

Meeting Minutes of the 911 Certification Board Bi-Monthly Meeting December 14, 2023

I. Opening of Meeting

- a) With confirmation of quorum, Richard Kirton called the meeting to order at 1:15pm.

II. Approval of Minutes

- a) Motion to approve the minutes from the November 9, 2023 Certification Board Meeting.

Motioned by: Tim McKern
All in Favor

Seconded
Motion Passed

III. Requested Reports & Recommendations

- a) The Training Subcommittee Report & Recommendations

- i) Chris Law presented a report on the Training Subcommittee's recommendations regarding certification and continuing education training topics and hours. [\[See Attachment A\]](#)

- (1) The Board used the Training Topics list that was included with the September 13th Meeting Minutes as a visual aid for discussions.

- (a) Motion to adopt the Training Topics List with changes. [\[See Attachment B\]](#)

Motioned by: Katy Myers
All in Favor

Seconded
Motion Passed

- (2) The Board held discussions regarding the "Summary – Recertification Requirements" slide and the correlating hours listed for each.

- (a) Motion to adopt the Recertification Requirements with corrected verbiage that is consistent with previously adopted schedules. [\[See Attachment C\]](#)

Motioned by: Jodi Gaylor
All in Favor

Seconded
Motion Passed

26 (3) Motion to request the Authorities Subcommittee to incorporate a TTY training, consistent
27 with the federal regulations, into the WAC language; leaving some flexibility should the
28 law change.

29 **Motioned by: Mike Worden**
30 **All in Favor**

Seconded
Motion Passed

31 b) WAC Development Recommendation

32 i) Nothing to report at this meeting.

33 c) State Equivalency Report

34 i) Nothing to report at this meeting.

35 d) Community College Report

36 i) Nothing to report at this meeting.

37 **IV. Board Discussions**

38 a) The Board held discussions around the training topics and number of hours. Discussions tabled
39 until more data is received.

40 b) The Board held discussions around trigger point for receiving certification and possible levels.
41 Discussions tabled until more data is received.

42 **V. New Business**

43 a) The Board agreed to cancel the December 28th meeting. Next scheduled meeting will be on
44 January 11th at 1:15pm.

45 **VI. Public Comment**

46 a) There were no comments from the public.

47 **VII. Adjournment**

48 a) Richard Kirton adjourned the meeting at 2:53pm.



