STATE OF MAINE

CALL RECEIPT, ACKNOWLEDGEMENT, and TRANSFER OF BEHAVIORAL HEALTH CALLS

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| --- | --- |
| SUBJECT: | NUMBER: |
| RESCINDS: | EFFECTIVE DATE: |
| REFERENCE: |  |
| DISTRIBUTION: | REVIEW DATE: |
| STANDARD: |  |

## PURPOSE:

The purpose of this policy is to provide public safety answering points (PSAPs) with a minimum standard for a uniform response when receiving, assessing, conferencing, and/or transferring calls from persons in crisis (1st party caller) or other callers for mental and/or behavioral health-related assistance, including substance use disorder.

## POLICY

It is the State of Maine's (State) policy to provide the highest quality response to all requests for assistance for mental and/or behavioral health-related incidents. Incidents will be processed and assessed to determine if or when the caller can be safely transferred or conferenced with the State's Maine Crisis Line (MCL).

## DEFINITIONS

1. **1st Party Caller[[1]](#footnote-2)**  **–** The person in crisis experiencing the mental and/or behavioral health event or in need of resources. A First-Party Caller is the subject/patient/victim/suspect who is directly involved in the incident.
2. **2nd Party Caller –** Someone who is with or is intimately familiar with a person in crisis or an individual in need of resources. A Second-Party Caller is someone who is with/near the subject/patient/victim/suspect and can potentially communicate with them.
3. **3rd Party Caller –** Someone who is removed from or not in close proximity to the subject/patient/victim/suspect. A Third-Party Caller is a person who is reporting something witnessed or heard but is uninvolved or is not currently on the scene.
4. **4th Party Caller –** A caller from another public service agency and may or may not have specific information about the incident. A Fourth Party Caller is a referring agency, alarm company, or person that generally lacks personal direct knowledge but was asked or told by someone else to summon help.
5. **9-8-8 Suicide and Crisis Lifeline –**A three-digit number for individuals experiencing a mental and/or behavioral health crisis is routed to the National Suicide Prevention Lifeline. The 9‑8‑8 Suicide and Crisis Lifeline (9-8-8) is comprised of a network of 200+ independently owned and operated local centers. It is a national portal for connecting to localized crisis services. 9-8-8 serves as an alternative to 9-1-1 to appropriately manage mental and/or behavioral health-related calls, including substance use disorder, that do not present with an imminent safety concern.
6. **Active Engagement –** When a Crisis Call Specialist (CCS) seeks to collaborate with and empower the caller towards securing their own safety, or the safety of the person they are calling about. Active Engagement is typically necessary for both a comprehensive, accurate assessment of a caller’s suicide risk as well as for collaborating on a plan to maintain the caller’s safety.
7. **Active Rescue –** Interventions by CCS include, but are not limited to, making every effort to determine the name, location, and/or phone number of the caller; contacting emergency services with or without the caller’s consent; tracing the call if there is no known identifying information; requesting 9-1-1 to dispatch police to a discovered location.
8. **Call for Service –** Requests for service received by a PSAP, by various means (9-1-1, 10-digit phone systems, public safety radio system, counter walk-in), which require assistance either by telephone or response by a public safety or mental health resource.
9. **Call Receipt –** “Calls” are requests for service received by a PSAP, by various means (9-1-1, 10-digit phone systems, public safety radio system, counter walk-in). For the purposes of this policy, calls are received and answered by the PSAP and upon transfer, calls are received and answered by the MCL and 9-8-8 (future state).
10. **Chief Complaint –** The primary reason for a person seeking medical or mental health care.[[2]](#footnote-3)
11. **Computer-Aided Dispatch (CAD) –** A computer-based system assisting emergency telecommunicators (ETCs) with activities such as call input, dispatching, call status maintenance, event notes, field unit status and tracking, and call resolution and disposition.
12. **Consent/Informed Consent –** The process of informed consent occurs when communication between a patient and physician results in the patient's authorization or agreement to undergo a specific medical intervention.[[3]](#footnote-4)
13. **Crisis –** An event that may or may not exceed an individual’s coping strategies, resulting in disturbances, reactions, or impairments in cognition, affect, and/or behavior.
14. **Crisis Call Specialist (CCS) –** Staff member answering the phone call, text, or chat messages at a 24/7 crisis call center.
15. **De-escalation –** Attempting to lower or decrease the intensity level of emotions to redirect behavior so it can be controlled within safe boundaries.
