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00:00:27.090 --> 00:00:43.370
Joni Harvey: Hello, everyone, and welcome to the State of 911 Webinar Series, hosted by the NHTSA National 911 program. My name is Joni Harvey, and I'm the Deputy Coordinator of the National 911 Program, and I will be the moderator for today's session.

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00:00:43.500 --> 00:01:07.020
Joni Harvey: In today's session, you're going to hear from the Cobb County Department of Emergency Communications and how relationship building and collaboration with partnering emergency response agencies are vital to their 911 center, and how their 911 center plays a role in the dispatch support for the success of their prehospital blood program serving in their area.

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00:01:07.110 --> 00:01:19.510
Joni Harvey: Also, today, we're going to hear an update on the Next Generation 911 transition from the Federal Communications Commission and discuss the two recently adopted notice of proposed rulemakings.

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00:01:24.950 --> 00:01:27.300
Joni Harvey: My slides moving forward here.

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00:01:32.120 --> 00:01:32.515
Joni Harvey: Okay.

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00:01:33.080 --> 00:01:50.880
Joni Harvey: So the Webinar series is designed to provide useful information for the 911 stakeholder community about federal, state and local participation in planning design and advancement of 911. It includes real experiences from leaders utilizing the processes throughout the country.

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00:01:50.880 --> 00:02:06.269
Joni Harvey: Today's webinar is being recorded, and it will be posted on 911.gov to access previous recordings or to learn more about the NHTSA National 911 Programs State of 911 Webinar Series, you can please visit 911.gov.

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00:02:06.440 --> 00:02:31.919
Joni Harvey: Also, we would like to remind you of the Docs and Tools section on 911.gov. It is a very valuable and extensive collection of policy documents. It has plans and reports. It just

covers a wide range of 911 related topics. So if you have not looked on there, please do so. These resources are great for 911 professionals. They are built by 911 professionals.

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00:02:32.080 --> 00:02:48.349
Joni Harvey: You can access this web page under the resources dropdown menu, or you can scan the QR code on the bottom right corner of this slide. And if you or anyone that you know has resources that have been helpful to you at any stage in your career,

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00:02:48.350 --> 00:03:02.390
Joni Harvey: Please encourage them to submit them, and share with the 911 community at large. The content can be submitted by completing the online submission form at the top right side of the Docs and Tools page.

11
00:03:05.010 --> 00:03:28.499
Joni Harvey: We would also like to invite you to visit the 911 Telecommunicator Tree of Life and share the name of a remarkable 911 Telecommunicator who has inspired you. I know personally, I have submitted multiple names for this tree of life. It is an easy process to go through, and it's a it forever sets in stone the great things that you appreciate about your

12
00:03:28.500 --> 00:03:49.580
Joni Harvey: 911 centers, or your colleagues. In collaboration with 911 organizations nationwide in the 911 Telecommunicator Tree of Life continues to grow with every story that is shared, and it honors a special 911 Telecommunicators, or you can honor a 911 Center who's making a difference in your community.

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00:03:49.580 --> 00:03:56.590
Joni Harvey: You can share your story and download a commemorative certificate at the 911treeoflife.org.

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00:04:00.960 --> 00:04:26.460
Joni Harvey: Please note that all participants' access has been put in listen only mode for this webinar. To ask questions of our presenters. You can feel free to submit a question through the Zoom's Q&A tool that's located at the bottom of your screen. You can hover your mouse over the bottom of the Zoom screen, and it'll access the meeting controls. You can enter your question at any time during the presentation, and it will be entered into the queue.

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00:04:26.460 --> 00:04:39.100

Joni Harvey: And, a recording for today's webinar and the accompanying materials will be provided through our govdelivery email platform. And it will also be posted on 911.gov in the coming weeks.

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00:04:39.560 --> 00:04:44.169
Joni Harvey: I will go ahead and turn this over to Mr. Brian Tegtmeyer.

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00:04:45.710 --> 00:04:47.539
Brian Tegtmeyer: Thank you, Joni, and

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00:04:47.770 --> 00:05:01.189
Brian Tegtmeyer: Good afternoon, good morning to all of our participants here today. We are here to talk about post-crash care, and the importance of prehospital blood transfusion. My name is Brian Tegtmeyer, and I'm the Coordinator of NHTSA's National 911 Program.

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00:05:01.680 --> 00:05:21.829
Brian Tegtmeyer: So if you've been following the National Program in previous webinars, you've probably seen us talk about the safe system approach, and this approach is working to reduce the number of fatalities on our roadways every year. We have five systems and 911 is involved in all five systems. And they include safer people,

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00:05:21.950 --> 00:05:29.619
Brian Tegtmeyer: safer roads, safer speeds, safer vehicles, and post-crash care.

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00:05:29.700 --> 00:05:57.409
Brian Tegtmeyer: And when we look at post-crash care, obviously, it starts with 911. Which starts with us receiving the phone call or the automatic crash notification about an incident and and hopefully utilizing emergency medical dispatch. We can triage what's going on and start providing care while we dispatch the appropriate resources so that they can be on scene timely and triage and transport to the definitive care in a trauma center.

22
00:05:58.240 --> 00:06:00.059
Brian Tegtmeyer: Why is this so important?

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Brian Tegtmeyer: In

24
00:06:02.090 --> 00:06:11.220
Brian Tegtmeyer: 2022, more than 42,000 people died on our roadways. We dispatched over 1.5 million EMS calls.

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00:06:11.800 --> 00:06:39.779
Brian Tegtmeyer: And of those 42,000 fatalities, 42% of those people were alive when EMS arrived on scene. That means that we can impact that number of 42%. When we look at children and pediatric cases, we get a different number. We get over 1,100 children that died in traffic crashes, but 55% of those were alive when EMS arrived on scene.

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00:06:39.910 --> 00:06:52.109
Brian Tegtmeyer: We want to work to save those numbers and improve our post-crash care, and one of the ways we can do this is understanding why people die in a crash, and what we can do with prehospital blood to save them.

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00:06:52.530 --> 00:07:08.969
Brian Tegtmeyer: The number one preventable cause of death is in trauma. All trauma is related to blood loss. People die when they lose blood, and when they don't have enough oxygenated blood in their body. When someone bleeds internally or externally, they can die in as little as 5 min.

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00:07:09.930 --> 00:07:22.810
Brian Tegtmeyer: Prehospital blood transfusion is a life-saving solution for trauma patients. Our ability to impact the care of someone injured is it's at an

29
00:07:23.100 --> 00:07:48.159
Brian Tegtmeyer: in any other thing we can do this is the biggest thing we could get out in front of doing. And you may or may not have heard of it, because it's so new in our EMS providers care. Severe bleeding is the primary cause. As we talked about, and time is critical. Death can occur in as little as 5 min, and for every minute that we delay in administering blood, the risk of death increases by 11%.

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00:07:50.140 --> 00:08:18.830
Brian Tegtmeyer: We know that prehospital blood could save 37% of trauma patients with severe bleediNG So when we go back and look at that number of 42,000 people dying on our nation's highways and roadways every year, and 40% are alive when EMS gets there,

prehospital blood could impact 37% of those people that may have died. And we know that it works because we have cases where the transfusion of blood prehospital setting is saving lives.

