Instructor Resource Guide

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**Cardiac Emergency Communication**

**Continuing Education Requirement**

Course ID# 786

Created: December 2021

ABSTRACT

This course is designed to meet the legislative mandate in HB 786 passed by the 87th Texas Legislature that amends Texas Occupations Code Chapter 1701. Cardiac Emergency Communication is designed to teach all telecommunicators how to identify when cardiopulmonary resuscitation (CPR) is needed and how to talk a caller through the process. In order to do this, a telecommunicator must first be certified in CPR training. This course does not certify a telecommunicator in CPR. Cardiac Emergency Communication meets the legislative mandate and continuing education requirements to ensure all telecommunicators are trained in responding to a caller in Out-of-Hospital Cardiac Arrest (OHCA).

**Instructor Resource Guide:**

This is an Instructor Resource Guide (IRG), not a lesson plan. The purpose of the IRG is to outline the minimum state requirements of what must be taught for a course to be considered compliant and receive TCOLE credit.

* A qualified instructor shall develop the IRG into a lesson plan that meets their organization and student needs.

*Please note: It is up to each Academy and/or Training Contractor to create a lesson plan based on the requirements outlined in the IRG for a particular topic*.

**Lesson Plan:**

Each organization is charged with creating their own lesson plan for how the organization will disseminate the information in the IRG.

* The institutions and instructors will determine how much time is spent on each topic/module, how many/what kind of examples or exercises are used during their presentation, and how in-depth they review each topic in the course they present.
* Anything that is ***suggested*** is just that, an example or suggestion, and is not mandated for inclusion (i.e., instructor’s notes are an example of suggestions, not requirements).

**Note to Trainers: It is the responsibility of the Academy and/or Training Coordinator to ensure this curriculum and its materials are kept up to date. Refer to curriculum and legal resources for changes in subject matter or laws relating to this topic as well as the Texas Commission on Law Enforcement website at** [**www.tcole.texas.gov**](http://www.tcole.texas.gov) **for edits due to course review.**

**Student Prerequisites:**

* Students must have a current, nationally recognized Cardiopulmonary Resuscitation (CPR) certification.
  + This includes, but is not limited to, courses from the American Heart Association and the American Red Cross. The course must be taken in-person and the student must complete practical scenarios for adult/infant/ AED to be certified.
  + The student must present a current and valid certificate to the training provider in order to attend the class.

**Instructor Prerequisites:**

* Instructor(s) must include a documented subject matter expert (SME) in CPR: to be considered an SME for this course, an instructor must have:
  + Current and valid CPR Trainers Certification from a nationally recognized program.
    - This includes, but is not limited to, courses from the American Heart Association and the American Red Cross.
    - The CPR Instructor course must be taken in-person and the student must complete practical scenarios for adult/infant/AED to be certified to provide instruction on Out-of-Hospital Cardiac Arrest.
* Instructor(s) must include a documented SME in telecommunications and telecommunicator crisis communication tactics.
* To be considered an SME for this course, an instructor must have at least four (4) years as a telecommunicator.

**INSTRUCTOR NOTE**: This course can be co-taught: a telecommunication expert and CPR instructor can co-teach this course together in order to meet the instructor requirements.

**INSTRUCTOR NOTE**: TCOLE recommends that instructors have handled at least ten (10) Telecommunicator CPR (T-CPR) calls, or simulated calls, a year; either in training or while on duty. (This is based on the federal recommendation for the minimum number of calls or simulated calls a year and is not mandatory or required.

**Length of Course:** Four (4) hours, minimum

**Assessment:**

* Training providers are responsible for creating student assessments and documenting mastery of all objectives in this course using various testing assessment opportunities.
  + Assessment opportunities include oral or written testing, interacting with the instructor and students, case studies and scenarios, and other means of testing the student’s application of the skills taught as deemed appropriate by the instructor or department.
* The minimum passing score shall be 70%.