16. **Determinant Code –** Alphanumeric response codes formulated by combining the Chief Complaint protocol, the Determinant Level letter, the Determinant Descriptor number, and the Determinant Suffix letter (e.g., 6-C-1A).[[4]](#footnote-5)
17. **Dispatch-Only Center –** An entity, either public or private, that is duly authorized to dispatch emergency services within a designated area but does not take 9-1-1 calls directly.
18. **Emergency Medical Call –** Any event that is perceived to threaten the life, limb, or well-being of an individual in such a manner that a need for emergency medical treatment is created.
19. **Emergency Medical Dispatch (EMD) –** A medical protocol required by all PSAPs in Maine that is used to systematically obtain location, callback number, nature of the emergency, and answers to key questions for responders while consistently providing needed post-dispatch instructions.
20. **Emergency Medical Dispatch Center –** Any entity that provides EMD and is licensed as such by the Maine EMS Board.
21. **Emergency Medical Services (EMS) –** A type of emergency service dedicated to providing out-of-hospital acute medical care, transport to definitive care, and other medical transport to patients with illnesses and injuries preventing the patient from transporting themselves.
22. **Emergency Services Communication Bureau (ESCB) –** The Bureau within the Maine Public Utilities Commission responsible for implementing and managing 9-1-1 in Maine.
23. **Emergency Telecommunicator (ETC) –** An employee who has successfully completed Emergency Telecommunicator Certification as required by the ESCB.
24. **Exigent Circumstances –** An exigent circumstance is an on-going, potentially life-threatening situation that needs immediate attention. Exigent circumstances allow wireless carriers to disclose customer and/or location information to public safety agencies based on subscriber information.
25. **Imminent Risk –** May be determined if an individual expresses (or is reported to have stated by a person believed to be a reliable informant) both a desire and intent to die and has the capability of carrying through with their intent.
26. **Maine Crisis Line (MCL) –** Maine’s primary 988 Lifeline center, and the state’s centralized behavioral[[5]](#footnote-6) health crisis line. The MCL is staffed 24/7 by clinically trained crisis workers who provide crisis intervention support by telephone, text, and chat. Operators can also connect those in crisis with services in their area including community resources and referrals to outpatient services, mobile crisis response, local crisis units, and inpatient services.
27. **Maine Emergency Medical Services, or Maine EMS –** The Board, the EMS director, and staff within the Department of Public Safety.
28. **Mutual Aid Request –** Predicated on the requestor being a public safety agency asking for resources from another public safety agency.
29. **Non-Emergency Medical Call –** A situation in which emergency medical treatment is required, but an immediate response is not necessary to prevent a life, limb, or well-being threatening medical condition.
30. **Outbound Short Message Service (SMS) –** An outbound SMS initiated by the ETC with a wireless user. (This method does not utilize 9-1-1 lines; therefore, it is not considered Text-to-9-1-1.)
31. **Permission –** The act of formally allowing an act to occur (e.g., a caller granting an ETC permission to transfer their call to another entity)
32. **Person in Crisis –** An individual demonstrating signs and/or symptoms of poor behavioral health, a disturbed thought process, a behavior or a mood that may lead to a concern for safety of an individual or society, or a generalized higher acuity (severity) of signs and/or symptoms than of a normal time for the individual; the individual may benefit from admission or referral to treatment services.
33. **Public Safety Answering Point (PSAP) –** A facility with 9-1-1 capability, operated 24/7, assigned the responsibility of receiving 9-1-1 calls and, as appropriate, directly dispatching emergency services or, through transfer routing or relay routing, passing 9-1-1 calls to public safety agencies.
34. **Reference –** A single identifying number exchanged between agencies to share and communicate information on a mutual call.
35. **Responder –** Public/Private response personnel identified as responding in person to crises, including, but not limited to, law enforcement, fire, EMS, onsite clinician, etc.
36. **Text-to-9-1-1 –** The ability to send an SMS text message to reach 9-1-1.
37. **Transfer –**
	1. **COLD Transfer –** A cold transfer refers to the process of patching the caller through to another center without explanation or communication.
	2. **WARM Transfer –** A warm transfer refers to the process of transferring a caller to another department, organization, or service and providing basic essential information to prioritize the continuity of care.
	3. **Conference Call –** Allows for two or more parties to converse on the same call at the same time.