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00:08:21.120 --> 00:08:48.100
Brian Tegtmeyer: Other countermeasures that we have is the use of call taking protocols like emergency medical dispatch. It is an important part of our 911 response to get the right information and the right response, and to be able to provide bystander care to the people that are calling in about the crash. Also timely on scene care, and transportation to the trauma center, as well as measuring the performance and making sure that we're working on continuous quality improvement.

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00:08:49.730 --> 00:09:11.940
Brian Tegtmeyer: All of this occurs, and we know that we have more work we can do in 911, because our last data that we've collected indicate that only 43% of our 911 centers are actually using emergency medical dispatch as a call taking protocol. And even if that number is higher, we know we can get that number to be increased with more outreach and education.

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00:09:12.220 --> 00:09:24.070
Brian Tegtmeyer: So that leads us to why prehospital blood is important, and I'm going to turn it back over to Joni to highlight what one agency is doing, and how 911 is involved in the prehospital care.

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00:09:27.380 --> 00:09:55.589
Joni Harvey: Thank you, Brian. It is now my pleasure to introduce our speakers for today's webinar. We are honored to have Melissa Alterio from the Cobb County Department of Emergency Communications in Georgia. And this is going to continue the discussion on the importance of prehospital blood programs, as well as having Mr. Zach Dileo from the Federal Communications Commission to give an update on the transition to Next Generation 911.

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00:09:55.610 --> 00:10:03.959
Joni Harvey: So first up we will be speaking with 911 Executive Director, Melissa Alterio. Welcome, Melissa, and thank you so much for being here.

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00:10:04.130 --> 00:10:08.519
Melissa Alterio: Hey, Joni, thank you very much for having me. I'm excited to talk about this program.

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00:10:08.960 --> 00:10:36.079
Joni Harvey: Thank you. So I mean, obviously very conversational. Back and forth on the questions here. I do have some some high level ones I want to ask just to kind of get things going. But most importantly, I think one of the things that we have talked about is that relationship building and collaboration, and how important that is really with anything we try to accomplish in 911, because our customer base is huge. Right? We got our responders. We have our callers, we have our communities. So

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00:10:36.451 --> 00:10:56.520
Joni Harvey: in Cobb county representatives of your First Responder agencies get together and meet consistently to discuss how to better communicate and collaborate. So with that, just what kind of agencies are represented, and how did it start like, how often do you meet? Can you just give us a little more information on that?

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00:10:56.730 --> 00:11:04.339
Melissa Alterio: Sure, absolutely. We, we're very fortunate. Here in Cobb County. We have a great partnership with our public safety partners.

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00:11:04.795 --> 00:11:12.599
Melissa Alterio: We're a, a regional 911 center. Our largest agency, our largest fire department, of course, is Cobb County Fire and Emergency Services.

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00:11:12.830 --> 00:11:35.440
Melissa Alterio: We are the second largest 911 center in the State. So we we have a pretty big geographic area as well. So we meet with our first responders, specifically fire. We do meet with police as well, of course, but we're talking about fire rescue. Here we meet with them every other month. Our manager, who you might hear from a little bit later who is over the fire communications.

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00:11:35.915 --> 00:12:00.769
Melissa Alterio: She has a teams chat with with the group, and you know. So the lines of communications are consistently open. We have a great partnership and relationship with our medical director. So yeah, the the collaboration is is continuous. We they're very familiar with what we do here. We're very familiar with what they do with their initiatives, with their ideas, and just how we can support one another.

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00:12:01.780 --> 00:12:09.230

Joni Harvey: And just for clarification, your fire department, they also do the medical services for your county. Correct.

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00:12:09.230 --> 00:12:17.699
Melissa Alterio: So we do have separate ambulance transport services. But we do have paramedics on our fire rescue units.

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00:12:17.700 --> 00:12:46.120
Joni Harvey: Okay, okay, great. Thank you. So was when we're talking about prehospital blood transfusion, specifically, was that 911 at the table from the beginning? And and if not, how did 911 become a part of the conversation for that? I mean, and obviously, and one of the things we're going to talk about today is helping people understand why 911 needs to be part of that and what our role is in prehospital blood.

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00:12:46.400 --> 00:13:12.450
Melissa Alterio: Sure. Let me, let me just tell you real, let me just take like 30 seconds to tell you a little bit about the program. This program fire department partnered with LifeSouth Community Blood Centers and the program equips, select emergency response units with plasma or excuse me with packed red blood cells and plasma to enhance trauma care to critically injured patients, to hopefully, dramatically improve their survival rates.

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00:13:12.762 --> 00:13:34.030
Melissa Alterio: So when they started talking about this initiative, and they brought us in fairly quick to the conversation on just how we can, how we can make it happen from a response point of view. So I wanna I can't give you an exact time that we were brought into the conversation, but I I am confident to say that we always have a seat at that table

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00:13:34.321 --> 00:13:42.779
Melissa Alterio: with meetings so often and just keeping the lines of communication open. So you know, we were involved fairly early, just to ensure how we can make it work.

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00:13:43.256 --> 00:13:52.790
Melissa Alterio: What the easiest pathway is to make it easy on our first responders from a dispatch perspective, and our and our 911 professionals.

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00:13:53.660 --> 00:13:57.360
Joni Harvey: Awesome. Thank you. And before we get into kind of talking about

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00:13:57.510 --> 00:14:21.720
Joni Harvey: what what 911 is doing as part of the process for determining prehospital blood. We know that many 911 leaders have not necessarily had the same experience getting into some of these conversations about about any kind of programs in their communities. Do you have a piece or two of advice that you can share with the 911 agencies that might be interested in forming or strengthening some of these relationships?

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00:14:22.820 --> 00:14:29.660
Melissa Alterio: 100% start the conversation. I I personally, we're we're not ones to wait

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00:14:29.800 --> 00:14:54.179
Melissa Alterio: for them to come to us again. We're fortunate in Cobb County. We just have an open, equal line of communication, but if we didn't, I think my first path would be to contact the fire department and say, How can we serve you? How can we make things better for you? We have a wealth of resources at our fingertips. We have very advanced technology. What is it that we can do for you? So I highly suggest

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00:14:54.350 --> 00:14:59.229
Melissa Alterio: 911 leadership start that conversation if it hasn't been started with them.

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00:14:59.420 --> 00:15:16.749
Melissa Alterio: Cause it is about, so, it's about partnership, but it's also about service. And how how can we? You know we're we're no longer 911 is no longer seen as just. I'm taking the call, and I'm gonna dispatch it. We provide so much more to that nowadays, and it involves all of public safety.

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00:15:17.470 --> 00:15:19.459
Joni Harvey: Absolutely. Thank you.

