



What Happens When You Call 911?

EMS call centers follow protocols to assist callers through a series of questions to get information relating to the emergency.

Calling 911 can be stressful especially for anyone who has had very little experience dealing with emergency situations (1). If you are in doubt about calling 911, don't worry, call anyway and let the dispatcher decide if EMS is needed.

Some 911 dispatchers are certified as Emergency Medical Dispatchers (EMD), which means they have received additional training to assist with emergency situations. Dispatchers may provide instructions for you to follow until help arrives.

The dispatcher will ask the following questions:

1. What is the emergency?
2. What is the location of the emergency?
3. Who are you, and what is the phone number you are calling from?
4. Can you provide details about the emergency?

This may lead to additional questions such as: How many people are injured? What are the physical injuries? Was there a car accident? Is there a fire? What are the symptoms of the injured person(s)? Are there any smells of chemicals or smoke? Is there a weapon involved (1)?

Do not end the call until the dispatcher states you may do so. The situation may change, a person's condition may become worse, a fire may breakout, or additional injuries may be noticed.

Texting 911 Services

It is possible to text 911 in some areas. However, best practice is to place a call to 911 for the dispatcher to ask questions and gather information for the first responders to the emergency.

For individuals who are deaf or hard of hearing use the TTY or telecommunications service if possible.

If you attempt to text 911 (instead of calling) and the service is not available in your area a response message will advise you to contact emergency services another way (2).

Many states are attempting to get 911 texting services into operations as they recognize the increased availability and usage of cell phones. However, not all apps work in all areas (1).

App of the Month

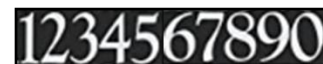


Accidents happen. The official American Red Cross First Aid app puts expert advice for everyday emergencies in your hand. Get the app and be prepared for what life brings. With videos, interactive quizzes and simple step-by-step advice it's never been easier to know first aid. (App of the Month is not endorsed by DBHDS Office of Integrated Health. User accepts full responsibility for utilization of app).

Make Sure Your Address Is Visible

The following tips are just a few of the great suggestions on the [911Ready.org](https://www.911ready.org) website (1).

1. Use numbers and letters with a dark background and white reflective letters at least 4-5 inches in height. This makes addresses easier to read.



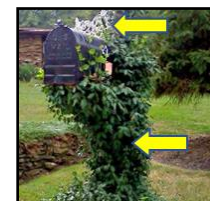
2. Make sure the house numbers are easily seen from the road. Make sure trees and bushes are not blocking the view.



3. The curb is not a good place for house numbers. The weather can erode the paint making them hard to read. They are not within the line of sight and can be blocked easily by parked vehicles.



4. Keep greenery trimmed back on the mailbox. The address should be displayed on both sides of the post or mailbox, so emergency vehicles can view it from either direction.



Visit [www.911Ready.org](https://www.911ready.org) for additional information on Emergency Preparedness or check out the OIH-HSN Emergency Preparedness Health & Safety alert - Part 1 at <https://dbhds.virginia.gov/assets/doc/OIH/emergency-preparedness-part-1-h-s-alert-jan-22.pdf>

911 Calls in Virginia - Did You Know?

Virginia EMS Call Centers received over 4 million calls in 2020. Of those calls, 578,729 were made on a wired line and 3,226,585 were made by wireless connections.

Data collected by each state, which analyzes 911 calls, helps educate legislators and lawmakers on how Virginia compares to other states, so improvements can be made to the 911 system. The data can directly impact how local and state-level decisions are made regarding funding (1).

References

1. Hite, Leland (2022). Emergency Preparedness. <https://911ready.org/>
2. Federal Communications Commission (FCC). (2020, January). <https://www.fcc.gov/consumers/guides/what-you-need-know-about-text-911>

ABA Snippets ...

Organizational Behavior Management

Organizational behavior management (OBM) is a sub-discipline of applied behavior analysis that “focuses on assessing and changing the work environment to improve employee performance and workplace culture” (2).

The use of behavioral principles (such as reinforcement) to enhance employee performance traces back to the 1950s and 1960s when ‘pay for performance’ models were first employed in business settings, and by 1977, the launch of the peer reviewed journal entitled the Journal of Organizational Behavior Management helped firmly root the field (3).