## GENERAL

* 1. **Axioms –** “EMD Axioms are important statements that serve as the basis for many MPDS decision-making processes. They differ from Rules in that they explain why, rather than how to do things”.[[6]](#footnote-7)
		1. MPDS[[7]](#footnote-8) Protocol 25 Psychiatric/Abnormal Behavior/Suicide Attempt axioms:
			1. Behavior emergency patients (at any level of consciousness) are considered to be **a potential risk to themselves and others**.
			2. Certain serious medical problems can be confused as “just a psych problem.” It would be a **serious EMD error to not respond at all**. These problems include insulin shock, severe blood loss, lack of oxygen, delirium tremens (the DTs), overdose, liver or kidney failure, etc.
			3. Certain stages of insulin shock can easily be **confused with alcohol intoxication or psychiatric problems**.
			4. **Delirium tremens** (the DTs) is a severe metabolic derangement that has a surprisingly high in-hospital mortality rate and **should not be underestimated**.
			5. **It is reasonable to utilize a police-only response** when a person is **THREATENING SUICIDE** (no injuries have occurred). This choice must be **approved by local policy** between the law enforcement and EMS-provider agencies.
	2. **Ownership –** When a call arrives at [PSAP Name], it is considered to be owned by this PSAP, and we are therefore obligated to take charge of the call, take immediate action, and provide all necessary assistance to the caller until equal or appropriate care is provided for the subject.
	3. **Quality Assurance –** Involves organized efforts to evaluate and ensure that performers maintain expected standards.[[8]](#footnote-9) This includes monitoring and evaluating performance systematically to ensure the desired standards of quality are being met.
	4. **Feedback –** All PSAP staff are encouraged to report any issues regarding this policy to their immediate supervisor. Feedback includes suggestions for improvement as well as any problematic issues that may surface with its use. As appropriate, please forward feedback to the Emergency Services Communications Bureau at info911@maine.gov.
	5. **Crisis Accessibility** –The MCL currently has three dedicated lines for business:
		1. **Dispatch direct line** – Unpublished direct line; calls to this line are prioritized to be answered first in the call queue. (207-553-5918)
		2. **Crisis line** – Published phone number for public access (888-568-1112)
		3. **988/Lifeline** – Calls are routed to this line based on the area code through the national Lifeline call hub.

When a PSAP or Dispatch-Only Center transfers calls to a crisis hotline, they are (generally) guaranteed to reach a crisis services provider. However, a call to a crisis hotline may be placed in a queue for the next available CCS. MCL has established the dispatch direct line as the first line answered in the call queue to attempt to mitigate these instances. If this occurs, an MCL supervisor will be alerted that a call is in queue; MCL policy is for the supervisor to answer queued calls as much as practical to limit the hold time for ETCs.

## PROCEDURE

### Call Receipt

1. PSAPs may receive calls from a person in crisis through the 9-1-1 system, a 10-digit line, or through Text-to-9-1-1. 988 and MCL routinely receive calls from a person in crisis that may require a response from public safety emergency services; these requests for services will be received by the PSAP on a 10-digit line.