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00:15:20.440 --> 00:15:45.570
Joni Harvey: So now I want to talk about one of my favorite things which are call taking protocols and predetermined response plans. And it's it's no secret to anyone that I feel very strongly about 911's impact on highway safety and how I feel that all 911 calls impact highway safety. Because we are either

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00:15:45.570 --> 00:16:09.970
Joni Harvey: dispatching someone or we're not. So we're putting more wheels on the road or we're not. We are sending multiple units, or we're not. We're dispatching lights and sirens, or we're not not. It to me it doesn't matter if it's a toothache. If it's a duck crossing right? We get those calls. Or if it's it's a trauma in an injury accident, we can impact highway safety with a hundred percent of our calls.

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00:16:09.970 --> 00:16:23.679
Joni Harvey: And a big part of recognizing those emergencies appropriately, and then also dispatching the correct resources, is the call taking protocols and the predetermined response plans that you can build

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00:16:23.680 --> 00:16:50.879
Joni Harvey: from those in your CAD. So several of the prehospital blood transfusion programs we've talked about, or that people that we have talked to so far are using EMS to dispatch the blood. Cobb County, however, is taking a different approach. And you guys are dispatching blood from the 911 Center. So what was the discussion like around identifying this as the 911 Center's role?

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00:16:51.620 --> 00:17:00.829
Melissa Alterio: It's actually a lot easier than it sounds. And I think that's the message I'd like to convey to other 911 Centers. These are things that we do every single day,

62
00:17:00.830 --> 00:17:25.730
Melissa Alterio: which is why I strongly am a strong proponent on having those conversations and partnership. So our Fire Services, because of the continuous meetings that we have. They know about what we do. They're very familiar with our EMS and EFD program, and we utilize the International Academy of Emergency Dispatch Protocols for all 3 disciplines. We did just receive our accreditation for EMD, and soon to be EFD. The application is in.

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00:17:25.730 --> 00:17:34.139
Melissa Alterio: So we anticipate that coming. And, I say that because we share in those accolades with our Emergency Services Department.

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00:17:34.750 --> 00:17:53.900
Melissa Alterio: And so with that, they know and understand how our response determinants are set up. Because, in addition to these meetings with the fire service, we also have dispatch

review committee meetings to which they're also participating in along with our Medical Director, so they have a strong understanding of our protocols. So I would be

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00:17:53.900 --> 00:18:17.509
Melissa Alterio: some more advice, for 911 leadership is, make sure you educate your partners on your protocols usage, and what that all entails, and how it affects them. So when I say this was certainly not as difficult as maybe some people might think we're already doing EMD, right? So the questions are already there. So in this instance, it was just a matter of coming up with a response plan.

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00:18:17.914 --> 00:18:34.080
Melissa Alterio: And we did that in partnership with the fire department. They had an idea of what they wanted to, of what types of incidents they wanted to dispatch prehospital blood to. And so we know the units that this,

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00:18:34.450 --> 00:18:47.579
Melissa Alterio: the the blood is on for lack of a better term that this equipment, if you will, is on. And so we just configured our CAD response plans to make sure that they dispatch on certain types of calls.

68
00:18:47.894 --> 00:19:09.579
Melissa Alterio: The the unit is called MedOps. So that's what I'll refer to, Medical Ops, that's the name of the rescue unit. And so we went through our response determinants with them. And when we get a call for a serious hemorrhage, that's a trauma delta response. And I'm paraphrasing on what the actual response determinant is, MedOps will be dispatched along with the regular fire units that will that

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00:19:09.910 --> 00:19:16.199
Melissa Alterio: are in route to that call. So I, our dispatchers never know. Really, it's just

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00:19:16.320 --> 00:19:22.559
Melissa Alterio: automatically a part of our response plans, which, again, is something that 911 does every day with their configurations in CAD

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00:19:22.790 --> 00:19:23.980
Melissa Alterio: that makes sense?

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00:19:24.240 --> 00:19:47.940
Joni Harvey: Yeah, absolutely. So using, using something you've already been using right, your emergency medical dispatch protocols or guidelines, whichever system and agency is using you basically went through and said, Okay, these are the incidents that are gonna qualify for prehospital blood. This is this, this is gonna meet our criteria. And then a along with the dispatch, so instead of

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00:19:48.497 --> 00:20:02.470
Joni Harvey: instead of just showing your closest or most appropriate ambulance, it's gonna recommend that blood resource as well. So really, you're saving time by identifying potential

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00:20:02.470 --> 00:20:19.429
Joni Harvey: lives, lives to save earlier because you're doing it in the 911 call as opposed to waiting until there's emergency response on scene. And you're also getting the blood there faster. And you're able to more appropriately manage the resources because they're built into your response plans. Is that,

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00:20:20.020 --> 00:20:20.700
Melissa Alterio: That that's.

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00:20:20.700 --> 00:20:21.070
Joni Harvey: Too much.

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00:20:21.070 --> 00:20:41.719
Melissa Alterio: Let me just let me just give you a real world example. And I know there are multiple EMD programs out there. But for those who are watching, we utilize the International Academy. So you'll understand this terminology for car 27, you know, we we had a call recently on this on a stabbing. And so their specific response determinant that we utilized

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00:20:41.790 --> 00:20:54.999
Melissa Alterio: to indicate that there was a serious injury, serious hemorrhage from the stab wound. MedOps was dispatched with the prehospital blood, and it did wind up, being a successful turnaround for them, a successful save.

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00:20:55.510 --> 00:21:07.200

Joni Harvey: That's awesome, very, very great. So how did you guys, how did your team determine which were the most appropriate determinant codes for the program, for this program, for prehospital blood.

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00:21:07.200 --> 00:21:14.489
Melissa Alterio: We, you know, that really would be a question for our fire partners. Because they they came to us with what they

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00:21:15.280 --> 00:21:33.109
Melissa Alterio: believed should be part of the response. And so we just we went through the response determinants with them again, because they're so familiar with our EMD and EFD program. They had an idea of what it is that they wanted, as well, as far as the response determinants

82
00:21:33.260 --> 00:21:37.461
Melissa Alterio: into the CAD system, configuring that, I'm not saying that correctly.

83
00:21:38.200 --> 00:21:46.480
Melissa Alterio: So they had an idea already of what it is that they wanted. And we just we, you know, we we went through the response determinants, paired it up and said, Okay, well, let's do it.

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00:21:47.294 --> 00:22:08.300
Melissa Alterio: Again, like it's it's not. It actually wasn't that difficult, you know, from our very first conversation. It all goes back to the fact that we have a great partnership with them, and and they have a great understanding of our EMS program. So when they came to us they had a great idea of what response determinants they already wanted to utilize this program on.

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00:22:08.640 --> 00:22:24.940
Joni Harvey: So it's not super burdensome then on the 911 center. Because you're not. You're not doing anything differently because you're using protocols you're already using. And you're just it's just showing up as a, a, an alternate, or, I guess, an additional response unit that that you're sending on certain calls.

86
00:22:25.270 --> 00:22:26.140
Melissa Alterio: Yeah, okay.

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00:22:26.140 --> 00:22:41.150
Melissa Alterio: you know, today, we talked about some initial response determinants. And we implemented them. And I think it's been pretty fluid after that after so many incidents, I think we started with 8 response determinants, and we might be up to 12 now.

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00:22:41.420 --> 00:22:41.810
Joni Harvey: Okay.

