
AFD-26-[REDACTED] - Z23C OVERDOSE POISON

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Incident Date: 2026-[REDACTED] Review Date: 2026-[REDACTED]

Duration: 06:54 Review For: [REDACTED]

Event Type: Z23C OVERDOSE POISON Case Number: MFD-2-[REDACTED]

Evaluation — Essential MEDICAL Call Taking Evaluation

100.0%

Summary

A 31-year-old female at a market reportedly ingested multiple pills and became very drowsy with slow/abnormal breathing. The caller contacted 911, described the event as accidental, and located a naloxone nasal spray. The call taker dispatched paramedics, provided step-by-step naloxone administration instructions, stayed on the line, and monitored the patient until EMS arrived. The patient showed signs of improvement after naloxone was administered and responders were arriving on scene.

Asked for Callers Phone Number

PASS

The call taker asked for the caller's phone number and the caller provided 9-[REDACTED], so the call taker attempted to gather and obtained a callback number.

Obtained Initial Event Details

PASS

The call taker asked for and confirmed the location, callback number, and nature of the emergency (someone took pills). The call taker obtained the patient age, level of responsiveness and breathing, what substance was taken, and the approximate time of ingestion. The CAD notes reflect the overdose/poisoning nature, patient age, and substance, consistent with information gathered on the call. The call taker explored relevant details that clarified urgency (drowsiness, abnormal breathing) and documented key facts.

Asked for Incident location

PASS

CAD notes indicate the call taker verified the wireless caller's address and number and the incident location is documented ([REDACTED] St). The caller's phone number is recorded and ProQA case entry is complete, which supports that the call taker obtained/confirmed the incident location.

Address Verification

PASS

The call taker asked for the address of the emergency and followed up by asking to confirm the location ("Is the new market?"). The caller affirmed the location in Amity and later confirmed the patient was at the market when the call taker asked whether she was at the house or market. Therefore the call taker explicitly obtained confirmation of the incident location.

First Unit Assigned

PASS

136 seconds

Did the call taker determine the number of injured persons?

PASS

The transcript consistently references a single patient ("we got someone... she," "she's outside," caller states age 31 and later says "I'm with her"). The call taker treated the incident as one affected person and gathered age/location details. There is sufficient evidence the call taker determined there was one injured/affected person.

Did the call taker determine the age of the patient?

PASS

The call taker asked the caller how old the patient was and the caller responded with the age (31). The transcript shows the call taker obtained the patient's age directly from the caller.

Did the call taker determine the gender of the patient?

PASS

The transcript shows the caller repeatedly referring to the patient as "she" and the call taker used that pronoun in questions (e.g., "And she's talking to you?", "And what did she take?"). Therefore the call taker determined the patient's gender from the caller's information.

Did the call taker determine if the patient was conscious?

PASS

The call taker asked if the patient was talking/responding and the caller confirmed she was responding (albeit slowly and drowsy). The CAD also documents the patient as conscious and breathing. The transcript contains evidence the call taker determined the patient was conscious.

Did the call taker determine the breathing status of the patient?

PASS

The call taker directly asked about breathing ("And is she responding normally? ... Is she breathing normally?") and the caller responded that she was not breathing normally ("No, not really"). The transcript contains clear evidence the call taker determined the patient's breathing status.

Did the call taker determine if the caller is with the patient?

PASS

The call taker asked about the patient's location (inside/outside, in a vehicle) and later asked the caller to let them know when they were back with the patient. The caller explicitly stated they were with the patient. Based on the transcript, the call taker confirmed the caller was on scene with the patient.

Did the call taker provide appropriate reassurances?

PASS

The call taker provided calm, protocol-based reassurance (stating paramedics were being sent, that paramedics would have needed medication if necessary, instructing the caller not to give food or drink, advising positioning if vomiting, and staying on the line). The call taker did not give specific arrival time estimates or promise a particular outcome, and the reassurance remained grounded in medical guidance and procedure.

Communicated with Professionalism and Respect**PASS**

The call taker spoke clearly, asked focused questions to gather location, age, nature of the ingestion, and breathing, provided calm, step-by-step instructions (including Narcan administration and positioning if vomiting), and remained on the line until responders arrived. The tone is professional and composed throughout; the call taker demonstrated empathy and managed the interaction efficiently without escalation. There is insufficient evidence that the criterion was not satisfied.