**UNIT 1. Course Legislative Origins and Purpose**

# Indicate the legislative requirements of this course.

1. Occupations Code section 1701.3071

(a) The commission shall issue a telecommunicator license to a person who:

1. submits an application;
2. completes the required training;
3. passes the required examination;  and
4. meets any other requirement of this chapter and the rules prescribed by the commission to qualify as a telecommunicator.
5. House Bill 786 (87th Regular Session, Texas Legislature)

SECTION 1. Amends Section 1701.3071, Occupations Code, by adding Subsection (a-1), as follows:

(a-1) Requires that the training required by Subsection (a)(2) basic telecommunicator licensing course include telecommunicator

cardiopulmonary resuscitation training that:

* + 1. uses the most current nationally recognized emergency cardiovascular care guidelines;
    2. incorporates recognition protocols for out-of-hospital cardiac arrest; and
    3. provides information on best practices for relaying compression-only cardiopulmonary resuscitation instructions to callers.

SECTION 2. Amends Section 1701.352, Occupations Code, as follows:

(i) Requires a state agency, county, special district, or municipality that appoints or employs a telecommunicator to provide training to the telecommunicator of not less than 20 hours during each 24-month period of employment that includes:

(1) telecommunicator cardiopulmonary resuscitation as described by

Section 1701.3071(a-1); and

(2) other topics selected by the TCOLE and the employing entity

1. The law above dictates what courses are needed to keep the telecommunicators license in compliance. The instructor should explain to the following to students:
   1. To be a licensed telecommunicator and remain in compliance, a telecommunicator must:
2. Be certified in Cardiopulmonary Resuscitation = CPR
3. Take and pass Basic Telecommunicator Licensing Course 1080
4. Complete twenty (20) hours of TCOLE certified training in a two-year (24 month) unit time frame.
   * + 1. HB 786 (87R) makes this Cardiac Emergency Communication class a mandated course for telecommunicators during the two-year continuing education unit.

# UNIT 2. Review of Crisis Conversation Triage

**INSTRUCTOR NOTE**: Cardiac Emergency Communication is a mandatory continuing education requirement in which the state requires Telecommunicators to recertify once every two years in not only Cardiac Emergency Communication, but in the skills that underpin this advanced topic and skill set. This is not a CPR certification course.

Unit 2 is meant to be a refresher section of the Crisis Communication course, where the students practice their basic crisis communications skills (just like they must for the CPR portion prior to attendance of this course). This is not the full version of the Crisis Communication course, but only the crisis communication that pertains to T-CPR. Only after the basics are fully reviewed do we layer in the CPR piece.

There will be different suggested activities and knowledge checks throughout this section to help the instructor develop appropriate hands-on application and knowledge checks.

## **Explain important considerations when talking to a person in crisis.**

1. Survival depends on the time from when the patient collapses to first chest compression, so it is vital that telecommunicators identify Out-of-Hospital Cardiac Arrest (OHCA) as early as possible. First, the telecommunicator must get the caller to the point where they can comply with instructions from the telecommunicator.
   1. Telecommunicators control the approach used to calm callers and to encourage them to act swiftly.
2. During a crisis, the caller may feel helpless and out of control.
   1. The telecommunicator’s goal is to override the caller’s hysteria barrier and gain compliance from the caller, so they can successfully administer CPR to the patient. (*Further explained in Section 2.2, Subsection C.*)
      1. An example of a way to keep the caller talking is to ask questions that are informational, but not judgmental.
3. **Identify the types of pertinent details of the emergency that must be obtained.**
4. Try to get the caller to state exactly what they are experiencing or what the situation is.
   1. The goal is to gain an understanding of the dynamics of the crisis, to understand the challenges, and the opportunities of the situation for the caller.
   2. Most callers will be in a high emotional state. For this reason, most callers will need specific instructions explained to them one step at a time. Try to be patient with them and repeat the instructions, if necessary.

**INSTRUCTOR NOTE**: Instructions and any advice *should* be based on training and established departmental policies and procedures. Each call center will have their own best practices and those should be included at this time.

