Reviewer's report

Title: Supporting lay bystanders during medical emergencies -- risk assessment of video calls for emergency dispatch

Version: 1 Date: 27 May 2011

Reviewer: Ivor Kovic

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Minor Essential Revisions

- 2nd line in the Conclusions section of the Abstract. I would change the phrase “…these call centers”. Maybe put Emergency Medical Communication Centers, and then say these call centers in the last line of the Abstract.

- First two references are not up to date. Especially the second one. Although the leading causes of death do not change rapidly over the years, still there are numerous other newer resources about the global burden of disease, for example WHO reports.

- 3rd line in the Background – would like to see a reference after the statement that dispatchers assist bystanders via telephone. Maybe a newer reference from the practice regarding telephone assisted CPR.

- Line 12 in the Background. ….majority of the emergency calls come from mobile phones…. To my knowledge there is limited data to support this statement, although from the observational point of view it seams true. Again would like to see a reference. For example there are some data from the London Ambulance service.

- Line 7 Risk assessment group, workflow and time frame. ….nurse who had tested the technology…. Please explain better. Which technology and how? Videoconferencing technology in simulated cardiac arrest scenarios or talking to her kids while on a trip…

- In the Results section there are several citations, which should not be present in this section. In general there is a lot of discussion in the results. Acknowledging that this is a special type of paper and methodology, I would suggest moving these parts into the first paragraph of the Discussion section and leave the Results section to plain declaration of results. Maybe a new table to present risk treatments would be beneficial.

- Line 7 Results. In the worst case, these threats could have an unacceptable sever risk. This line seams obvious and unnecessary. In the worst case they cannot be anything else then the worse.

- Throughout the Discussion the authors no longer use the EMCC abbreviation they introduced in the beginning for the Emergency Medical Communication Centers.

- In the Discussion authors use abbreviations like SWIFT, HAZOP, FMEA and
FTA. Do readers know what they stand for?
- Line 33 Discussion. Do not like the language …when no numbers exist… to informal.

Discretionary Revisions
- Authors could consider shortening the title. I think that the second line alone would be just as efficient and clear – Risk assessment of video calls for emergency medical dispatch
- Is figure 1 really necessary? The process is clearly described in the methods section, so the image seams redundant.
- As a reader I would like to know more about the work of the group. In the Risk assessment section, line 6 …. were censored or rejected at this point. What happened next? How were the final decisions made? Did the group vote, did the leader have the final word?
- Line 12, Risk assessment section – Threats with no likelihood of occurring or no consequence were not followed further. I would like to see examples. One for each likelihood and consequence would be interesting for the reader.

**Level of interest:** An article of importance in its field

**Quality of written English:** Needs some language corrections before being published

**Statistical review:** No, the manuscript does not need to be seen by a statistician.

**Declaration of competing interests:**

I declare that i have no competing interests.