Did the call taker ask leading questions?**PASS**

The call taker primarily asked open or neutral fact-finding questions and clarification questions (e.g., asking location, what happened, whether she is inside or outside, what was taken, whether Narcan is available). Closed yes/no questions were used for safety and triage (e.g., breathing, responsiveness, violence) but do not suggest a specific answer. When the call taker offered options to identify the device ("Is it nasal spray? Is it an auto-injector?"), this appears to be reasonable clarification rather than an attempt to influence the caller's report. The transcript does not contain evidence that the call taker asked leading questions intended to guide the caller's responses.

Demonstrated Active Listening Skills**PASS**

The call taker asked targeted, clarifying questions (location, what happened, if subject was inside/outside, responsiveness, what was taken, time, availability of Narcan) and processed answers to dispatch medics and provide stepbystep naloxone instructions. The call taker checked continuity of the call ("Are you still there?"), stayed on the line while the caller retrieved and administered the nasal device, and monitored changes in the patient until responders arrived. There are no prolonged unacknowledged gaps or evidence the call taker missed or misunderstood key details, so the transcript shows active listening and appropriate, persistent engagement.

Did the call taker avoid unexplained gaps of silence**PASS**

The transcript shows continuous interaction with the call taker prompting the caller, asking questions, and giving instructions. Periods that could be perceived as pauses are acknowledged and managed (e.g., the call taker says "hold on just a moment, don't hang up" and later asks "Are you still there?"), and the call taker stays on the line until responders arrive. There is no evidence of prolonged or unexplained silence in the call.

Demonstrated Good Judgement & Decision Making**PASS**

The call taker asked clarifying, scene-relevant questions (location, what happened, whether the

patient was talking, what was taken, timing) and confirmed phone number. They balanced listening and instruction: they gathered needed details, advised the caller not to give food or drink, instructed on Narcan retrieval and step-by-step administration, and stayed on the line until EMS arrived. The transcript shows appropriate, situation-focused decision making and active engagement with the caller.

Appropriate Closing of the Call

PASS

The call taker informed the caller that paramedics were being sent, stayed on the line until responders arrived, and closed the call with polite language including 'I'll go and let you go' and 'Bye, thank you.' The transcript shows reassurance and a courteous closing, satisfying the intent of the criterion.

Call Handling

TRUE

The call taker identified the medical complaint as an overdose/poisoning and obtained key details: patient age, location, what was taken (SeraQuil/Seroquil), and time of ingestion (~15 minutes). The call taker asked and documented consciousness and mental status (caller reported the patient was responding but drowsy/slow) and asked about breathing (caller indicated "no, not really" to breathing normally). The call taker also asked about color change, violence, and naloxone availability. The call taker determined a paramedic-level response and initiated pre-arrival instructions including not giving anything by mouth, positioning if vomiting, and guiding naloxone administration when it was located. These actions provided sufficient information to distinguish critical symptoms (altered mental status, depressed respirations) and justify the response level. There is no evidence the call taker omitted material questions relevant to severity assessment given the caller's ability to answer.

Barriers Encountered

TRUE

Minor situational challenges were present but did not materially impede the call taker. The caller initially gave a vague location ("the market, the [REDACTED] in Amity"), requiring the call taker to confirm the address/clarify. The patient was drowsy and the caller needed time to locate and retrieve the naloxone, which caused brief delay while the caller searched and returned. Otherwise communication was clear, the caller provided a phone number, age, what was taken, timing, and followed instructions; the call taker obtained needed information and guided naloxone administration. There is insufficient evidence of significant language, nonresponsiveness, or emotional barriers impacting the call taker's ability to manage the incident.

Worthy of recognition?

Performance Summary

TRUE

The call taker provided direct, step-by-step medical guidance that the caller followed and that plausibly contributed to a positive outcome. Examples from the transcript include the call taker asking about naloxone availability ("And do you have any Narcan available?"), then clearly instructing how to use it: "So you're going to peel back the packets to remove the device. You're going to hold the device with your thumb on the bottom of the plunger and two fingers on the

nozzle. Place and hold the tip of the nozzle in either nostril until your fingers touch the bottom of her nose. And then you're going to press the plunger firmly to release the dose into her nose and tell me when that's done." The caller confirmed administration ("It's done."), and the call taker continued to provide monitoring instructions and stayed on the line until responders arrived: "And then you'll need to watch her breathing very closely... I'm going to stand the line with you until they arrive." The call taker remained calm, gave concise, actionable instructions, coached the caller through administration, and maintained support until EMS arrived, which meets the intent of a direct life-saving intervention and demonstrates performance deserving of formal recognition.
