1) What requirements/protocols must 911 dispatchers follow, and how are they documented?

- Standards & SOPs: Public Safety Answering Points (PSAPs) use national standards (e.g., NENA-STA-020.1-2020 and APCO 1.113.2-2024) and then localize them into written Standard Operating Procedures (SOPs). These cover call flow, special case handling, and documentation. (Ymaws)
- **Answer-time benchmarks:** 90% of 9-1-1 calls were answered within 15 seconds; 95% were within 20 seconds (NENA). APCO also sets answer-time metrics (e.g., within 20 seconds for 90% of calls and within 10 seconds for 75% of calls). (Ymaws, APCO International)
- **Minimum information to capture:** At minimum: location, caller identity, callback number, and nature of emergency; provide language-line support; transfer misrouted calls to the proper PSAP. (Ymaws)
- Medical calls: Follow Emergency Medical Dispatch (EMD) protocols and have structured questions and pre-arrival instructions—dispatch when location and incident information are established.
- **Documentation:** The Public Safety Telecommunicator (PST) documents calls in CAD/RMS (Computer-Aided Dispatch/Records Management System) as part of incident handling. (APCO International)

2) What challenges affect the accurate transcription/processing of 911 calls?

- Call environment & inputs: Multiple simultaneous calls, poor cellular reception, non-emergency traffic mixed in, rural response factors; these increase processing time and error risk. (APCO International)
- Language & accessibility: Incidents requiring translation or TTY/TDD (telecom equipment for individuals with disabilities) support extend processing and complicate accurate capture. (APCO International)
- **Location/identity gaps:** Missing ALI/ANI (automatic location/number identification) or incomplete location data require manual verification (reverse lookups, service-provider contacts). (Ymaws)

- Workflow & tech fragmentation: CAD interoperability and data sharing across systems/agencies remain national challenges; inconsistent/inaccurate data flow. (911.gov)
- **High cognitive load:** Standards explicitly recognize factors that slow/impact call processing and require management to monitor and mitigate them (workflow design, metrics, training). (APCO International)

3) Who are the key stakeholders and how do they interact with the system?

- **Public Safety Telecommunicators (PSTs):** Primary users; receive/process 911 inputs, document incidents in CAD, and dispatch/update field units. (APCO International)
- **Field responders (Police/Fire/EMS):** Consume CAD/radio updates (location, hazards, patient status), acknowledge status changes, request checks, and rely on dispatcher updates.
- **Supervisors/Managers:** Oversee operations, performance metrics, QA reviews, training, and policy; maintain workflows and benchmark compliance. (<u>APCO International</u>)
- IT/Systems/Admin: Maintain CAD, recording, and network systems; support secure storage and data exchange. (Bureau of Justice Assistance)
- External stakeholders: Courts/public records officers (records access with redaction/limits), mutual-aid agencies (inter-PSAP transfers), and the public. (Ymaws, Reporters Committee)

4) What security, privacy, and confidentiality concerns apply to 911 data?

- **Public records vs. privacy:** 911 audio/transcripts are often public records; however, many states require redaction of caller names, addresses, phone numbers, and sensitive medical information. Some restrict the release of audio or favor transcripts. (Reporters Committee)
- Example statute (NC): Contents of 911 calls are public except identifiers (voice/name/address/phone); agencies aren't required to retain recordings beyond 30 days unless ordered. (North Carolina General Assembly)
- Access control & security: Centers must: control access to recordings/CAD data, ensure audibility/encryption, and align with criminal-justice security expectations when

applicable (CJIS). (APCO International, Ymaws)

• **Medical data handling:** EMD protocols generate patient condition details; agencies must store and share such data only for operational purposes and in accordance with applicable medical/confidentiality laws.

5) What information is critical during a call, and how should it be prioritized?

- 1: Location of the emergency (exact address/intersection/landmarks).
- **2:** Callback number (verify if not auto-provided) and nature to select response type/priority.
- 3: Safety/medical checks:
 - Medical—are they conscious? are they breathing?;
 - Police/fire—presence of weapons/hazards, number of people involved, entrapment, etc.
- 4: Dispatch as soon as the location and incident info are determined
 - o Continue structured questions and pre-arrival instructions while units are en route;
 - o Continuously update CAD for responders.
- **Minimum:** Ensure location, caller identity, callback, and nature of emergency are captured. (Ymaws)

Sources

- NENA-STA-020.1-2020: NENA Standard for 9-1-1 Call Processing. (SOP basis; answer-time benchmarks; required call-taking elements; special cases) (Ymaws)
- APCO ANS 1.113.2-2024: Public Safety Communications Incident Handling Process. (Metrics, workflows, PST documentation obligations, factors affecting processing) (<u>APCO International</u>)
- BJA: Law Enforcement CAD Systems. (Stakeholders and CAD core functions) (Bureau of Justice Assistance)
- 911.gov: CAD Interoperability Project. (Nationwide interoperability/data-sharing challenges) (911.gov)
- RCFP Open Government Guide—911 tapes. (State-by-state privacy/public records rules & redactions) (Reporters Committee)
- North Carolina Public Records Statute (excerpt). (Public content of 911 calls with identifier redactions; 30-day retention minimum example) (North Carolina General Assembly)