



The Honorable Senate Commerce Committee:

We support the proposition of this legislation with concern that it is not inclusive of all of our emergency responders in the State of Kansas.

Starting with Senate Bill 40 which amends K.S.A. 2020 Supp. 48-949 to read in section 10(b)(1)and(2) and, which was signed into law last year defines “an Emergency Responder, meaning any person in the private or public sector who 1) has special skills, qualifications, training, knowledge and experience which would be beneficial to a participating political subdivision in response to a locally declared emergency as defined in any applicable law or ordinance... Emergency Responder Includes but is not limited to: law enforcement officers, firefighters, 911 call center public safety Telecommunicators,...” This is an obvious and intentional inclusion and recognition of all public safety personnel.

We firmly believe our estimated 1500 Emergency Telecommunicators deserve equal representation, consideration, and recognition in any discussion of legislation that cares for our Kansas public safety professionals.

When we reference Senate Bill 491 – Section 1A1, references DSM 5, 2013, under this diagnostic PTSD criteria, section A number 4, “...repeated or extreme exposure to adverse details of the event usually in the course of professional duties.” 911 professionals meet this diagnostic criteria every day, in fact most are exposed to a far higher level of adverse detail as it is their primary job duty to gather such information directly from the victims of these events. In all cases as the initial and primary point of contact for ALL emergency response agencies (to include multiple jurisdictions within a political subdivision), we would further argue that this exposure is even greater than a responder assigned to a single incident. Furthermore, the feelings of helplessness of not being able to physically intervene to mitigate an emergency situation has been articulated anecdotally by most responders and virtually all Emergency Telecommunicators when called to reflect on the roles and responsibilities of a 911 professional.

As stated above in Senate Bill 40, Public Safety Telecommunicators, are emergency responders, with no regard to the fact that they might not be physically present on the scene. They are highly trained and most are certified to provide medical direction before on scene medical services can arrive. Every effort and attempt to direct victims or bystanders into being that physical presence on scene even to the point of training bystanders with no response or mitigation skills to safely intervene and mitigate potential loss of life, is made with little regard to the mental stress and potential mental health impacts this can have.

Senate Bill 491 on Page 5, Row 25, references and acknowledges “... repetitive trauma is the prevailing factor in causing both the medical condition and resulting disability or impairment.”

In the last year, 9-1-1 Public Safety Telecommunicators responded to 1,700,641 emergency calls that came in on 9-1-1 lines. This does not include admin line calls, which can also trigger an emergency response and could account for nearly doubling the previous number.

Examples of extreme critical incidents have occurred in Kansas such as the Excel active shooter incident in Hesston, KS (Harvey County). When questioned about the impact on staff and mental health as it related to the Emergency Telecommunicators involved, 911 Director Don Gruver is always quick to point to how many of his staff left the profession in the months following despite having a flagship Critical Incident Stress Management program. This is only representative of a single critical event, the unrecognized toll of daily exposure to critical events takes a toll on 911 professionals that is virtually impossible to ascertain in the vast depth of its magnitude. It has been observed and generally accepted by leaders in Kansas from our profession, burnout typically occurs within only 2 short years with the vast majority of staff leaving due to stress and or events stemming from behavioral health driven poor decision making. Alcohol abuse, domestic unrest, feelings of despondence or self-loathing, withdrawal from social circles and events, and hyper vigilance characterize the symptoms and behaviors associated with the cost of PTSD in the 911 center.

9-1-1 telecommunicators work in conjunction with EMS, Firefighters, Law Enforcement, utilities, wreckers, and any other agencies requested, on all incoming calls for service. The telecommunicator is the first person a reporting party speaks to at the beginning of an incident. In addition to handling all radio communications and documentation for all responding emergency units. The Emergency Telecommunicator also mitigates critical events initially affecting responders. Officer, firefighter, or medical personnel, injured from violent acts or accidents takes an even greater toll on the Telecommunicator as now they are expected to mitigate and direct the response to a usually very close colleague with zero margin for error.

We would support this important legislation but respectfully request that all emergency response professionals would be included.

Sincerely,

Elliot Linke

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