GUIDECARD SOFTWARE AND PUBLIC SAFETY

How they are used and best practices for developing them

By Dorothy Cave and Stephen Martini

In today’s emergency communications centers (ECCs), telecommunications have a lot to deal with. Triaging 9-1-1 and non-emergency calls — often in rapid-fire succession. Dispatching responders. Tracking self-initiated activity of units in the field. Querying NCIC. Making notifications to administrators or emergency managers. Coordinating support services to a scene to assist with recovery. There’s a lot to remember!

A telecommunicator’s attention is spread across multiple views — at least three screens or more — including the computer aided dispatch (CAD) screen, phone, radio, mapping systems, NCIC queries or even the supervisor’s view. Every piece of work in the ECC requires attention to detail, with life-altering consequences hinging on decisions made in seconds. Many ECCs shoulder even more responsibility, including emergency medical dispatch (EMD). An emergency medical dispatch system often uses a guidecard program to enhance the caller’s experience. The telecommunicator could use guidecards to help to deliver a baby or start CPR on a caller’s mother or grandfather who stopped breathing. But EMD is not the only type of guidecard provided to assist agencies. There are law enforcement and fire guidecards, too.

With so much to remember, it is critical to provide every telecommunicator with a resource they can use to gather all the relevant information that responders need to assist callers, especially while providing guidance callers need to stabilize an incident before responders arrive. A great way to do that is through the use of a guidecard system so let’s discuss what guidecards can do for your agency.

Guidecards should be designed and built to fit your agency and your jurisdiction, breaking down the information is a good place to start when you create the guidecards. Give special attention to the answers responders need to know while en route to the call, starting with the most immediately relevant information and descending in importance to finer details that are less important to immediate response. Use this standard when comparing which questions are listed in which order.

The telecommunicator’s primary focus is on-scene safety — first for the responders, then for the citizen calling for help. Once scene security is determined, telecommunicators should focus on reducing damage or risk to property. Finally, telecommunicators should shift their attention to the preservation of evidence or the environment.

Let’s start with law enforcement guidecards. When an agency decides to implement a guidecard system, they should start with a committee working together to create the jurisdiction-specific guidecard questions. Involve all relevant players — from frontline telecommunicators, trainers and supervisors, to officers and administrators being dispatched to the calls. Use demo guidecards as a template, then update, change, add and delete to fit your agency.

Fire guidecards should be created using the same concept: a committee working together to build the questions to determine which apparatus should be dispatched, based on their capability, to respond to a variety of incidents. If your agency dispatches all three disciplines, consider creating a committee to encompass subject matter experts (SME) from each discipline.

What should you consider if you want to implement an emergency medical dispatch program? This type of program requires a bit more attention than the others, if only because of the medical liability involved. Knowing and provisioning for this liability is part of providing your agency with the tools it will need to progress. With the EMD program, each agency should provide their own medical director. Why? Because of the liability, EMD guidecards should always be approved by the medical director for medical instructions. As we all know, agencies don’t give out “grandma’s remedy” to a caller with

The telecommunicator could use guidecards to help to deliver a baby or start CPR on a caller’s mother or grandfather who stopped breathing.
The click of the mouse will take them to the CPR adult, choking or even childbirth guidecard. Now that we have an understanding of what a guidecard software system can do for the telecommunicator and the caller in need of help, we have to answer what this software could do for the agency. Not only does a guidecard software system provide tools for the telecommunicator but it can provide valuable tools for the supervisor on duty. The guidecard software should provide the supervisor with alerts for specific types of calls. These alerts may be created by the agency software administrator; the committee will be able to make suggestions on what kinds of calls should produce an alert. The alert will notify the supervisor that one of the telecommunicators has a “hot” call such as CPR or childbirth. This will also help when the supervisor has to make command staff notifications for certain types of calls like shootings; they will have immediate notification from the telecommunicator’s call and can make their notifications from there according to their agency policies and procedures.

Using a guidecard software system will also help with the national standard for quality assurance for agencies. The quality assurance (QA) you are required as an agency to provide depends on the discipline you are conducting it on. Per APCO/NENA ANS Standard 1.107.1.2015, outlining the minimum standards for establishing a quality assurance/quality improvement program for Public Safety Answering Points, this means at least 2 percent of all law enforcement and fire calls. For those ECCs handling emergency medical calls, the National Highway Traffic Safety Administration for the establishment of an Emergency Medical Dispatch system, specifically requires between 7 percent and 10 percent of all emergency medical dispatch calls be checked for quality annually.

Regardless of your ECC size, quality assuring calls can feel overwhelming. Smaller agencies may process a few thousand calls per year, often they have limited staff to peel away from daily operations to focus on administrative duties. 6,000 calls per year could yield nearly 540 calls per year to review close to 50 per month! And what about large agencies handling a million to a million and a half or more calls a year? If an agency takes 1,000,000 calls and 200,000 are medical calls, in order to meet the ASTM EMD Manager Standard, they would be required to QA 14,000 calls to meet the 7 percent for medical, and then they would be required to QA another 16,000 to comply with APCO/NENA ANS Standards. Agencies could hire at least two full-time positions solely to conduct QA.
The QA/QI component of any guidecard software should be able to provide information about calls that were either exceptional, where all the marks have been hit, or those that need to have more attention due to missing the marks. While no software or system will ever take the place of the human element — the telecommunicator, supervisor or the QA personnel — an adequately implemented guidecard system can provide your team with the confidence they need to deliver competent instruction to responders and callers with consistency. When looking for guidecard software, look for the tools that help your agency and provide the best assistance to your staff, telecommunicators, supervisors and QA personnel.

APCO offers its IntelliComm guidecard software at apcointellicomm.org.

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### CDE EXAM #51392

1. It is critical to provide every telecommunicator with resources they can use.
   a. True
   b. False

2. Preservation of evidence or the environment is not a concern of the telecommunicator.
   a. True
   b. False

3. The main reason an agency would provision a medical director for EMD is:
   a. Understanding
   b. Liability
   c. Just to say they have one
   d. To have someone to blame for problems

4. Using grandma’s remedy is always an approved response.
   a. True
   b. False

5. Guidecard software should not only help the telecommunicator but should also help the supervisor on duty.
   a. True
   b. False

6. National Standards for Quality Assurance require what percentage of 9-1-1 calls be reviewed?
   a. At least 10% for Fire & Law and 19% for EMD
   b. At least 1% for EMD and 5% for Fire & Law
   c. At least 2% for Fire & Law and 7-10% for EMD
   d. At least 60% for EMD and 15% for Fire & Law

7. All agencies run all calls as HOT.
   a. True
   b. False

8. Guidecard software should provide telecommunicator evidence of excellent or needs improvement.
   a. True
   b. False

9. Guidecard software should take away the human element in the communications center.
   a. True
   b. False

10. Guidecards should be built to fit not only your agency and jurisdiction but all surrounding counties for at least 100 miles.
    a. True
    b. False

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