Attachment A

Training Subcommittee Update

CHRIS LAW – TSC CHAIR



Attachment A

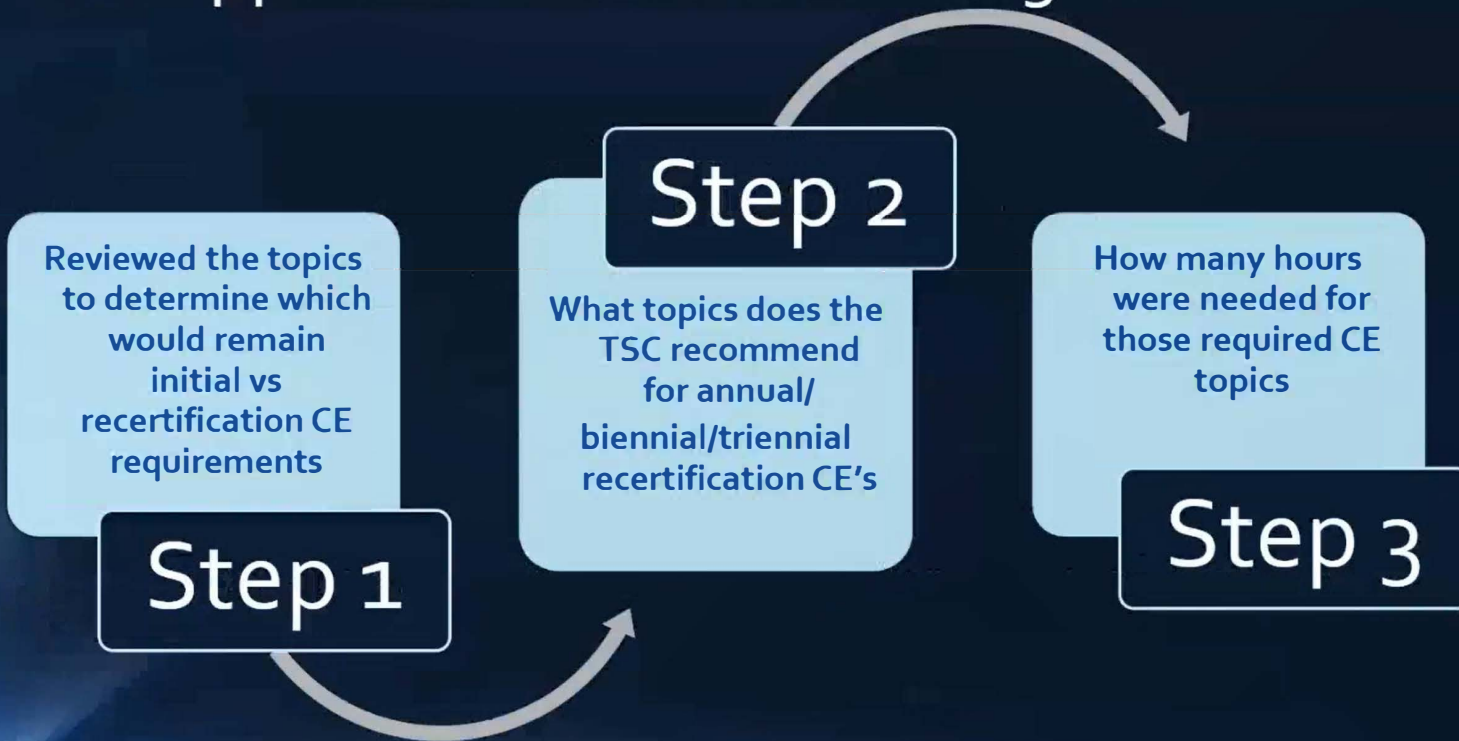
TSC Task Assignment

- Review whether we can cover the CE topics within the 24-hour annual recommendation or re-evaluate the total hours
- Review the certification/recertification topics and determine which topics need annual/biennial/triennial refreshers
- Determine how many hours of those identified refresher CE topics are necessary
- Review the submitted POLST Document for Feedback (from KM)



Attachment A

TSC Approach to the Tasks Assigned



Attachment A

Equipment

All topics listed under the Equipment should be part of the initial certification. Additional TTY training should required.

- **TTY must follow the federal regulations listed in Title II of the ADA requiring PSAPs to complete refresher training every 6 months.**
- **TSC recommends proof of refresher training needs to be required for recertification**



Attachment A

Call Processing

All topics listed under the Call Processing part of the initial certification and then taught in-house as determined annually by each individual agency

Add to the list for initial certification:

1. Unique Natural Disasters to Washington State (Or under GEO)
2. Some type of Ethics section regarding the intake of 911 calls & LE/FIRE/EMS dispatch which complies with WA State RCW's or WA State Law changes
3. Consider any topics to add that may impact agency policies for "Insurance Purposes" (could be added to the policies & procedures section)



Attachment A

Call Processing Cont'd

Under the Law section:

The TSC recommends annual refresher training for the following:

CIT

Working with Suicidal callers specifically

Domestic Violence training

Updates for any legislative changes as needed annually

☐ *CPR – is this annual for some, insurance purposes may drive this to be a refresher at different time frames*



Attachment A

Resources

All topics listed under the Resources to be taught through initial certification and then in-house as determined by each individual agency.

The TSC would recommend moving the EOP training under the Resources section from the policies & procedures competency section

- ☐ Did we need to add 2-1-1 back into the initial certification topics list under Resources?