The following shall serve as a mechanism for receiving requests for services by ETCs.
	1. Calls received, regardless of the method of receipt, should be answered using the standard agency greeting for that line of service (e.g., 9-1-1, 10-digit line, etc.)
	2. Call receipt should begin by obtaining location information including where services may be needed. All ETCs should follow address verification as dictated by existing policies.
	3. The ETC should obtain a callback number for the caller, following callback number verification policies.
		1. Where possible, a phone number for the caller should also be obtained if the caller is at a different location than the individual in need of services.
	4. The ETC shall determine the nature of the event as dictated by existing protocols.
	5. Calls received in which the incident location is outside of the jurisdiction served by a PSAP or other licensed EMD dispatch center should be transferred to the appropriate PSAP.
		1. ETCs should utilize the National Emergency Number Association’s (NENA) PSAP Registry[[9]](#footnote-10) to assist in determining the PSAP to transfer to when the incident is occurring outside the state of Maine.
	6. Calls from third-party callers are to be processed using existing call processing procedures.
		1. In limited circumstances, MCL may be able to provide information to the PSAP to aid in a response.
2. Initial minimum data needed when receiving calls for service:
	1. (Verified) location information (including exigency) and where services may be needed whether stationary, mobile, or if at a different location than the caller.
	2. (Verified) callback number
	3. Chief complaint
	4. Time of occurrence (in-progress, just occurred, past event)
	5. Known hazards (e.g., weapons, fire, hazardous materials [HAZMAT], etc.)
	6. Identity of those involved and their location
	7. Caller’s name and, if possible, name of person in need of services, if not first party.
3. Public Safety Provider/Field Requests: Calls may also be received directly from public safety emergency responders (law enforcement, fire, and/or EMS) on the scene of a behavioral health crisis incident; these resource requests shall be directed to MCL.
	1. Scene response request - The following minimum information is required to request a mobile crisis team resource:
		1. Agency name
		2. Name and date of birth of individual in crisis
		3. Incident details
		4. CAD reference/incident number
	2. Coaching request - Instances may arise where a public safety emergency responder can benefit from receiving information from MCL to assist with an incident. In these instances, the ETC can provide MCL’s dispatch direct line to the responder.
		1. The MCL dispatch direct line shall be provided to officers only via telephone to avoid unintentional release of this number to the public.
		2. For instances where a responder needs coaching from a CCS on how to handle a specific incident, the CCS does not need to speak to the individual in crisis.
		3. For instances where a responder needs specific information about the individual in crisis, they can contact MCL via speakerphone to allow MCL to obtain permission from the individual to release information.
	3. Case-history request - In some cases, the CCS may need to speak to the public safety emergency responder directly to obtain specific information and/or ask detailed questions.
		1. The ETC shall follow the warm transfer procedures as listed in Section V.C.1. to enable direct communication between MCL and the field provider.
		2. In situations where a law enforcement officer indicates a call recording may be required for investigative purposes, the line must remain open throughout the entirety of the conversation.

### Call Screening and Classification

Call Screening and Classification is defined as the actions taken by the ETC to assess the situation, including scene safety, in preparation to process the call. When screening and classifying calls, the variety of resources that may be needed can only be determined by the ETC’s line of questioning, resulting in a course of action, which may include a transfer to MCL.

There are four scenarios for consideration when screening and classifying mental/behavioral health calls:

* Request for an ambulance for unknown medical elements with a known mental/behavioral health component
* Request for an ambulance with no medical element but has a mental/behavioral health component
* Request for help – caller information is assessed by the ETC to determine if:
	+ A safe transfer or conference to the MCL is appropriate,
	+ A co-response of a local mobile crisis team (if applicable) is appropriate,
	+ Law enforcement is needed, or
	+ The caller is requesting service or resources outside the public safety response system.
* Well-being checks

ETCs should address these scenarios by following these steps:

