

## A02 Calling 911 — Sample Script & Info Sheet

*(location, mechanism, status, allergies/meds, callback)*

**Scope & caveat:** Procedures vary by country and region. In the U.S., dial **911** (voice) or **text-to-911** where available. In Canada, **911**. EU: **112**. UK: **999**. Follow local guidance and your organization's policy.

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### Overview (What this chapter is)

A practical playbook for contacting emergency services quickly and clearly: what to say first, what info matters most, how to stay on the line, and how to prepare a pocket “caller card” so anyone on your team can nail the call under stress.

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### Prerequisite for other courses?

Useful and assumed in **all** first-aid, CPR/AED, bleeding control, anaphylaxis, wilderness/remote care, workplace responder, and school-based responder courses.

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### Requirement for certifications?

Often included in scenario testing and written exams for first-aid/CPR/AED and workplace responder credentials.

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### Core Skills

- **Initiate** the call fast, delegate effectively (“You—call 911!”).
- **Deliver** a crisp opening statement: exact **location**, **what happened**, **who/how many** are injured.
- **Prioritize** details: **mechanism**, **status** (airway–breathing–circulation & mental status), key **allergies/meds** if relevant.
- **Confirm** the **callback** number, follow questions, **stay on the line**.
- **Coordinate** on-scene: send a greeter to the entrance/road, control hazards, keep phone audible.

## Study Guide

### 1) When to call

- **Immediately** for life threats: unresponsiveness, severe bleeding, breathing trouble, chest pain, stroke signs, anaphylaxis, major trauma, seizure with prolonged postictal state, heat stroke, suspected spinal injury, poisoning/overdose, drowning, childbirth complications.
  - **Early** when mechanism is concerning (fall > patient height, high-speed crash, head strike, smoke inhalation, severe burns), or when you're **unsure**—when in doubt, call.
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### 2) Who calls & what they do

- **Designate a caller:** “You in the blue jacket—call 911, put me on speaker, tell them we’re at 125 Oak St, playground parking lot.”
  - **Assign a greeter:** meet responders, wave them in, unlock gates/elevators.
  - **Assign a safety lead:** manage traffic/crowd, secure pets, turn on exterior lights at night.
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### 3) The LM-SAC structure (what to say)

**LM-SAC** keeps you focused and matches dispatcher priorities:

**Location** → **Mechanism** → **Status** → **Allergies/Meds** → **Callback**.

**L — Location (exact):** Street address + unit/floor/entrance; or precise outdoor fix (park/trail name, nearest trailhead/marker, GPS if you have it), clear landmarks.

**M — Mechanism (what happened):** e.g., “fell 8 feet,” “chest pain at rest,” “bee sting then hives, wheezing,” “car vs cyclist ~25 mph.”

**S — Status (ABCs & count):** number of patients; responsiveness (A&O?), breathing quality, severe bleeding, major deformities, trapped/unsafe scene.

**A — Allergies/Meds (key only):** life-critical info that changes care (e.g., “severe peanut allergy,” “on blood thinners,” “carries Epi auto-injector,” “insulin-dependent”).

**C — Callback:** the phone number you’re calling from; **keep line open** for instructions.

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**4) Sample 911 scripts (verbatim models)**

**A. Urban playground (responsive, possible fracture)**

- **Caller:** “I need an ambulance at **125 Oak Street, Brookfield**, playground parking lot by the **north gate**. A teen **fell off the climbing wall, about 8 feet**. One patient, **awake, breathing fast, ankle looks deformed**, bleeding controlled. **No known allergies or meds** per parent on scene. **Callback 555-0144**. We’ll have someone at the gate to guide crews.”

**B. Chest pain at office (adult, concerning symptoms)**

- **Caller:** “Ambulance to **915 Market Ave, Suite 402**, elevator code **#402**. **Adult male with chest pressure**, pale and sweaty, started **10 minutes ago, breathing is present, speaking in short sentences**. No severe bleeding. On **blood pressure meds, no known allergies**. **Callback 555-2290**. I’ll stay on the line.”

**C. Highway crash (multiple patients, hazards)**

- **Caller:** “We’re on **I-77 South at mile marker 142**, right shoulder. **Two cars, high-speed rear-end**. **Two patients:** one **unresponsive but breathing**, one **alert with heavy bleeding from leg**—we’re applying pressure. **Fuel smell** present; traffic is heavy. **Callback 555-7731**. Sending someone to wave down units.”

**D. Trail incident with GPS (text-to-911 where available)**

- **Text (if voice not possible and local PSAP supports text):**  
“**112 Summit Loop Trail**, near **marker 6, GPS 44.1207, -71.3032**. Hiker **fell on rocks**, now **not fully alert, breathing labored**. One patient. **No known allergies/meds**. **Callback 555-4462**. We have **orange jacket** and **whistle** to signal crews.”

