 2], she ran into this trailer and
31 the woman's husband went outside, and that's when he seen that the suspect
32 had a gun
33
34 ACSO Oh, a gun's involved?
35
36 911 Um, that's what they were saying
37
38 ACSO Who's they?
39
40 911 um, that's what [Fire Medic 2] said, and that's what the woman's husband
41 said, that
42
43 ACSO Said that he had a gun.
44
45 911 [Fire Medic 2] never seen it.
46
47 ACSO Oh, that's just hearsay
48
49 911 Yes, this is what the guy, which he ran into this man, these people's trailer,
50 the woman's husband went outside

1
2 ACSO Uh huh
3
4 911 and when he went outside that's when he said that he had seen, he'd seen the
5 guy, he had a gun
6
7 ACSO He's saw a gun, okay, that man, okay I got ya
8
9 911 Okay, and you know, she continued to, you know, tell me that **[Fire Medic 1]**
10 was in the back of the ambulance um, and he, he had been hurt, he had been
11 bleeding
12
13 ACSO Okay, and where was the guy with the gun?
14
15 911 Outside. I'm assuming he was somewhere around the ambulance or he
16
17 ACSO Yeah, well we don't assume nothing.
18
19 911 or he was,
20
21 ACSO Don't ever say it, makes an ass out of me and you (inaudible). Let me give
22 you some advise, don't ever assume
23
24 911 Well,
25
26 ACSO It'll make an ass out of you and me
27
28 911 From what she was saying he was somewhere outside, she was inside, and he
29 was outside,
30
31 ACSO Of the ambulance?
32
33 911 Of the ambulance, she
34
35 ACSO So you never transferred her when she was cussing our people?
36
37 911 I do not think so
38
39 ACSO I don't think so either.
40
41 911 Um, whoever, **[Dispatcher 2]**, **[Dispatcher 2]** got the first call. **[Dispatcher**
42 **2]**, picked up the first call and that's the one he transferred to you
43
44 ACSO Yeah, we've got all that. Okay.
45
46 911 I thought that was **[Fire Medic 2]**, but he says that was not **[Fire Medic 2]**
47
48 ACSO **[First Name]**?
49
50 911 **[Fire Medic 2]**,

1
2 ACSO Oh [Fire Medic 2]
3
4 911 But, and then
5
6 ACSO Okay, all right, is um, [Fire Name] still your head honcho?
7
8 911 Um, he is now, um [Dispatcher 2] still here right now and I, I believe he's
9 back there probably trying to pull tapes up now, I,
10
11 ACSO I need a copy, and just tell him I'm gonna need everything, I'll be at work
12 tomorrow about noon
13
14 911 Okay.
15
16 ACSO Everything on that tape, but I don't think that girl, I think she's gonna be on
17 our tape
18
19 911 Okay
20
21 ACSO Uh, she talked to my people
22
23 911 Okay.
24
25 ACSO And I'll bet, that's not got nothing to do with you.
26
27 911 Okay
28
29 ACSO Okay
30
31 911 All right
32
33 ACSO Thank you hon..
34
35 911 Uh huh
36
37 ACSO Bye bye
38
39
40 *****
41
42
43 Dispatch Station 20 respond ambulance (tones)
44
45 Dispatch Station 20 respond..... Station 20 respond ambulance to [##### Street
46 Name 2], New Church, got a patient, psychiatric problems, 1732 (rest
47 inaudible).
48
49 201 201's responding
50

1 Dispatch 201 responding 1749.
2
3 Dispatch 201 be advised [##] year old male patient believes that he's having a
4 psychiatric break advises that he is talking to himself and he is under an
5 immense amount of stress due to separation. I believe there could be alcohol
6 involved. I have notified the Sheriff's Department.
7
8 201(male) Okay, got a map page?
9
10 Dispatch Map page 26 D-david 6.... it will be in a trailer park across from the
11 **[Reference Business]**, take the first right it'll be the house approximately
12 midway on the left hand side.
13
14 201(male) Okay.....
15
16 201(male) Scene Safe?(low volume)
17
18 (Unknown male) Okay
19
20 201(male) 201's on scene
21
22 201(female) 201, rescue copy us on scene?
23
24 Dispatch 201 on scene 1742
25
26 Dispatch Rescue to 201
27
28 201(male) Go ahead rescue....(2 noise in background, inaudible)
29
30 Dispatch 201 are you guys gonna need the sheriff's office
31
32 201(male) Need Help
33
34 Dispatch Are you guys going to need the Sheriff's office?
35
36 Unknown *radio break..radio break..Right(inaduble)radio break..radio break..radio*
37 *break*
38
39 201(male) Rescue we've been assaulted.
40
41 201(male) 201 Rescue do you copy?
42
43 Dispatch Yes we are in ____ (inaudible) of Sheriff's office
44
45 Dispatch There on there way 201
46
47 201(male) Tell them to expedite
48
49 Dispatch Okay
50