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00:22:41.810 --> 00:22:45.190
Melissa Alterio: It's a constant. It can be a constant change.

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00:22:46.070 --> 00:23:07.389
Joni Harvey: So since you guys have been using it for a little bit, and you're kind of I mean, I know it's a fluid process. Do you have any evidence of potentially how many minutes using these predetermined blood resource in the response plan saves when you're doing an emergency response because you're getting the blood on scene with the other units as opposed to waiting until after?

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00:23:07.750 --> 00:23:12.919
Melissa Alterio: Joni, I actually don't have an estimate on the minutes that it saves.

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00:23:12.920 --> 00:23:19.100
Joni Harvey: I mean, it's common sense, right? It has to make sense. You're getting it there. I don't know what the numbers are. I was just curious to see if you had.

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00:23:19.100 --> 00:23:26.969
Melissa Alterio: Yeah, I I actually don't have that I just know that we've we've had at least 8 to 10

94
00:23:27.210 --> 00:23:28.859
Melissa Alterio: save since this program started.

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00:23:28.860 --> 00:23:29.350
Joni Harvey: Okay.

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00:23:29.350 --> 00:23:30.230
Melissa Alterio: In February.

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00:23:30.290 --> 00:23:41.170
Joni Harvey: In fact, I was gonna say, if you could remind us again when you started, that's that's incredible. Very cool. Well, I would like to mention that you guys do have a motor vehicle crash

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00:23:41.280 --> 00:24:05.489
Joni Harvey: success story, and for anyone who's interested and we're not gonna play that today, but for anybody who is interested in checking that out, you can look at the QR code on the screen. Like you said your February. Oh, yeah. The February 14th was your launch date, and in just 4 days you guys had your first success story within 4 days, right.

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00:24:05.490 --> 00:24:18.489
Melissa Alterio: Yes, and I know we have the video there. But I have to give our 911 professionals the the full circle moment here, because this motor vehicle accident was actually as a result of a of a police chase and

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00:24:19.045 --> 00:24:45.530
Melissa Alterio: so MedOps was was dispatched there, arrived on scene, they administered the red blood cells plasma, and then, when they transported to the hospital, our Medical Director was actually the ER doctor at the time, so who was also involved, very pivotal in in this program as well. So it was kind of a full circle, Police, 911, Fire, Medical Director moment in this save on February 18th so it was pretty cool, pretty cool.

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00:24:45.530 --> 00:25:13.379
Joni Harvey: Wow! That's awesome. Well, congratulations to you and your staff, and just for everybody involved, it's pretty awesome the relationship that you have and the program that you're helping to pioneer this, you know, for the country. We're really excited about this. And just a last question for you as we wrap this up, Melissa. We know that these programs can take some time to prepare and launch. But what do you think 911 centers can start doing today to be prepared

102
00:25:13.380 --> 00:25:19.280
Joni Harvey: for these types of early adopter innovations, if specifically with prehospital blood programs?

103
00:25:20.050 --> 00:25:47.559
Melissa Alterio: Again, I would say, education and communication and collaboration. The first thing that needs to happen is you need to start having the conversations with your public safety partners. And this goes across all of public safety, not just fire. Get an idea of what kind of initiatives that they're working, or they have ideas on, and then how can the 911 center support them and partner with them on those initiatives? I think that is extremely important.

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00:25:48.640 --> 00:25:56.250
Joni Harvey: Well, thank you. Thank you again. So much for your time today and the work that you're all doing, and we look forward to hearing many more success stories from you.

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00:25:56.490 --> 00:26:00.149
Melissa Alterio: We'll have a few more coming. Thank you. We appreciate the opportunity to talk about it.

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00:26:00.780 --> 00:26:01.880
Joni Harvey: Thank you.

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00:26:02.230 --> 00:26:23.679
Joni Harvey: And now I would like to welcome Zach Dileo from the Federal Communications Commission. He's going to share an update with us on the transition to Next Generation 911, including improving NG911 reliability and wireless location accuracy. Thank you for joining us today, Zach, I will turn this over to you.

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00:26:24.380 --> 00:26:25.350
Zachary Dileo: Thanks, Joni.

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00:26:25.940 --> 00:26:36.859
Zachary Dileo: So good afternoon, everybody. As introduced, I'm Zach Dileo, Attorney Advisor in the Policy and Licensing Division of the FCC's Public Safety and Homeland Security Bureau.

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00:26:37.160 --> 00:26:44.479
Zachary Dileo: So I'm gonna present some general updates on the Next Generation 911 transition, and we call it NG911

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00:26:44.680 --> 00:27:03.020
Zachary Dileo: as well as two recent further notice of proposed rulemakings adopted by the Commission regarding NG911 reliability and 911 location accuracy rules, and afterwards my colleague, Rachel Wehr, and I will take questions from the group. Hopefully, we'll have a good amount of time.

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00:27:04.373 --> 00:27:07.920
Zachary Dileo: So I, let's, can you flip slide, please?

113
00:27:09.680 --> 00:27:30.590
Zachary Dileo: So let's begin with a bit of a background on the FCC's new rules for NG911. With the transition to NG911, the older so-called legacy 911 networks will be replaced by Internet Protocol based technologies and applications that provide new capabilities.

114
00:27:30.620 --> 00:27:50.900
Zachary Dileo: These capabilities include improvements to 911 network reliability and resilience, improvements to interoperability between 911 call centers, which we also refer to as Public Safety Answering Points or PSAPs, and the ability to transfer information about 911 callers location to these answering points more quickly.

115
00:27:51.000 --> 00:27:58.150
Zachary Dileo: In its end state, NG911 will also support the transmission of text and photos, video and data.

116
00:27:59.120 --> 00:28:03.789
Zachary Dileo: Transition to NG911 has been a commission priority for over a decade.

117
00:28:04.110 --> 00:28:14.700
Zachary Dileo: The Commission has adopted several requirements in the last 10 years to improve the data and communications formats available to 911 networks, including NG911 networks.

118
00:28:15.300 --> 00:28:17.650
Zachary Dileo: So in 2021,

119
00:28:18.070 --> 00:28:24.749

Zachary Dileo: the National Association of State 911 Administrators, or NASNA, which I know a few of our

120
00:28:24.910 --> 00:28:26.760
Zachary Dileo: NASNA members are here today.

121
00:28:26.900 --> 00:28:36.150
Zachary Dileo: File the petition for rulemaking, asking the Commission to resolve uncertainty at the State level by implementing Federal rules to guide the transition

122
00:28:36.680 --> 00:28:47.429
Zachary Dileo: filed a petition asked the FCC to play a more proactive role in the transition while continuing to partner with States, as it always has for 911 regulatory issues.

123
00:28:47.850 --> 00:28:57.410
Zachary Dileo: In July of last year, the Commission adopted final rules to advance the transition to NG911. The rules became effective in November 2024.

124
00:28:58.060 --> 00:29:16.940
Zachary Dileo: These rules create a framework under which Originating Service Providers or OSPs that originate 911 calls must begin delivering such calls to NG911 networks, when state and Local 911 Authorities are ready to receive NG911 service and submit a valid request for it.