1. The telecommunicator must work to gain compliance and trust from the caller to avoid escalating the crisis by upsetting the caller. Before any work can be done to identify how to best help the caller and their patient, the telecommunicator must first be able to gain their compliance, so the pertinent information for next actions can be taken.
   1. The quality of judgment (decisions) the caller and/or the telecommunicator will make can reflect and parallel emotional escalation.
      1. For instance, the greater the distressed emotional response (anger, frustration, anxiety, fear, etc.), the worse the decisions tend to be.
   2. Be a good mediator by getting the caller’s side of the story first, and then guiding them to a good solution.
2. Maintaining overall control of the phone conversation and patience is imperative.
3. Be respectful of other people’s feelings:
   1. “Why don’t we agree to continue to talk until the police or EMS arrive?”
   2. “Let me listen to you first.”
   3. “Tell me exactly what happened, or what the situation is.”
4. A key strategy to maintain emotional equilibrium is breath control.
   1. In through the nose, and out through the mouth. Deeply, evenly, slowly.
   2. A possible strategy is to get the caller to breathe along with the telecommunicator to calm the caller down enough for the telecommunicator to gain compliance from the caller.

**INSTRUCTOR NOTE:** Application-based knowledge check

* Application-based knowledge check is necessary; this is a *suggested* example:
  + Create and provide call scenarios to have the class run (ideally using real life scenarios your organization has experienced).
    - Break the students into pairs and have each take a turn being the “caller” (with the scripted scenario) and the “telecommunicator.” The goal is for the “telecommunicator” to simply get the “caller” to the point of being able to hear and effectively respond to the “telecommunicator’s” words.
    - The student should be able to demonstrate their proficiency in properly de-escalating the caller.
    - It is not yet time to try and build rapport or identify if this is a CPR situation.
  1. **Identify the three barriers to telecommunication in a crisis: challenging, angering, or embarrassing.**

1. The objective is to keep the caller from getting out of control. Hysteria calls for immediate intervention.
2. Once a person reaches the hysterical level, it is difficult for the telecommunicator and the caller to reach any agreement or the caller to follow instructions. The telecommunicator must focus on de-escalating the conflict in the conversation.
3. A caller who is challenged, angered, or embarrassed is likely to break contact, which eliminates any hope of helping them.
4. Hysterical callers/persistent repetition - their hysteria impacts them to a point where they cannot answer questions.
5. Maintain a firm, calm, authoritative and well-modulated tone.
6. State a simple question phrase or command.
7. Repeat this question, phrase, or command exactly the same way each time until a response is received.

**INSTRUCTOR NOTE:** Application-based knowledge check

* Application-based knowledge check is necessary; this is a *suggested* example:
  + Emotional Distress Charades: Ask for about four (4) volunteers, create cards with one of the stages of emotional distress listed on one side and blank on the other, have the volunteers pull one of the cards with a level of emotional distress. They cannot show anyone else what state of emotional distress they are expressing. Then the class must try to interpret which level of emotional distress the role player is trying to express.
  1. **Outline the following methods of applying telecommunicator crisis intervention strategy.**

1. Basic intervention techniques:
   1. Be available - show interest and support.
   2. Stay calm
   3. Defuse the situation by allowing the caller to vent.
   4. Try to relate to the caller’s situation and understand why the outburst occurred.
   5. Be direct and firm (tough and tender).
      1. Ask questions directly, be calm, but firm. Phrase questions in an open-ended manner so it encourages conversation. Do not put the caller on the defensive.
   6. Active listening skills
      1. Be willing to listen - allow expression of feelings and accept the feelings.
   7. Power of pauses
      1. Use silence wisely to allow the caller to take in what is being said.
   8. Apologize at once and make corrections quickly.
   9. Be non-judgmental – do not debate and do not lecture.
      1. Priority is gaining compliance so the CPR can be administered.
   10. Do not ask why
       1. It encourages defensiveness.
       2. The goal is to get to why, without using the word why. This is tricky and takes practice.
   11. Do not be shocked
       1. It may cause the caller to shut down.
       2. The caller needs to believe they can get the support needed to overcome their challenge.
   12. Express personal concern and empathy vs sympathy.
   13. Do not try to be the sole point of success or failure.
       1. Seek support and use the specific agency’s recommendations.
   14. Emotional labeling – when hysterical people are able to properly express what they are feeling, it allows them to move forward. The lack of identification of what they are feeling clouds the ability to think and react.
       1. Work toward getting the caller to express the emotion they are feeling.
       2. Make sure the telecommunicator understands what the challenge on the other end of the phone is, so they are able to more effectively overcome the emotional barriers to gaining the caller’s compliance.
   15. Encourage the caller to tell their story.
   16. Give limited options
   17. Do not try to solve or move forward while still in the crisis stage.
2. Establish rapport
   1. Create trust – seek/establish a bond.