1 Wallops1 Wallops 1 to 201
2
3 201(male) Go ahead
4
5 Wallops1 Can my crew be of any assistance to you?
6
7 201(male) Ah, that would be a big help
8
9 Wallops1 Okay, I'll get them on the way
10
11 201 Thank you
12
13 Wallops Wallops1 to Rescue give me the exact location they're located
14
15 Dispatch Wallops1 Go on **[Street Name 2]** if you turn across from **[Reference Business]** Dream on **[Street Name 1]** then make a right on **[Street Name 2]**.
16
17
18 Wallops Okay, copy
19
20 Radio 19-2 returning.....(inaudible) copy
21
22 Dispatchwe've got units coming fro the scales
23
24 201(male) Thank you rescue
25
26 Dispatch Okay
27
28 Dispatch 201 DPS wants to know if you want her to remain where she is or come and
29 treat you?
30
31 201(male) Tell her to stay where she is.
32
33 Dispatch Okay
34
35 Wallops 201 we're right here...I'm on 25-3 what do you need
36
37 201(male) Ah, hold you're position until law enforcement gets here.
38
39 Wallops Are you still in the unit?
40
41 201(male) That's correct
42
43 Wallops Okay
44
45 Dispatch 201 do you need DPS1 notified?
46
47 201(male) I'll handle it (? inaudible)
48
49 201 That's a negative
50

1 Dispatch Okay
2
3 Unknown You okay?
4
5 Wallops Wallops Engine 25-3 Accomack Rescue
6
7 Dispatch 25-3 go
8
9 Dispatch 25-3 go ahead
10
11 Unknown I'm pretty bad.
12
13 201 201 Rescue (Wallops personnel on-board 201)
14
15 Dispatch 201 go ahead
16
17 201(Unknown) Subject in custody....we're on the scene (inaudible)
18
19 Dispatch Copy
20
21 Unknown Station 10...is staffed
22
23 Dispatch 1800
24
25 DPS1 DPS1 Rescue
26
27 Dispatch DPS1 go
28
29 DPS1 Rescue, can you give me the address of Station. 20's call?
30
31 Dispatch [##### Street Name 2]. If you're going off [Road Name] you'll make a left
32 on [Street Name 1] across from the [Reference Business], [Street Name 2]
33 will be your first right to the right.
34
35 DPS1 Copy that.
36
37 Dispatch Medic 201 en-route Shore Memorial
38
39 Dispatch en-route Shore Memorial at 1810 ?? (inaudible)
40
41
42
43
44
45
46
47
48
49
50

Abbreviations and Definitions

DPS - Department of Public Safety

DPS # - Verbal call sign for Department of Public Safety Personnel

DPS1 - Director of Public Safety

DPS3 - Captain, Department of Public Safety

911 Center - Eastern Shore of Virginia 911 Communications Center

Radio Identifier - Indicator of who is talking on the 911 Center console

ACSO - Accomack County Sheriff's Office

Fire Medic - Employee of Accomack County Department of Public Safety

Station 20 - Station number for Oak Hall Rescue

Unit 201 or 201 - Ambulance #1 from Oak Hall Rescue

RESCUE - Radio identifier for 911 Center Channel 1

Caller Pages (1-3) - Person calling 911 with original compliant

Caller Page 5 - Person calling in assault transferred to Sheriff's Office

Wallops1 - Fire Department from NASA: Wallops Flight Facility

25-3 - Engine and crew from NASA: Wallops Flight Facility

19-2 - Ambulance

Station 10 - Melfa Volunteer Fire & Rescue

APPENDIX B: DPS Staff Critique of Incident

Department of Public Safety Staff Meeting held on 2/27/08

Critique of EMS Incident on February 4, 2008

Review of handouts and materials

- Agenda
- Events Listing
- Injury Photos

Question on definition of “notification”?

Most staff members in attendance agreed that they understood “notification” as meaning a deputy would be responding to the incident.

HIPAA

Reiterated that this information is protected and no discussion of protected material & information should be discussed outside this critique forum. This information is allowed to be discussed as part of the critique under the provision of a training program.

Communications Tape

Everyone in attendance had the opportunity to listen to the tape provided by the 911 Center. This tape included both phone & radio based conversation.

Discussion Questions

1. During the course of this event, what things went wrong that jeopardized employee safety?
 - Complacency
 - Sheriff’s notification was vague
 - Medical complaint? Actual EMS call?
 - Confusion between the two centers
 - Need feedback from Sheriff Deputies *i.e. ETA, etc.*
 - More detailed call information
 - Providers went in and did not stage
 - Need to have portable radio
 - Explicit language impedes communication
 - Time errors
 - At least (5) times information was not acknowledged by 911 dispatcher
 - Transfer field provider’s emergency to the Sheriff’s Office
 - Offensive attitude
 - Use of open communication as provocation (i.e. Is Sheriff’s office needed?)
 - Single channel for operations and dispatch / routine communication during emergency
 - Supervision
 - Accountability
 - No check from 911 on personnel
 - No additional units dispatched to call

Critique of EMS Incident Continued

2. What things/actions/decisions do you feel went well during the course of this event?
 - Fire Medic 1: being able to make decisions & remain grounded throughout the assault
 - Fire Medic 2: remembering the neighbors and going to them to get help for her partner
 - Wallops asking if they needed assistance

3. What recommendations would you make to improve employee safety in the workplace?
 - Combination of both dispatch centers
 - Reduce distractions for dispatchers
 - Each agency establish a policy for psychiatric calls (DPS, Sheriff's Office, & 911)
 - Policy for Sheriff's response & dispatch
 - Policy for an "all-call" law enforcement
 - Field providers staying online with 911 and not transferred to the Sheriff's Office
 - Dedicated channel for dispatch
 - Codes or signals
 - Supervision
 - Secure communications
 - Accountability for 911 Center *"Anything with more than two heads is a monster"*
 - More training for communications
 - Training of psychiatric patients
 - Effective communications in general
 - Radio system

Lessons Learned

- Fire Medic 1
- Fire Medic 2