125
00:29:17.410 --> 00:29:37.789
Zachary Dileo: The rules create a consistent framework at the national level for ensuring that OSPs take the necessary steps to implement the transition to NG911 in coordination with 911 Authorities, while affording the 911 Authorities the flexibility to request 911 traffic in NG911 format when they're ready for it.

126
00:29:38.500 --> 00:29:59.020
Zachary Dileo: It's important to note that many 911 Authorities have already taken steps that the Commission has codified, and that these rules do not preempt the Authority of state and local governments to adopt alternative rules governing the NG911 transition and cost allocation within their jurisdictions. Next slide, please.

127
00:30:01.910 --> 00:30:25.459

Zachary Dileo: So the OSPs subject to these rules include virtually all providers that the public uses to call 911, including wireline providers, wireless providers, covered text providers, providers of interconnected voice over Internet protocol or VoIP services and providers of Internet based telecommunications relay service or Trs.

128
00:30:26.020 --> 00:30:31.900
Zachary Dileo: These OSPs are required to deliver 911 traffic to an NG911 delivery point

129
00:30:32.070 --> 00:30:39.170
Zachary Dileo: designated by the 911 Authority. If the 911 Authority submits a valid request for the OSP to begin doing that.

130
00:30:39.380 --> 00:30:58.100
Zachary Dileo: And one caveat, though, is that OSPs are only required to transmit and deliver 911 traffic to an NG911 delivery point that is located within the same State or territory as the PSAPs connected to the 911 Authorities, Emergency Services Internet Protocol Network or ESInet.

131
00:30:59.870 --> 00:31:29.849
Zachary Dileo: The OSPs are responsible for the cost of transmitting 911 traffic from their end users to the NG911 delivery points. 911 Authorities pick up the 911 traffic from the NG911 delivery point, and they're responsible for the cost of taking it to its eventual destination, the PSAP. So the FCC's cost allocation rule operates as a default, which means that States can implement alternative cost allocation mechanisms under their State Authority if they choose to do so.

132
00:31:30.660 --> 00:31:32.100
Zachary Dileo: Next slide, please.

133
00:31:35.940 --> 00:32:02.720
Zachary Dileo: As you see, the Commission implemented a two-phased approach to guide the transition to NG911. Phase 1 requires delivery of 911 traffic to Emergency Services IP Networks, ESInets in basic Session Initiation Protocol or SIP format. And Phase 2 requires delivery of model one traffic in SIP format to ESInets, also, in conformity with commonly accepted NG 911 standards.

134
00:32:03.080 --> 00:32:12.289

Zachary Dileo: Each phase is initiated by a 911 Authority submitting a valid request to OSPs within the jurisdiction where the 911 Authority is located.

135
00:32:12.530 --> 00:32:19.930
Zachary Dileo: Now, after receiving the request, OSPs must comply with NG911 obligations within the set time periods.

136
00:32:21.010 --> 00:32:26.500
Zachary Dileo: So to provide some additional detail on valid requests from 911 Authorities.

137
00:32:27.540 --> 00:32:50.930
Zachary Dileo: When a 911 Authority is ready to make a Phase 1 or Phase 2 valid request, it has two options. One, it can provide notification to a centralized registry made available by the commission. Or two, it can communicate directly in writing with the relevant OSPs. And starting on March 25th, the 911 Authorities could use either of these methods to submit valid requests to OSPs.

138
00:32:51.170 --> 00:33:05.419
Zachary Dileo: As part of the valid request, 911 Authorities must make certain certifications, including with respect to their readiness to receive 911 traffic in the requested format, and to transmit traffic to the PSAPs connected to the ESInet.

139
00:33:06.550 --> 00:33:12.310
Zachary Dileo: The FCC has created a form for submitting valid requests to the commission centralized registry.

140
00:33:15.610 --> 00:33:18.010
Zachary Dileo: On the form at question 5,

141
00:33:18.140 --> 00:33:24.990
Zachary Dileo: The 911 Authority can check whether the request is for all OSPs in the jurisdiction or subset of them.

142
00:33:25.220 --> 00:33:32.280
Zachary Dileo: And then at question 6, it can request Phase 1 traffic delivery, Phase 2, or it can request both at once.

143
00:33:32.550 --> 00:33:46.610
Zachary Dileo: Questions 7 and 8 on the form contain the 911 Authority certifications that's that is ready to handle its side of things. And this is also where the 911 Authority identifies NG911 Traffic Delivery Points.

144
00:33:47.767 --> 00:33:58.500
Zachary Dileo: So far 11, 911 Authorities have filed valid requests in the Commission's registry. 4 of the Authorities are in West Virginia.

145
00:33:58.740 --> 00:34:00.330
Zachary Dileo: One is in Nevada.

146
00:34:00.470 --> 00:34:12.850
Zachary Dileo: one is in Louisiana, and one is in South Carolina. We have also received statewide ballot requests for Indiana, Massachusetts, North Dakota, and Washington.

147
00:34:13.170 --> 00:34:18.370
Zachary Dileo: These valid requests cover a total of approximately 415 PSAPs.

148
00:34:18.639 --> 00:34:41.630
Zachary Dileo: So once a valid request form appropriately completed and submitted in a manner consistent with the current NG911 registry submission instructions. It's made publicly available in our registry, that triggers the clock for OSPs in the jurisdiction to comply with the applicable NG911 requirements. If the jurisdiction chooses to communicate directly with the OSPs

149
00:34:41.710 --> 00:34:53.069
Zachary Dileo: Compliance deadlines run from when the OSP receives an appropriately completed valid request form or other written notification reasonably accepted to be acceptable to the OSP.

150
00:34:53.750 --> 00:35:01.940
Zachary Dileo: The Commission issued a public notice that provided additional guidance on filing valid requests, and a copy of that public notice is available on our website.

151

00:35:02.150 --> 00:35:06.050
Zachary Dileo: The FCC's valid request form is also available on our website.

152
00:35:06.940 --> 00:35:14.360
Zachary Dileo: I'd like to note that there's a mechanism for OSPs to challenge a 911 Authority's request for NG911 delivery.

153
00:35:15.340 --> 00:35:24.520
Zachary Dileo: The rules permit an OSP to submit a petition, asserting that a request from a 911 Authority doesn't satisfy the criteria for a valid request.

154
00:35:24.830 --> 00:35:32.650
Zachary Dileo: The 911 Authority in turn may file an opposition to an OSP's petition, and the OSP may file a reply to the opposition.

155
00:35:33.190 --> 00:35:48.210
Zachary Dileo: The FCC's Public Safety and Homeland Security Bureau may review any petitions received, and determine whether to pause the implementation deadline for that OSP, affirm the request of the 911 Authority is valid, or take other actions as necessary.

156
00:35:48.650 --> 00:35:53.090
Zachary Dileo: The public notice on our website provides additional guidance on this challenge process.

157
00:35:53.370 --> 00:36:06.749
Zachary Dileo: Lastly, I want to move, I'd like to note that 911 Authorities and OSPs may enter into mutual agreements, specifying requirements, timetables, and other terms that are different from the rules adopted by the Commission.