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**5) Outdoor & wilderness notes**

- Give **trail name + nearest marker/intersection**, direction of travel, and **GPS** (decimal degrees preferred) if you can.
- Mention **access constraints**: locked gates, washed-out bridge, snow/ice, river crossing.
- Describe **signals**: bright clothing, headlamp flashing, whistle blasts, signal mirror, smoke if safe.

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- If out of service, try **Emergency SOS** features or **text** from a slight elevation; move until you regain one bar, then send concise LM-SAC.
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## 6) Staying on the line & following instructions

- Put phone on **speaker** so hands are free; keep it **audible** to the primary provider.
  - Follow dispatcher **pre-arrival instructions** (compression rate, Epi assist, bleeding control).
  - **Don't hang up** first. The operator will tell you when it's OK to disconnect.
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## 7) Special considerations

- **Language barrier:** say your language; request interpreter. Use simple words, numbers, landmarks.
  - **Hearing/speech:** TTY/relay services; **text-to-911** where available.
  - **Unsafe scenes:** say the **hazard first** (“house fire,” “active traffic,” “violent person”), then LM-SAC. Retreat to safety as instructed.
  - **Locked buildings/gates:** give codes/locations; send a **greeter**.
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## Performance Benchmarks (What good looks like)

- Calls **immediately** when indicated and assigns roles (caller, greeter, safety).
  - Delivers **LM-SAC** in under **25 seconds** without losing clarity.
  - Provides **exact location** and **clear access instructions**.
  - Accurately reports **mechanism, patient count/status, key allergies/meds**.
  - Confirms **callback** number and **stays on the line** until released.
  - Implements dispatcher instructions while **documenting times**.
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## Red Flags & Don't-Dos

- **Don't** bury the **location**—lead with it.

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- **Don't** guess medical facts; say “unknown.”
  - **Don't** hang up first or wander out of cell range.
  - **Don't** move patients with suspected spinal injury unless **immediate danger**.
  - **Don't** leave the entrance unstaffed—send a **greeter** if possible.
  - **Don't** delay CPR/AED or bleeding control while over-explaining—answer briefly, then **resume care**.
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### Quick Algorithms & Mnemonics

- **LM-SAC:** *Location → Mechanism → Status → Allergies/Meds → Callback.*
  - **LOCATE** (location details): *Landmark; Office/floor; Code/entrance; Apartment/unit; Trail marker/GPS; Escort/greeter.*
  - **CALLER** (caller tasks): *Call; Announce LM-SAC; Listen; Lock line open; Execute instructions; Relay updates.*
  - **ACCESS** (prep for arrival): *Assign greeter; Clear path; Codes/keys ready; Exterior lights; Scene safety.*
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### Supplies & Tools — what Calling 911 courses typically use

*(This list drives the Restock Checklist and is be mirrored exactly—same categories, same items, same order.)*

#### PPE & Scene Safety

- Nitrile gloves — barrier protection during assessment
- Hand sanitizer — quick hand hygiene when soap/water unavailable

#### Documentation & Admin

- Laminated LM-SAC Caller Card (wallet size) — prompts for critical info
- Site Access Sheet (codes/gates/elevator notes) — speeds responder entry
- Waterproof notepad & pen — capture timestamps and instructions
- Digital time source (watch/phone) — accurate timekeeping

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**Public-Health & Cleanup**

- Alcohol wipes — sanitize shared phone/pen after use

**Optional / Setting-Dependent**

- Portable battery pack & phone cable — maintain phone power on long scenes
- Printed local emergency numbers (non-911) — park rangers, site security
- Simple GPS unit or phone GPS how-to card — obtain coordinates outdoors
- High-visibility vest/flashlight/whistle — aid greeter signaling

**Storage & Organization**

- Labeled binder (Emergency Call Aids) — store spare caller cards & access sheets
  - Divider tabs (LM-SAC, Access, Local Numbers) — fast retrieval
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**Scenario Drills & Answer Keys**

**Drill A — Chest pain at gym (voice call)**

- **Expected LM-SAC:** “24 River Rd, Suite B, rear entrance; sudden chest pain at rest; 1 adult male, alert, sweaty, breathing present; no known allergies, on BP meds; callback 555-3182.”
- **Key actions:** assign greeter to rear door; put AED by patient; stay on line, follow dispatcher.

**Drill B — Fall on trail (text-to-911)**

- **Expected LM-SAC:** “Pine Ridge Trail, marker 3, GPS 35.7882, -83.5071; slip on wet rocks; 1 patient, not fully alert, breathing; meds unknown; callback 555-8803.”
- **Key actions:** whistle/bright jacket, send partner to trailhead if safe, maintain airway.

**Drill C — Multi-vehicle crash (voice, hazards first)**

- **Expected LM-SAC:** “Hwy 12 EB, mm 61, three-car crash, fuel leak; 3 patients, one unresponsive breathing, two alert, one with severe leg bleeding; allergies/meds unknown; callback 555-9040.”

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- **Key actions:** move to safe zone, control bleeding, greeter at shoulder with flashlight (safe positioning).