Attachment A

Policies & Procedures

All topics listed under the Policies & Procedures should be part of the initial certification. (All topics except listed below should be refresher in-house based on individual agency needs/OPS)

The TSC recommends annual refresher training for:

EOP – 1 hour

Harassment – at minimum 1-hour

Liability – 1-hour *(longer if the SECO can incorporate new litigation from Washington State specific case law relevant to 911 calls/events)*



Attachment A

Interpersonal Skills

All topics listed under the Interpersonal Skills should be part of the initial certification. Additionally, the TSC feels this is a category where all topics must be included in annual recertification CE's.

- ❑ The TSC suggests however, maybe they be in trade off years; for example, Customer Service, Bias, Ethics, Accountability could be even years and Stress Management, CISM/CISD, CIT taught odd years. Or something, like trade off what is required in a two-year period from this list of topics. (1-hour refresher times)
- ❑ Additionally, the TSC request to add Resiliency to this list for initial and recertification as a required topic of learning.



Attachment A

Communication

All topics listed under the Communication should be part of the initial certification.

The TSC recommends triennial refresher training for all topics as part of recertification. The TSC feels 1-hour refreshers are good for this, also to trade off years left up to the agency to determine that chronology as long as completed.

The TSC recommend a 2-hour refresher timeframe for Confidentiality.



Attachment A

Geography

All topics listed under the Geography should be part of the initial certification. (All topics should be refresher in-house based on individual agency needs/OPS)

The TSC had no recommendation for recertification requirements in this category unless the technology supporting this core competency change by law (*Phase 1 or Phase 2 changes for example.*)



Attachment A

Technology

- Maybe add an 8th Core Competency titled “Technology.”
- This was under Resources and scratched out, so either add a new category or add as additional topics under the Resources section:

Artificial Intelligence

ESINet

NG-9-1-1



Attachment A

Summary

All Core Competency Topics to remain for Initial WA State Certification

The TSC recommends adding to the Initial Certification Topics list:

- WA State Natural Disasters (Call Processing)
- Resiliency (Interpersonal Skills)
- Add 8th Core Competency or distribute to other categories: Artificial Intelligence, ESINet, NG911



Attachment A

Summary – Recertification Requirements

- TTY – 1-hour twice yearly
- CIT – 2-hours annually
- Suicidal Callers – 2-hours annually
- NCMEC/Missing Persons – 2-hours annually
- Domestic Violence – 2-hours annually
- CPR - ????
- Harassment- biennial by law
- EOP – 1-hour annually
- Liability – 1-hour annually
- Confidentiality – 2-hour triennial
- All topics under Interpersonal Comms – 1 hour annually
- Active Listening – 2-hour triennial
- Communication Skills – 2-hour triennial



Attachment A

Recertification Training Materials



- The TSC recommends that the SECO develop and make available, any CE recertification topics resources for those agencies that do not have in-house curriculum to satisfy the recertification requirements.
- The TSC would like to see the SECO develop CE resources/ curriculum for any ongoing technology changes (RTT vs TTY for example) that might be part of future recertification requirements



Attachment A

Also, for initial certification consideration or recertification topic?