1. **Requests for an ambulance for unknown medical elements with a known behavioral health component** shall be processed using the MPDS to reach an appropriate chief complaint and determinant selection.
	1. If unable to identify the chief complaint use,
2. Protocol 32- Unknown Problem (Person Down)
	1. If a caller requests an ambulance, ETCs should use MPDS protocols to assess medical necessity and dispatch resources as per local policy.
	2. While notes can be entered using CAD or ProQA[[10]](#footnote-11), ETCs shall follow agency policy when indicating that the call includes a mental/behavioral component.
	3. Depending on information received, a law enforcement response may also be needed for scene security.
	4. If an extended field response is anticipated, once post-dispatch and/or pre-arrival instructions have been administered, the ETC may opt to obtain the caller’s permission to conference the call to the MCL.
3. **Requests for an ambulance with no medical elements but has a mental/behavioral health component** shall be processed using the MPDS to reach an appropriate chief complaint and determinant selection.
4. If unable to identify the chief complaint use,
5. Protocol 25 – Psychiatric/Abnormal Behavior/Suicide Attempt
6. **Request for help –** Caller requests assistance and it is determined, after initial questioning, that no medical component exists.
7. The ETC determines that a safe transfer or conference to the MCL is appropriate, or
8. A co-response of local mobile crisis team (if applicable), is appropriate, or
9. Law enforcement is needed, or
10. The caller is requesting service or resources outside the public safety response system.

The ETC should assess the caller’s condition and scene safety by using the following matrix:

Matrix 1 - Caller Condition and Scene Safety Information

| **High-to Unknown Priority Matrix: Caller Condition and Scene Safety Information** |
| --- |
|  | **Call Script (questions to ask based on disqualifying conditions)** | **Do not transfer to call if:** | **Recommended Action (based on affirmative response in column 2)** |
| **If the caller’s response to the ETC’s question is “maybe” or “silence”, or the response is considered “yes” - a dispatch is appropriate.**  |
| A. | Are you physically ill or injured? | 1. A medical component exists (e.g., ingested drugs/poisons/ toxins, self-inflicted wounds) or 2. A reaction resulting from not taking prescribed medication(s).  | ETC uses EMD protocols and dispatches per agency policy. A law enforcement response is per agency policy. |
| B. | Do you have any weapons on or near you? What are they? Where are they? | Party states there are weapons in proximity, access exists, and/or the caller in crisis has weapons history.  | Scene safety information is entered in the CAD incident and resources are dispatched per agency policy. |
| C. | (1st) Are you or anyone near you in immediate danger? Are you violent?(2nd) Is the person in crisis violent? | Anybody states they may be in immediate danger. | Scene safety information is entered in the CAD incident and resources are dispatched per agency policy. |
| D. | Are you or have you threatened anyone’s personal safety?  | The person in crisis is threatening others or their own personal safety. | Scene safety information is entered in the CAD incident and resources are dispatched per agency policy. |
| E. | Are you or have you threatened anyone’s property?  | The person in crisis is threatening others or their own property.  | Scene safety information is entered in the CAD incident and resources are dispatched per agency policy. |
| F. | Have you expressed plans to harm yourself today?  | The person in crisis has stated plans, means, and/or an intent to harm themselves exist. | Scene safety information is entered in the CAD incident and resources are dispatched per agency policy. |
| G. | Have you committed a crime or intend to commit a crime in relation to your situation today? | A crime has been reported in association to this call, or is known to have been committed and/or requires a level of investigation. | Scene safety information is entered in the CAD incident and resources are dispatched per agency policy. |

When using the above matrix, situations of a third-party reporting or inquiries include but are not limited to:

* Reporting an incident involving a person in crisis but the caller is not involved in the incident
* Seeking advice/support for a friend/family member
* Inquiring about the mental/behavioral health of a person based on ongoing or previous actions or statements, which do not rise to the level or likelihood of serious harm or imminent threat.

If medical signs and symptoms are presented during questioning, the ETC shall follow MPDS protocol and change the call type to the appropriate EMD determinant code.