158
00:36:06.900 --> 00:36:25.349
Zachary Dileo: So, for example, OSPs and the 911 Authorities could agree to out of state NG911 Delivery Points. Excuse me, delivery points. If such an approach works for both of the parties, or they could agree for a state to cover some of the costs that would otherwise be borne by the OSP under the FCC's rules.

159
00:36:25.800 --> 00:36:30.919

Zachary Dileo: There's also guidance on requirements for these agreements in the public notice on the website.

160
00:36:33.090 --> 00:36:34.500
Zachary Dileo: All right, next slide, please.

161
00:36:36.960 --> 00:36:52.889
Zachary Dileo: So, transitioning to this next part, we'll call it Part 2 of our presentation. We'll give you a quick overview of the 2 recent notices of proposed rulemakings on 911 that the Commission adopted in the March open meeting

162
00:36:54.540 --> 00:37:02.540
Zachary Dileo: the first one is, NG, excuse me. NG911 reliability. Further notice of proposed rulemaking

163
00:37:03.100 --> 00:37:28.900
Zachary Dileo: So a bit of background is on March 27th this year, the Commission adopted this FNPRM on the issues of reliability, interoperability for NG911 networks. So under our procedures, these are proposed rules, and the Commission is seeking comment from the public on proposals. The Commission will then take comments into account, as it considers whether to adopt the final rules in the proceeding

164
00:37:29.620 --> 00:37:51.030
Zachary Dileo: The FNPRM proposes rules that would help ensure that emerging NG911 networks are reliable and interoperable. As previously mentioned, NG911 is replacing legacy 911 technology across the country with IP based infrastructure that will support new 911 capabilities, including text, video and data.

165
00:37:52.420 --> 00:38:08.089
Zachary Dileo: However, for NG911 to be fully effective, those net, the NG911 networks must safeguard the reliability of critical components and support the interoperability needed to seamlessly transfer 911 calls and data from one network to another.

166
00:38:09.110 --> 00:38:25.820
Zachary Dileo: When the Commission first adopted 911 reliability rules in 2013, the transition to NG911 was in its very early stages, and since then many state, local, 911 Authorities have made significant progress in deploying NG 911 capabilities in their jurisdictions.

167
00:38:26.310 --> 00:38:40.650
Zachary Dileo: and this FNPRM is the next step in fulfilling the Commission's commitment to facilitate the NG911 transition, and to ensure that the transition does not inadvertently create vulnerabilities in the nation's critical public safety networks

168
00:38:41.420 --> 00:38:43.182
Zachary Dileo: next slide, please.

169
00:38:46.060 --> 00:39:06.929
Zachary Dileo: So the reliability FNPRM, it seeks comments on the proposed and seeks comment and proposes to update the Commission's existing 911 reliability rules to ensure that they apply to service providers that control or operate critical pathways and components in the NG911 networks,

170
00:39:07.150 --> 00:39:17.579
Zachary Dileo: update the reliability standards for providers of critical NG911 functions to ensure the reliable delivery of 911 traffic to NG911 delivery points,

171
00:39:19.610 --> 00:39:26.070
Zachary Dileo: forces to establish NG911 interoperability requirements for the interstate transfer of 911 traffic

172
00:39:27.070 --> 00:39:41.359
Zachary Dileo: proposed to modify the certification and oversight mechanisms in the current 911 reliability rules to improve reliability and interoperability in NG911 systems while minimizing burdens on service providers.

173
00:39:42.010 --> 00:39:58.750
Zachary Dileo: And lastly, empower state and local 911 Authorities to obtain reliability and interoperability certifications directly from covered 911 service providers, so that the 911 Authorities can more easily address reliability, interoperability concerns within their jurisdictions.

174
00:40:00.235 --> 00:40:15.199
Zachary Dileo: Once this further notice of proposed rulemaking is published in the Federal Register, there will be a comment period of 45 days and 30 additional days for the reply

comments. And the Commission will also announce these dates on its website in a public notice.

175
00:40:18.050 --> 00:40:19.470
Zachary Dileo: Next slide, please.

176
00:40:23.010 --> 00:40:24.319
Zachary Dileo: Next slide, please.

177
00:40:27.540 --> 00:40:31.683
Zachary Dileo: Okay, it's for the second FNPRM, this is the

178
00:40:32.520 --> 00:40:36.370
Zachary Dileo: The Commission adopted this in March.

179
00:40:36.790 --> 00:40:42.019
Zachary Dileo: Proposals to improve location accuracy rules for wireless calls to 911.

180
00:40:42.610 --> 00:40:55.549
Zachary Dileo: The wireless 911 location accuracy rules help 911 call centers to quickly and accurately identify the location of wireless 911 callers which reduces emergency response times and ultimately saves lives.

181
00:40:56.450 --> 00:41:00.410
Zachary Dileo: The Federal Register published a summary of this FNPRM on May 7th

182
00:41:01.000 --> 00:41:09.100
Zachary Dileo: the Federal Register summary notes that the comments on the FNPRM are due on June 6th and the reply comments are due on July 7th

183
00:41:09.680 --> 00:41:16.230
Zachary Dileo: and we also announced these dates in a PN on our website. Next slide, please.

184
00:41:18.590 --> 00:41:40.570

Zachary Dileo: So in a series of prior orders, the Commission adopted comprehensive location accuracy rules requiring wireless providers to provide dispatchable location information with wireless 911 calls, if technically feasible. Or otherwise, to provide coordinate based, that's horizontal and vertical access location information within specified accuracy thresholds

185
00:41:41.390 --> 00:41:48.550
Zachary Dileo: So dispatchable location is defined as the street address of the calling party, plus additional information, such as the suite

186
00:41:48.810 --> 00:41:55.640
Zachary Dileo: apartment number, or similar information necessary to adequately identify the location of the calling party.

187
00:41:56.080 --> 00:42:04.330
Zachary Dileo: The vertical or Z access location information is particularly important for locating someone who is calling from inside a multi-story building

188
00:42:04.960 --> 00:42:16.840
Zachary Dileo: The Commission also requires that the technologies wireless providers use to meet these requirements be validated in an independent test bed. And while these rules have led to significant improvements in locating

189
00:42:16.840 --> 00:42:35.430
Zachary Dileo: wireless 911 callers, public safety authorities have voiced concerns about the actionability of the vertical location information they receive with individual calls and about the transparency and adequacy of the industry-led test bed process that's used to validate location-based technologies.

190
00:42:36.360 --> 00:42:47.359
Zachary Dileo: So this FNPRM proposes measures to address these issues while balancing the needs of industry and encouraging the technical flexibility and innovation that we'd like to see

191
00:42:47.830 --> 00:42:49.199
Zachary Dileo: next slide, please.

192
00:42:52.980 --> 00:43:11.130

Zachary Dileo: So in particular, the second PRM proposes to require wireless providers to deliver Z access information to 911 call centers measured in the Height Above Ground Level (AGL), which is likely to be more actionable for first responders than the currently required Height Above Ellipsoid (HAE).