Find areas of commonality or interests. Get them talking about something. *Example: hobby, sport, pet, etc.*

Let the caller select an alternative or topic of discussion. This can return a sense of control to the caller. However, remember that it is important to still maintain control of the conversation.

1. Work with the caller – create an action plan. Tell them help is on the way.

**INSTRUCTOR NOTE: A**pplication-based knowledge check

* Application-based knowledge check is necessary; this is a *suggested* example.
* The suggested knowledge check listed below is intentionally designed to build on the prior suggested application-based knowledge check. Combined, they help strengthen the skills needed to accomplish and overcome the hysteria barrier to gain compliance and information from the caller.
  + Establishing Rapport Scenarios – (ideally using real life scenarios provided by the hosting organization). Create and provide call scenarios to the class. Break the students into pairs and have each take a turn being the “caller” (with the scripted scenario) and the “telecommunicator”. The goal of the scenarios is for the “telecommunicator” to get the “caller” to the point of building rapport with the “telecommunicator” so they can eventually get the “caller” to follow instructions. The student should be able to demonstrate their proficiency in properly establishing rapport with the caller. It is not yet time to identify if this is a CPR situation.
  1. **Demonstrate active listening strategies and application.**

## When individuals face tension, their increased levels of anxiety interfere with attempts to cope and listen when in an already stressful circumstance.

1. Six of the seven core elements of active listening and accompanying levels of distress that should be applied. (*The seventh element is mirroring, but is not applicable for telecommunicators because it is a body language technique*):

|  |  |
| --- | --- |
| Minimal Encouragement | Hysterical |
| Repeating (t*his is only used in one instance*) | Mainly hysterical but demanding a response |
| Paraphrasing | Highly emotional but some rational thought |
| Emotional Labeling | Upset but mostly rational |
| Open Ended Questions | Fully rational but emotion is still audible in verbal communication |
| “I” vs “You” messages | Fully rational but verbalizing fears/anxieties |

**INSTRUCTOR NOTE:** Application-based knowledge check

* Application-based knowledge check is necessary; this is a *suggested* example.
  + Active Listening Exercises – Break students into groups and have each group come up with three examples of “you” statements. Next, have the students turn those “you” statements into “I” statements. Have each group share their examples and discuss as appropriate. It is not yet time to identify if this is a CPR situation.

# UNIT 3. When CPR is needed

In the following section, all information is from the CPR LifeLinks Implementation Toolkit, Part One: Telecommunicator Cardiopulmonary Resuscitation p. 1-32. Unit 3 only covers this portion of LifeLinks and is not taught in its entirety.

The information below was accessed on 11.22.2021. [CPR\_LifeLinks\_Toolkit\_Final.pdf (911.gov)](https://www.911.gov/project_cprlifelinks/CPR_LifeLinks_Toolkit_Final.pdf).

## **Define the three (3) steps of Telecommunicator CPR (T-CPR).**

## T-CPR is a three-step process where telecommunicators:

## Work together with 9-1-1 callers to identify potential OHCA patients.

## Provide callers with pre-arrival CPR instructions.

## Coach callers to perform continuous CPR until professional rescuers assume care.

**INSTRUCTOR NOTE:** Each organization should have a tailored portion here dealing with their individual organization’s comprehensive dispatch protocol process that addresses their individual safety standards, response allocation and priority, patient care, and information for responders on all emergency calls.

**INSTRUCTOR NOTE:** Suggested scenario to pose to the class - identifying the difference between the need for the Heimlich Maneuver vs CPR. This is one of the most common mistakes civilians make when requesting help.