Prior to a call transfer and when all disqualifying conditions have been ruled out (see Matrix 1 above), the person in crisis should meet the following criteria:

* Is cooperative
* Agrees to be transferred to a behavioral health crisis line (permission)
1. **Well-being checks** are to be processed when a caller makes a report or inquiries about the mental/behavioral health of a person based upon actions or statements that do not rise to the level of serious harm or imminent threat.
2. ETCs should address such concerns by following these steps:
3. The ETC should create a well-being check per agency protocol.
4. The ETC should record the reporting party’s statements that the person in crisis may have or is known to have a mental/behavioral health condition and cannot be reached.
5. When the reporting party does not want the police for a well-being check and there is not a clear and present danger, the ETC may:
	* + 1. Transfer the caller to the MCL for resource information
			2. Refer the information to the local social assistance agency(ies) with the caller’s permission (e.g., Department of Social Services, 211, etc.)

The CAD incident should be closed when the caller has been provided a course of action (transfer or social services referral) or when the well-being call is complete per agency protocol.

The ETC will employ routine call-taking techniques as needed, such as the name of the calling party, and name and description of the person in crisis.

### Call Processing

Call processing is defined as the action(s) taken by the ETC to identify the appropriate agency and/or agencies to safely transfer or conference a caller for higher levels of behavioral health care to include safeguards.

During call processing, the ETC’s assessment may determine that there is more risk in transferring the caller than remaining on the line and continuing to establish rapport. Transferring a caller to MCL versus remaining on the line is at the agency’s discretion, based on existing agency policy.

When a transfer is appropriate, safety and medical conditions have been ruled out, and permission from the caller has been obtained, the ETC should then connect the caller to MCL allowing for the continuity of care.

1. When a warm transfer of first- or second-party caller(s) from the PSAP to the MCL is appropriate, the ETC shall:
	1. Advise the caller that the ETC would like to connect with a CCS from the MCL and request permission to do so (e.g., “In order to get you the best help, I would like to connect you with a crisis call specialist. Would that be alright with you?”).
	2. After permission has been granted, advise the caller to stay on the line while the call is being transferred (e.g., "Please stay on the line while I connect our call. I will speak first and introduce you”).
	3. Stay on the line to announce the call to the MCL CCS (e.g., “This is Regional 9-1-1 with a transfer…”) and provide pertinent information, including, but not limited to:
		1. Agency name
		2. Verified location where contact can be made
		3. Verified callback number
		4. Name of caller(s) and other parties involved
		5. Time element (e.g., in-progress, just occurred, past event)
		6. Description of circumstances (known relevant information about the caller’s condition)
		7. Hazards validation (e.g., “There are no known hazards.”)
		8. Exchange and confirmation of reference numbers
	4. The ETC will remain on the line with the person in crisis until a CCS has taken ownership of the call. The ETC will announce they are disconnecting and advise if anything changes or immediate services are needed, to call 9-1-1.
		1. In the event the ETC needs to stay on the line with the caller and CCS, all parties will remain conferenced until it is mutually agreed upon and safe for the ETC to disconnect.
	5. Once a caller has been transferred to the MCL, in limited instances the call may be placed in a call-queue to await the next available CCS. If this occurs, the ETC shall advise the caller “We are on hold for the next crisis call specialist. I will remain on the line with you.”
		1. If the ETC must answer another emergency call, the ETC may place the crisis caller on hold, following agency policy, and after informing the caller they are placing the call on hold (e.g., “I need to answer another emergency call, please stay on the line. I am placing you on hold, but I will return as quickly as I can. If a CCS picks up while you are on hold, please let them know you are being transferred from 9-1-1”). As soon as practical, the ETC shall return to the crisis caller.
	6. When a caller does not grant permission to be transferred to MCL, the ETC shall create a call for service and initiate a law enforcement, fire, and/or EMS response per agency policy.