193
00:43:11.970 --> 00:43:12.680
Zachary Dileo: All right.

194
00:43:13.150 --> 00:43:22.540
Zachary Dileo: The, it proposes to require that the industry test bed validate the performance of vertical location technologies in dense urban

195
00:43:23.290 --> 00:43:32.150
Zachary Dileo: suburban and rural environments, rather than allowing validation of such technologies based on aggregating or averaging their performance across environments.

196
00:43:32.790 --> 00:43:35.858
Zachary Dileo: It proposes to provide non nationwide

197
00:43:36.930 --> 00:43:49.509
Zachary Dileo: service providers and certain major public safety organizations expanded access to the test bed data and results upon request and to allow for public safety challenges of test bed validations.

198
00:43:50.930 --> 00:43:58.680
Zachary Dileo: It seeks comment on other issues related to wireless 911 location accuracy, including improving the horizontal

199
00:43:58.840 --> 00:44:08.179
Zachary Dileo: location accuracy X and Y axis, and increasing the number of wireless calls that convey dispatchable location information to the 911 call centers.

200
00:44:09.488 --> 00:44:17.839
Zachary Dileo: Once again. Just just reminder. The comments will be due on June 6th and the reply comments are due on June 7, July 7th

201
00:44:19.100 --> 00:44:20.759
Zachary Dileo: next slide, please.

202
00:44:23.410 --> 00:44:32.090
Zachary Dileo: So in closing, thank you for listening to the presentation of the on the Commission's recent actions that impact 911

203
00:44:32.575 --> 00:44:34.050
Zachary Dileo: I know. We now have

204
00:44:34.260 --> 00:44:50.149
Zachary Dileo: a little bit of time to take questions that you have about the material that we discussed. I'm joined today by my colleague, Rachel Wehr, Deputy Division Chief of Policy and Licensing Division, who will also help to field any questions that the group may have.

205
00:44:52.530 --> 00:45:21.439
Joni Harvey: Thank you, Melissa, and Zach and Rachel, for being here to answer questions. I know we also have Andrea Pritchett from Cobb County to answer any questions that we have. So we're gonna go ahead and start the Q&A portion of our session, just as a reminder for everyone to ask a question. Please use the Zoom's Q&A feature that's located at the bottom of your screen there. So to start off with, I have a question. This will be for Andrea.

206
00:45:21.440 --> 00:45:37.520
Joni Harvey: Have you to your knowledge? Did you guys have any discussions with Dr. Claussen from the academies in writing an actual pathway to determine when blood is sent? There's a 3 part question here, so I'll just start with that.

207
00:45:37.520 --> 00:45:46.579
Melissa Alterio: Okay. No, not that I am aware of. It. It did come to us from the fire department, and our Medical Director, Dr. Nix.

208
00:45:46.820 --> 00:46:10.860
Joni Harvey: Okay, great. Thank you. I will say, for everyone's knowledge, that Brian and I, from a National 911 Program perspective are are definitely interested in talking with our our protocol partners and our guideline partners about prehospital blood. So those are conversations that we are having at at the National level. The second part of that question.

209
00:46:10.860 --> 00:46:17.890
Joni Harvey: Andrea, is, is transport time taken into account when MedOps is dispatched?

210
00:46:20.660 --> 00:46:22.120
Joni Harvey: I guess I'm not really okay.

211
00:46:22.120 --> 00:46:38.749
Melissa Alterio: I don't believe so at this time. We are not a rural county, so normally our transport time is not extended. I do know that our MedOps unit also has the ability to transport if needed, but it does have to meet a strict guideline for them to do that.

212
00:46:39.180 --> 00:46:49.009
Joni Harvey: Okay, great. Thank you. And then last, part of that question, what percentage of calls require blood and blood products? Do you have any idea?

213
00:46:50.767 --> 00:46:58.260
Melissa Alterio: I don't know the percentage, but I know since we went live on February 14th, I believe we've only had 12 where we've dispatched them out.

214
00:46:58.830 --> 00:47:13.659
Joni Harvey: Okay. Alright, thank you very much. It looks like my next few questions are going to be for Zach and Rachel. Is a request valid if it does not include in-state POIs?

215
00:47:15.740 --> 00:47:27.844
Rachel Wehr: Sure I'll go ahead and take that one. Hello, everyone. So the question is about what constitutes a valid request, and whether those in-state po, those POIs need to be in state.

216
00:47:28.210 --> 00:47:38.100
Rachel Wehr: So in order to use the framework that the Commission adopted, which is very much a default framework, those POIs would need to be in state.

217
00:47:38.100 --> 00:48:03.059
Rachel Wehr: So the Commission made that decision in particular to address some concerns from small wireline providers about the distance that they would have to travel in order to

connect to 911 networks. But I think one thing to emphasize is while it is a requirement under the Commission's rules in order to use that framework. There are other means, so you know, States could take additional

218
00:48:03.060 --> 00:48:16.930
Rachel Wehr: action. They could mutually agree with providers to meet out of state. So it is definitely one option. But the the POIs don't necessarily need to be in state as a general matter, but they do under our rules.

219
00:48:17.770 --> 00:48:19.370
Joni Harvey: Okay, great. Thank you.

220
00:48:20.143 --> 00:48:34.109
Joni Harvey: Next question will also be for Zach and Rachel in Phase 2, What is the commonly accepted NG 911 standards? And does that mean that the OSP has to deliver pidflow?

221
00:48:34.970 --> 00:49:03.449
Rachel Wehr: Sure. So. And I think I saw another question a little bit further up about just what basic SIP means. So in the Commission's report in order, and so I would definitely refer you to that document, there is some discussion around what a commonly accepted standard is. There are some examples given of what those commonly accepted standards could be. One example that's given in that document is the I3 standard, for example.

222
00:49:03.450 --> 00:49:12.380
Rachel Wehr: So the commonly accepted standards definition comes from some proposed legislation that has been raised in Congress

223
00:49:12.640 --> 00:49:31.649
Rachel Wehr: with Next Generation 911, and it it provides a, you know, a couple of different benefits. Standards may change over time. And so these rules need to be flexible to accommodate different kinds of standards. And it also give gives some more flexibility in terms of figuring out, you know what what standards do need to apply for any given implementation.

224
00:49:32.840 --> 00:49:33.809
Joni Harvey: Thank you.

225

00:49:34.700 --> 00:49:49.170
Joni Harvey: And sticking with let's see the FCC questions, Is the FCC registry of 911 Authorities requesting Phase 1 publicly available.

226
00:49:50.520 --> 00:50:14.710
Rachel Wehr: Sure. So there are two ways in which authorities could request Next Generation 911 service. So the first one is reaching out directly to OSPs to request that service. The second one is using the FCC's publicly available registry. So that part is publicly available. So far, like Zach said, we've received some requests.

227
00:50:14.710 --> 00:50:34.350
Rachel Wehr: requests from 11 different jurisdictions that are out there. A couple statewide requests, including from Massachusetts. So those ones through the registry are publicly available. However, it is possible that states are pursuing that direct notification option where they are reaching out directly to OSPs, as well.