## **Identify the two (2) most critical questions to identifying an OHCA.**

1. Is the patient conscious?
2. Is the patient breathing normally?

## **Identify the common barriers to assessing patient breathing and how to overcome them.**

|  |  |
| --- | --- |
| Emotional Distress | Be assertive |
| Caller Does Not Understand “Conscious” | Rephrase “Are they awake?” |
| Open Eyes, Seizure-Like Movements | Shake and shout |
| Agonal Breathing | Look for chest rise and fall; listen to breathing over the phone |
| Caller Is A Health Care Professional | Treat all callers the same |

**INSTRUCTOR NOTE:** Each entity should provide samples (possibly recordings of calls that went well and calls that did not go well) to illustrate their individual protocols and recommendations for overcoming the hysteria barrier.

## **Describe the three (3) common barriers to the caller performing CPR Instructions.**

|  |  |
| --- | --- |
| Caller Refuses Instructions | Be decisive |
| Patient Positioning | Get help/sheet drag/assist and assure |
| Fear of Hurting Patient | Reassure the caller with facts and redirect |

**INSTRUCTOR NOTE:** An instructor should provide samples (possibly recordings of calls that went well and calls that did not go well) to illustrate their individual protocols and recommendations for overcoming CPR performance barriers.

## **Explain the three (3) key components to caller chest compressions.**

1. Compression rate
   1. A rate of 100 – 120 compressions per minute (CPM) is optimal.
   2. Metronomes are inexpensive, there are several free metronome desktop and smart phone applications are available.
      1. The metronome is an invaluable tool for the telecommunicator, it allows them to focus on the task at hand instead of trying to count for the caller.
   3. To confirm that the caller has begun compressions, and to ensure the compressions are at the appropriate rate, the caller should be asked to count out loud.
      1. Counting out loud may tire the caller though, so it is not necessary for them to count for the duration of the call. Caller can only stop counting out loud if the telecommunicator takes over the verbal counts. One participant in the T-CPR process must always be counting out loud.
      2. The goal with asking the caller to count out loud is to ensure compliance with instructions and to confirm that the caller is delivering compressions at the appropriate rate.
      3. Once appropriate rate of compression has been established, the telecommunicator may take over counting for the caller.
2. Compression depth
   1. Compression depth evidence suggests that proper CPR compression depth is associated with survival.
   2. A depth of two inches is optimal, but how is a caller to be expected to assess that depth? The reality is, they really cannot. So, when providing instructions, callers should be encouraged to “push as hard as you can.”
      1. With caller, there is little concern that they will push too deep. In fact, typically callers do not push deep enough.
3. Compression recoil
   1. During compression oxygenated blood is moved out of the heart and lungs to the brain and other vital organs.
   2. Only during the decompression phase (“recoil”) will blood come into the heart.
      1. When the chest recoils, decreased pressure in the chest cavity creates a vacuum, causing the heart and lungs to refill with blood that will once again be moved through the body with the next compression.

**INSTRUCTOR NOTE:** Using rescue breaths vs. not using rescue breaths is a policy that is addressed at the agency level. Please instruct students to get with their agency regarding providing instruction on rescue breaths.

## **Describe what happens if there is a pause in compressions.**

1. When proper compressions are delivered, it will take approximately thirty (30) compressions before sufficient pressure is created to begin circulating blood through the body (*“Continuous Chest Compressions”, 2016*).
2. If compressions are stopped or interrupted, it takes only three (3) seconds for blood pressure to fall to zero.
   1. Once chest compressions have begun, it is very important telecommunicators not distract callers (by asking unnecessary questions, for example) and lead them to pause their compressions.
   2. Two or more rescuer-ventilations – always ask the caller if there are others that can trade out with the caller to administer compressions
      1. If there are others the caller can trade out with to administer the compressions, make sure that the rhythm of administering the compressions is not paused as the rescuers trade out.

**INSTRUCTOR NOTE:** Training should include simulation of suspected OHCA calls. Simulations allow telecommunicators to apply their knowledge in environments where they can safely learn from mistakes and oversights.