POLST

Portable Orders For Life Sustaining Treatment

HIPAA PERMITS DISCLOSURE OF POLST TO OTHER HEALTH CARE PROVIDERS AS NECESSARY			
Washington POLST <small>Portable Orders for Life-Sustaining Treatment A Participating Program of National POLST</small>		<small>LAST NAME / FIRST NAME / MIDDLE NAME/INITIAL</small> 	
<small>DATE OF BIRTH</small> 		<small>GENDER (optional)</small> 	<small>PRONOUNS (optional)</small>
This is a medical order. It must be completed with a medical professional. Completing a POLST is always voluntary. <small>IMPORTANT: See page 2 for complete instructions.</small>			
<small>MEDICAL CONDITIONS/INDIVIDUAL GOALS:</small> 		<small>AGENCY INFO / PHONE (if applicable)</small> 	
A Use of Cardiopulmonary Resuscitation (CPR): When the individual has NO pulse and is not breathing. <small>CHECK ONE</small> <input type="checkbox"/> YES - Attempt Resuscitation / CPR (choose FULL TREATMENT in Section B) <input type="checkbox"/> NO - Do Not Attempt Resuscitation (DNAR) / Allow Natural Death <div style="border: 1px solid black; padding: 2px; font-size: small;">When not in cardiopulmonary arrest, go to Section B.</div>			
B Level of Medical Interventions: When the individual has a pulse and/or is breathing. <small>CHECK ONE</small> Any of these treatment levels may be paired with DNAR / Allow Natural Death above. <input type="checkbox"/> FULL TREATMENT - Primary goal is prolonging life by all medically effective means. Use intubation, advanced airway interventions, mechanical ventilation, and cardioversion as indicated. Includes care described below. <small>Transfer to hospital if indicated. Includes intensive care.</small> <input type="checkbox"/> SELECTIVE TREATMENT - Primary goal is treating medical conditions while avoiding invasive measures whenever possible. Use medical treatment, IV fluids and medications, and cardiac monitor as indicated. Do not intubate. May use less invasive airway support (e.g., CPAP, BiPAP, high-flow oxygen). Includes care described below. <small>Transfer to hospital if indicated. Avoid intensive care if possible.</small> <input type="checkbox"/> COMFORT-FOCUSED TREATMENT - Primary goal is maximizing comfort. Relieve pain and suffering with medication by any route as needed. Use oxygen, oral suction, and manual treatment of airway obstruction as needed for comfort. Individual prefers no transfer to hospital. EMS: consider contacting medical control to determine if transport is indicated to provide adequate comfort. <small>Additional orders (e.g., blood products, dialysis):</small> _____			
C Signatures: A legal medical decision maker (see page 2) may sign on behalf of an adult who is not able to make a choice. An individual who makes their own choice can ask a trusted adult to sign on their behalf, or clinician signature(s) can suffice as witnesses to verbal consent. A guardian or parent must sign for a person under the age of 18. Multiple parent/decision maker signatures are allowed but not required. Virtual, remote, and verbal consents and orders are addressed on page 2.			
<small>Discussed with:</small> <input type="checkbox"/> Individual <input type="checkbox"/> Parent(s) of minor <input type="checkbox"/> Guardian with health care authority <input type="checkbox"/> Legal health care agent(s) by DPOA-HC <input type="checkbox"/> Other medical decision maker by 770065 RCW		<input checked="" type="checkbox"/> <small>SIGNATURE - MD/DO/ARNP/PA-C (mandatory)</small> <small>PRINT - NAME OF MD/DO/ARNP/PA-C (mandatory)</small>	<small>DATE (mandatory)</small>
<input checked="" type="checkbox"/> <small>SIGNATURE(S) - INDIVIDUAL OR LEGAL MEDICAL DECISION MAKER(S) (mandatory)</small> <small>PRINT - NAME OF INDIVIDUAL OR LEGAL MEDICAL DECISION MAKER(S) (mandatory)</small>		<small>RELATIONSHIP</small> 	<small>DATE (mandatory)</small>
<small>Individual has:</small> <input type="checkbox"/> Durable Power of Attorney for Health Care <input type="checkbox"/> Health Care Directive (Living Will) <small>Encourage all advance care planning documents to accompany POLST.</small>		<small>PHONE</small> 	
SEND ORIGINAL FORM WITH INDIVIDUAL WHENEVER TRANSFERRED OR DISCHARGED			



Washington State Telecommunicator Certification Training Topics:

Many topics may fall under multiple Core Competencies. Items marked with an asterisk (*) may be agency specific and briefly covered at the state level.