Given its underpinnings in operant behavioral research, it should be no surprise that the OBM approach includes pinpointing employee behaviors to positively impact organizational accomplishments (5). The OBM practitioner selects pinpoints (employee behaviors and intermediate results required to reach overarching business results/indicators) and uses functional assessment to determine what is contributing to the performance problem(s) (6).

Subsequent to the process of understanding the key business indicators, determining pinpoints, developing a measurement system, and functional assessment, the OBM practitioner selects and embeds sustaining function-based solutions while evaluating their effects (6) (4) (1).

For readers working in both small and large organizations alike, learning more about how employee behavior can impact key business initiatives and results may be beneficial; interested readers can learn more about OBM via the references listed in this snippet and by accessing informational resources through the OBM Network.

Resources:

- 1) ABA Technologies (2020). Organizational behavior management (OBM) specialist toolkit. www.abatechnologies.com
- 2) Behavior Analyst Certification Board (2019). Organizational behavior management: an applied behavior analysis subspecialty. https://assets.bacb.com/wp-content/uploads/2020/05/Organizational-Behavior-Management-Fact-Sheet_190609.pdf
- 3) Brethower, D.M., Dickinson, A.M., Johnson, D.A., & Johnson, M.A. (2022). A history of organizational behavior management. *Journal of Organizational Behavior Management*, 42(1), 3-35.
- 4) Carr, J.E., Wilder, D.A., Majdalany, L., Mathisen, D., & Strain, L.A. (2013). An assessment-based solution to a human-service employee performance problem. *Behavior Analysis in Practice*, 6(1), 16-32.
- 5) Mawhinney, T.C. (1992). Total quality management and organizational behavior management: an integration for continual improvement. *Journal of Applied Behavior Analysis*, 25, 525-543.
- 6) Wilder, D.A., Austin, J., & Casella, S. (2009). Applying behavior analysis in organizations: organizational behavior management. *Psychological Services*, 6(3), 202-211.

Community Nursing Leader Region 4

The Office of Integrated Health – Health Supports Network (OIH-HSN), in collaboration with community provider agencies, hosts a regional nursing meeting each month in all five regions of the Commonwealth.

Each region has a volunteer Community Nurse Leader who serves as a bridge between the community and DBHDS. Each region of the Commonwealth is unique with its own care challenges.

The Community Nurse Leaders share their experiences, knowledge, and serve as mentor for other community nurses. They are a good source for networking as fellow healthcare professionals, and are active participants in the regional nursing meetings, offering up vital topics of discussion or concern within their regions.

Region 4 in Southern Virginia is the home of the capital of the Commonwealth. It is comprised of a variety of metropolitan, suburban, and rural communities presenting a number of different care challenges.

There are 5 cities and 23 counties in Region 4. The region’s northern most counties starts at Fluvanna & Hanover. Its southern border extends down to North Carolina at Greenville. The region’s eastern border includes New Kent, James City and Surry Counties, then extends westward to Charlotte and Mecklenburg counties.

The Region 4 Community Nurse Leader is Jeanette Gholson, BSN, RN. She has 20+ years of nursing experience, and is currently the director of nursing for Transitional Home Care, Inc. in Richmond, Va.

Jeanette is a home town girl who grow-up in Dinwiddie and started her nursing career at high school by becoming a licensed practical nurse (LPN). She went on to J. Sargeant Reynolds Community College to obtain her RN, then onto Virginia State University for her BSN.

Jeanette spent the first 10 years of her nursing profession in Neuro Surgery in acute care at the hospital. When she was given the challenge to exploring other avenues of nursing she discovered intellectual and developmental disabilities. She has now spent the last 10 years supporting individuals with IDD in the community.

She loves to travel, read and learn new things. Jeanette attends Trinity Unity Baptist Church in Richmond. Her sister is a special education teacher, who once worked at SSTC, which also connects her to the IDD population. She has a heart for education and supporting others less fortunate than herself in the community.

The OIH-HSN would like to take this opportunity to thank Jeanette Gholson for her many years of service as a Registered Nurse in the Commonwealth and for her willingness to act as the OIH-HSN Community Nursing Lead for Region 4. Thank you!