* Simulations can be based on real OHCA calls (some of the calls should NOT be OHCA calls but calls that could be mistaken for one) and should present scenarios with different learning objectives. Simulate not only “typical” cases (e.g., cases where the patient is a male in his 60s who suddenly collapsed and requires compression-only instructions) but also less common cases (e.g., cases where the patient is a child, where a caller objects to doing CPR, where a language barrier complicates communication, or where an adult was apparently choking).
* Simulations can be done in several ways. Telecommunicators at their terminals can field mock OHCA calls from colleagues to practice using protocols and call-handling skills, for example. Alternatively, colleagues can sit back-to-back, one person with caller’s script, the other with Telecommunicators CPR protocols to choose from given the situation the “caller” describes. How the simulations are set up and run is up to the individual organizations administering the course.
* Simulations should encompass each of the Three Stages of T-CPR. That is, they should require telecommunicators to identify OHCA, start CPR instructions, and provide continuous coaching for several minutes.
  + After such exercises, colleagues should debrief in small groups where they can challenge, learn from, and support each other. They can then run the simulations again, applying feedback and lessons learned.
* Telecommunicators should practice verbally giving CPR instructions through simulation. It is important considering data suggesting patient outcomes may be linked to the number of OHCA calls a telecommunicator processes in each period.
* Telecommunicators should process at least ten (10) OHCA calls per year, either real or simulated.

## **Discuss when an Automated External Defibrillator (AED) should be used.**

1. Automated External Defibrillators (AEDs) are medical emergency response devices used to provide an electrical shock to help restart a patient’s heart.
2. As a rule, telecommunicators should only ask if an AED is available if the event is in a public location with more than one caller present. The priority should be on continuous chest compressions.
   1. AEDs are commonly available in schools, sports arenas, public buildings, airports, shopping malls, and department stores.

## **Discuss challenges to the delivery of CPR instructions over the phone.**

1. Cardiac arrest secondary to trauma
   1. If an individual is bleeding out always staunch the bleeding prior to administering CPR
2. CPR Patients with DNR/POLST orders
   1. The telecommunicator shall instruct to the caller to attempt CPR unless they conclusively know the individual is deceased
3. For all other unusual circumstances that pose challenges to the delivery of CPR instructions, simply work through a refocus back to administering CPR first.

# APPENDIX A: Application Based Testing Rubric

**INSTRUCTOR NOTE:** Every organization should create an exam to assess the learner’s knowledge through demonstration. Below is an example of a scoring rubric to assist an instructor in scoring a student’s demonstrated knowledge.

Please note, instructors do not have to use this scoring rubric and can create their own.

|  |  |  |  |
| --- | --- | --- | --- |
| Application Test Demonstration: | Non-Passing:  Student Does NOT meet expectations.  Score of 0%-69%. | Passing:  Student meets expectations.  Score of 70%-85%. | Passing:  Student exceeds expectations  Score of 85%-100%. |
| Student can apply de-escalation techniques to overcome the hysteria barrier. | Student does not successfully identify or apply proper techniques. | Student displays an overall understanding and application of the material. | The student displays mastery of the topic and application. |
| The student can define the current nationally recognized emergency CPR care guidelines. | Student does not successfully define what the current nationally accepted guidelines for CPR are. | Student can successfully define the nationally recognized process for administering CPR. | Student displays a mastery of the current nationally recognized CPR care guidelines. |
| The student can demonstrate recognition of protocols for out-of-hospital cardiac arrest (OHCA). | Student Does NOT demonstrate recognition of OHCA protocols. | Student can demonstrate the basic functions of OHCA protocols. | Student can demonstrate a mastery level of OHCA protocols. |
| The student can correctly identify when and how to coach a caller to use an AED. | Student Does NOT correctly identify when and how to coach a caller how to use an AED. | Student displays basics of how to correctly identify where and how to use an AED. | Student displays mastery of how to correctly identify where and how to use and AED. |
| The student can demonstrate how to coach a caller in crisis through the CPR process over the phone. | Student Does NOT demonstrate how to coach a caller in crisis through the CPR process over the phone. | Student displays a basic proficiency in coaching a caller through the CPR process over the phone. | Student displays a mastery in coaching a caller through the CPR process over the phone. |

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