### Universal and Convenient Access

Working with special groups is defined as a comprehensive suite of tailored services taken by the ETC to include accommodations such as interpreters and/or coordinated care to provide universal and convenient access to services. The procedures listed pertain to groups or individuals who need accommodation beyond standard ETC caller management practices.

1. Foreign Language Barriers
	* 1. Calls involving individuals in crisis or from callers who have limited or no English-speaking skills may require language translation services.
		2. For 9-1-1 calls, ETCs shall conference in Maine’s foreign language translation provider[[11]](#footnote-12) as per existing policies to provide this service.
		3. ETCs shall speak to the translator as if they are speaking directly to the caller. This allows the translation of the ETC’s questions verbatim, and the return of the information the ETC is seeking.
		4. When a public safety emergency responder requires translation services for an individual in crisis, the ETC shall request the responder to call the PSAP on an administrative line to then be conferenced with the appropriate service.
		5. Calls having a behavioral health component may be transferred to MCL with the translator on the line.[[12]](#footnote-13)
2. ETCs shall follow the warm transfer procedures as listed in Section V.C.1. to facilitate communication between the caller/translator and an MCL CCS.
3. Relay Services
4. When a telecommunications relay service (TRS) (711) and/or video relay services (VRS) call is received that qualifies for MCL assistance, the ETC may conference or conduct a warm transfer to MCL following the procedures as listed in Section V.C.1. When guidance only is needed from MCL to process a call, the ETC may contact MCL on a separate phone line.
5. Text-to-9-1-1 and SMS (Outbound)
6. PSAPs will follow the State established and agency approved Text-to-9-1-1 Policy issued October 25, 2018, or as subsequently revised, when managing text-to-9-1-1.
7. Teletypewriter (TTY)
8. PSAPs may receive calls from the deaf and hard of hearing community via a TTY device.
9. ETCs shall follow agency policy for communicating via TTY, but the ETC shall maintain primary control of the call.
10. When a TTY call is received that qualifies for MCL assistance, the ETC may contact MCL on a separate phone line.
11. Additional information can be found in NENA standard *TTY/TDD Communications Standard Operating Procedure Model (*NENA-STA-037.2-2018).
12. ETCs shall maintain primary control of all Voice Carry-Over (VCO) and Hearing Carry-Over (HCO) calls.
1. "Four Main Types of Callers" in IAED's ETC Manual version 4.1, Pages 3.14-3.15. [↑](#footnote-ref-2)
2. The International Academy of Emergency Medical Dispatch. (2015). *Emergency Medical Dispatch Course Manual* (25th ed.). Priority Press. [↑](#footnote-ref-3)
3. The American Medical Association. (2022). <https://www.ama-assn.org/delivering-care/ethics/informed-consent> [↑](#footnote-ref-4)
4. The International Academy of Emergency Medical Dispatch. (2015). *Emergency Medical Dispatch Course Manual* (25th ed.). Priority Press. [↑](#footnote-ref-5)
5. [↑](#footnote-ref-6)
6. IAED EMD Course Manual Edition 25 Page 2.33 [↑](#footnote-ref-7)
7. Medical Priority Dispatch System [↑](#footnote-ref-8)
8. The International Academy of Emergency Medical Dispatch. (2015). *Emergency Medical Dispatch Course Manual* (25th ed.). Priority Press. [↑](#footnote-ref-9)
9. <https://eprc-apps.geo-comm.com/epr/12/index.html?mobileBreakPoint=400> [↑](#footnote-ref-10)
10. Software used by ETCs to process 911 calls through the EMD protocols. [↑](#footnote-ref-11)
11. Language Link is the state’s current language translation service provider (2022). [↑](#footnote-ref-12)
12. It should be noted that the party who initiates the call to Maine’s foreign language translation provider will be the party billed for these services through the end of the call. This includes any time spent on the call by an MCL CCS after the ETC disconnects from the call. The Maine Public Utilities Commission handles invoicing for PSAPs, whereas Dispatch-only Centers will be billed directly. [↑](#footnote-ref-13)