228
00:50:35.410 --> 00:50:36.860
Joni Harvey: Okay, great. Thank you.

229
00:50:37.360 --> 00:50:51.810
Joni Harvey: This question will be for Andrea. So we have an someone watching that wants to know that when you say mobilize MedOps, what does that mean? And then there's a couple of follow up questions to that.

230
00:50:52.470 --> 00:51:00.049
Melissa Alterio: For us that basically just means to dispatch them on the call along with what was the initial response.

231
00:51:00.500 --> 00:51:04.200
Joni Harvey: Okay. And where are those units located?

232
00:51:05.813 --> 00:51:18.979
Melissa Alterio: For us, we just had the MedOp. We only have one MedOps unit, so it's located at a fire station, so it just falls within the the run card, and it will respond all over the county if it meets the certain criteria for it to be on the response.

233

00:51:19.380 --> 00:51:26.060
Joni Harvey: Okay? And then last part of that question is that where the blood is also stored is with the MedOps unit?

234
00:51:26.310 --> 00:51:27.370
Melissa Alterio: That is correct.

235
00:51:27.670 --> 00:51:41.250
Melissa Alterio: And my understanding is is, they have, like, a certain timeframe within so many days, and then they'll keep it for that amount of time, and then turn it back in so that it can still be used. So the blood never expires. Is my understanding of how that works.

236
00:51:42.100 --> 00:51:44.040
Joni Harvey: Okay, great. Thank you.

237
00:51:45.530 --> 00:51:49.960
Joni Harvey: I think this next question will be, for

238
00:51:51.410 --> 00:51:53.939
Joni Harvey: This will be for Rachel and Zach.

239
00:51:54.530 --> 00:52:16.150
Joni Harvey: Would the new interoperability standard regulate CMRS providers when emergency callers are using the Wifi calling feature on smart devices? Or would that be considered non fixed? All the questions are moving on. Sorry. Would that be considered non fixed on off premises for the Ray Baums Act?

240
00:52:18.930 --> 00:52:29.927
Rachel Wehr: Sure. So I I think I need a little bit more clarification on this particular answer. So would it be okay if I connected with Joe Hickey offline?

241
00:52:30.320 --> 00:52:31.080
Joni Harvey: Absolutely.

242
00:52:31.080 --> 00:52:33.990

Rachel Wehr: I've I've got some additional questions about this.

243
00:52:33.990 --> 00:52:49.270
Joni Harvey: Yep, we will go to the next one for Rachel and Zach. How do you foresee verifying interoperability and reliability? Are there specific requirements for reliability and availability?

244
00:52:50.710 --> 00:53:07.439
Rachel Wehr: So I believe that this is referring to the FNPRM, the interoperability and reliability FNPRM that the Commission adopted in March, and I think that the best way in order to answer that question would just be to

245
00:53:07.440 --> 00:53:31.320
Rachel Wehr: refer the asker to the Commission's released document on this. It goes through kind of the different proposals that the Commission has about interoperability and reliability and kind of what should be, you know, perhaps adjusted under the Commission's reliability rules. So that item has not yet been published in the Federal Register, but

246
00:53:31.320 --> 00:53:34.540
Rachel Wehr: a released version is available on the Commission's website.

247
00:53:35.040 --> 00:53:36.710
Joni Harvey: Okay, great, thank you.

248
00:53:38.820 --> 00:53:40.720
Joni Harvey: Well, let's see.

249
00:53:41.690 --> 00:53:57.370
Joni Harvey: or this will stick with Rachel and Zach. How are we at for time here? So we'll just do one or two more questions, and then I have a couple other slides I want to get to for everyone. So, how is AGL measured when a building is built into a hillside?

250
00:53:59.920 --> 00:54:06.730
Rachel Wehr: That's a pretty deep technical question. So we're definitely going to have to follow up with you after the fact.

251

00:54:07.080 --> 00:54:07.790
Joni Harvey: Okay?

252
00:54:08.820 --> 00:54:10.590
Joni Harvey: And then

253
00:54:12.110 --> 00:54:35.809
Joni Harvey: I think the rest of these questions, actually, we will get to, we will follow up with. We'll we'll make sure that they're answered in the Q&A portion that will be posted on the website. Because some of the answers, like Rachel said, for some of these other questions might get a little deeper. So I'm gonna go ahead and move along. There's a couple of other things really quick that we wanted to touch on before everyone hops off.

254
00:54:36.638 --> 00:54:49.049
Joni Harvey: This is one very important one that we wanted to make sure that we touched on. So the Department of Transportation's Safe Streets and Roads For All Grant Program

255
00:54:49.050 --> 00:55:07.730
Joni Harvey: can help you fund regional, local or tribal initiative aimed at preventing roadway fatalities and serious injuries. There is an estimated 900 million or 1 billion with a B dollars available in the fiscal year 25 funding round.

256
00:55:07.840 --> 00:55:32.390
Joni Harvey: The application deadline for fiscal year 25 grants is Thursday, June 26th. And it's really important everybody understands that, unlike fiscal year 24 funds, there is only going to be one round of funding being offered in fiscal year 25. So you have to do that if you're going to apply for fiscal year 25 funds, you have to have your application in by June 26th.

257
00:55:32.620 --> 00:55:54.799
Joni Harvey: You can scan the QR code for access to resources. There's a ton of information on the SS4A website, including the newly released SS4A webinar series, and that webinar will go through on how to apply and different qualifications and things like that. So make sure you check that out. And just remember what we talked about today and in other presentations

258
00:55:54.800 --> 00:56:19.579
Joni Harvey: by the NHTSA National 911 Program showing the impact that 911 has on traffic safety when you're thinking of projects that would qualify for funding. For example, Charleston,

South Carolina, was a successful applicant of fiscal 24 funds for a multi-county CAD to CAD project. We talked about protocols. We talked about prehospital blood. We have talked about a lot of great things

259
00:56:19.740 --> 00:56:44.650
Joni Harvey: that 911 does or can do that will impact highway safety. So for anyone who was wondering, the fiscal year 24 projects are moving forward now, but time is running out to apply for those fiscal 25 year funds. So please make sure that you. You check that out. And if there's any questions, there's an email address, SS4A@dot.gov, you can email

260
00:56:44.650 --> 00:56:51.750
Joni Harvey: questions to them. They're great about responding and getting back with everyone as quickly as they possibly can.

261
00:56:54.280 --> 00:57:12.740
Joni Harvey: And an archived version of today's webinar will be available on 911.gov in the coming weeks, and we will keep you posted on upcoming webinars through our Govdelivery email list. So if you have not signed up for those, please use the QR code on the screen and do so today.

262
00:57:12.740 --> 00:57:37.690
Joni Harvey: And to wrap it up, we just want to say, Thank you again to all of our speakers today. This concludes today's webinar, and we appreciate everyone's participation. If you have any feedback or questions about the webinars or suggestions for topics that you would like to see on the series, please send those to us at NHTSA.national911@dot.gov. And thank you all so much for being here.

263
00:57:37.690 --> 00:57:39.130
Joni Harvey: and have a great day.