**Drill D — School nurse office (language barrier)**

- **Expected steps:** request interpreter, give building name/room number, LM-SAC with simple descriptors, keep line open; document times and instructions.

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**Assessment Rubric & Sign-Off**

Skill	Meets Standard	Notes
Calls promptly; assigns caller/greeter/safety	<input type="checkbox"/>	
Delivers LM-SAC clearly ( $\leq 25s$ )	<input type="checkbox"/>	
Provides precise location and access details	<input type="checkbox"/>	
Conveys mechanism and accurate patient status/count	<input type="checkbox"/>	
Supplies key allergies/meds only when relevant	<input type="checkbox"/>	
Confirms callback; stays on line; follows instructions	<input type="checkbox"/>	
Documents times/actions accurately	<input type="checkbox"/>	

**Instructor Sign-Off:** Name/Date \_\_\_\_\_ **Learner:**

\_\_\_\_\_

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**Skills Covered — Full Index**

Emergency activation • Dispatcher communication • LM-SAC structure • Location precision (address/GPS) • Mechanism reporting • Patient count/status • Allergies/meds triage • Callback confirmation • Text-to-911 • Greeter/access coordination • Pre-arrival instruction compliance • Scene safety communication

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**A→Z Glossary — Calling 911 Terms & Terminology**

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- **Callback number:** Phone number dispatch uses if the call drops or more info is needed.
  - **Dispatcher (call-taker):** Trained professional who gathers information and provides pre-arrival instructions while units are dispatched.
  - **GPS (decimal degrees):** Latitude/longitude format preferred for outdoor location precision.
  - **Mechanism of injury (MOI):** How the injury happened; helps predict severity (fall from height, high-speed MVC, blunt vs penetrating).
  - **Pre-arrival instructions:** Care steps given by dispatcher before responders arrive (CPR, Epi assist, bleeding control).
  - **PSAP:** Public Safety Answering Point—your regional 911 center.
  - **Text-to-911:** SMS service to contact 911 in areas that support it (when you **can't** safely place a voice call).
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**Printable Assets Pack (text masters)**

**Wallet LM-SAC Caller Card (front):**

- Location (address/entrance or trail/marker/GPS): \_\_\_\_\_
- Mechanism (what happened): \_\_\_\_\_
- Status (how many / A-B-C): \_\_\_\_\_
- Allergies/Meds (key only): \_\_\_\_\_
- Callback (your number): \_\_\_\_\_

**Site Access Sheet (post near phones/exits):**

- Building address & main entrance description: \_\_\_\_\_
- Floor/room codes, elevator instructions: \_\_\_\_\_
- Gate/lot codes or keys location: \_\_\_\_\_
- Local non-911 numbers (security, ranger): \_\_\_\_\_

**Call Log (quick):**

- Time symptoms began: \_\_\_\_ : \_\_\_\_



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- 911 call time: \_\_\_\_ : \_\_\_\_
  - First intervention (e.g., AED on, Epi given): \_\_\_\_ : \_\_\_\_
  - Dispatcher instructions followed (Y/N): \_\_\_\_ Notes: \_\_\_\_\_
  - Greeter dispatched to: \_\_\_\_\_ (time) \_\_\_\_ : \_\_\_\_
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**Local Customization Panel**

- Local emergency numbers (rangers/site security): \_\_\_\_\_
  - Building/complex codes, gate keys: \_\_\_\_\_
  - Text-to-911 availability (Y/N, notes): \_\_\_\_\_
  - Preferred GPS format (decimal degrees / DMS): \_\_\_\_\_
  - Greeter route & staging point: \_\_\_\_\_
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**Restock & Maintenance Schedule**

*(Mirrors the Supplies & Tools list exactly.)*

**PPE & Scene Safety**

- Nitrile gloves — Inspect quantity weekly; replace sizes as used.
- Hand sanitizer — Refill/replace monthly or when <25% remains.

**Documentation & Admin**

- Laminated LM-SAC Caller Card (wallet size) — Print/laminate quarterly; replace worn cards.
- Site Access Sheet (codes/gates/elevator notes) — Review/update monthly or upon changes.
- Waterproof notepad & pen — Replace if wet/damaged; pens quarterly.
- Digital time source (watch/phone) — Check time sync monthly.

**Public-Health & Cleanup**

- Alcohol wipes — Replenish monthly; check expiry.

**Optional / Setting-Dependent**

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- Portable battery pack & phone cable — Charge weekly; cycle batteries quarterly.
- Printed local emergency numbers (non-911) — Verify quarterly.
- Simple GPS unit or phone GPS how-to card — Test monthly; update instructions as OS changes.
- High-visibility vest/flashlight/whistle — Inspect monthly; replace batteries quarterly.

**Storage & Organization**

- Labeled binder (Emergency Call Aids) — Audit monthly; ensure current versions filed.
- Divider tabs (LM-SAC, Access, Local Numbers) — Replace as worn; verify order monthly.

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Notes