1. Equipment

- a. CAD
- b. CAD Down/Backup CAD
- c. Phones
- d. Radio
- e. Backup Center
- f. COOP Plans
- g. Text-to-911
- h. Cameras
- i. TTY
- j. *Remote Dispatch
- k. Playback Recording Software
- l. NAWAS

2. Call Processing

- a. General
 - i. Type Codes/Call Nature
 - ii. Terminology
 - iii. Dispatch Procedures/Techniques
 - iv. WA State Natural Disasters
- b. Call Taking
 - i.. 6 W's
 - ii. Interview Techniques
 - iii. Levels of Questioning
 - iv. Call Formatting
 - v. Types of Callers
 - vi. Prioritization
 - vii. Documentation
- c. Law
 - i. High Risk/Low Frequency
 - ii. Alerts (Amber, Blue, Silver, etc.)
 - iii. Active Shooter (including school shootings)
 - iv. Crisis/Mental Health
 - v. CIT
 - vi. Suicidal Callers
 - vii. NCMEC/Missing Persons
 - viii. Domestic Violence
- d. Fire
 - i. MCI
 - ii. Hazmat
 - iii. Aircraft Emergencies
 - iv. Marine Incidents



- v. Helicopters (Air Ambulance)
 - vi. Wildland Fires
 - vii. ICS/NIMS
 - viii. Mutual Aid
 - ix. Multi-alarm
 - x. Natural Gas
 - xi. Wildlife
 - xii. Specialty Teams (swift water, high angle rescue, CRT, railroad, etc.)
 - e. EMS
 - i. Emergency Medical Dispatch (EMD)
 - ii. Terminology
 - iii. CPR
 - iv. First-Aid
 - v. End of Life Directives
3. Resources
- a. Auxiliary GIS Systems
 - b. DRIVES
 - c. DOL
 - d. ACCESS
 - e. FEMA
 - f. IT
 - g. Emergency Management
 - h. LINX
 - i. OMNIXX
 - j. 211
 - k. 988/Crises Hotline
 - l. Introduction to your Org. (i.e. APCO, NENA)
4. Policies and Procedures
- a. Liability
 - b. Sexual Harassment
 - c. HR Policies
 - d. Records Management
 - e. QA/QI
 - f. EOP Training
 - g. Interagency Operability
 - h. Callouts (specialty teams, strike teams, task forces, coroner, SWAT, SAR, CRT)
 - i. Critical/Unique Incidents (agency specific i.e.: dams, lahar, nuclear, sand dunes, etc.)
 - j. Certification
5. Interpersonal Skills
- a. Stress Management
 - b. Diversity, Equity & Inclusion
 - c. CISM/CISD
 - d. CIT
 - e. Compassion Fatigue

Attachment B



- f. Bias
 - g. Customer Service
 - h. Ethics
 - i. Liability
 - j. De-escalation
 - k. Positive attitude & behavior
 - l. Personal responsibility
 - m. Adaptability
 - n. Accountability
 - o. Teamworking Skills
 - p. Resiliency
- 6. Communications
 - a. Active Listening
 - b. Communication Skills
 - c. Phonetic Alphabet
 - d. Abbreviations
 - e. Comprehensive Narrative
 - f. QA/QI
 - g. Confidentiality
- 7. Geography
 - a. ANI/ALI
 - b. Phase 1/Phase 2
 - c. General Geography
- 8. Technology
 - a. Artificial Intelligence
 - b. ESInet
 - c. NG911



Adopted Recertification Requirements



- CIT – 2 hours every recertification cycle
- Suicidal Callers – 2 hours every recertification cycle
- NCMEC/Missing Persons – 2 hours every recertification cycle
- Domestic Violence – 2 hours every recertification cycle
- Harassment – biennial by law
- EOP – 1 hour every recertification cycle
- Liability – 1 hour every recertification cycle
- Confidentiality – 1 hour every recertification cycle
- All topics under Interpersonal Comms – 1 hour every recertification cycle
- Active Listening – 1 hour every recertification cycle
- Communication Skills – 2 hours every recertification cycle

Attachment C