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EMS Resource Bulletin



The Voice Of M R F A A

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JUN 17

Vol. 12, No. 4

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The Minnesota Rescue and First Aid Association

April 1981

Communicating With Deaf In Emergency Situations

Have you ever been in an emergency situation and found yourself unable to communicate with the individual involved because of his or her deafness? If you haven't found yourself in this situation, you can at any time, because of the large population (over 30 million) of deaf and hearing-impaired persons in the U.S.

Several years ago, firefighter Bill Hackett of the San Jose Fire Department, California, found himself in such a situation. Because of the frustration he felt in not being able to communicate with a deaf woman during an emergency, Hackett took it upon himself to explore training available for emergency personnel to learn to communicate with the deaf. In learn-

ing the manual alphabet and sign language, he realized that the time involvement was much more than could be expected from most emergency personnel to expend in this area of training. With the assistance of individuals in schools for the deaf, and rehabilitation programs, Bill Hackett developed a booklet with everyday sentences and words used in emergency situations to facilitate emergency care personnel communicating with deaf people and the deaf returning the communications.

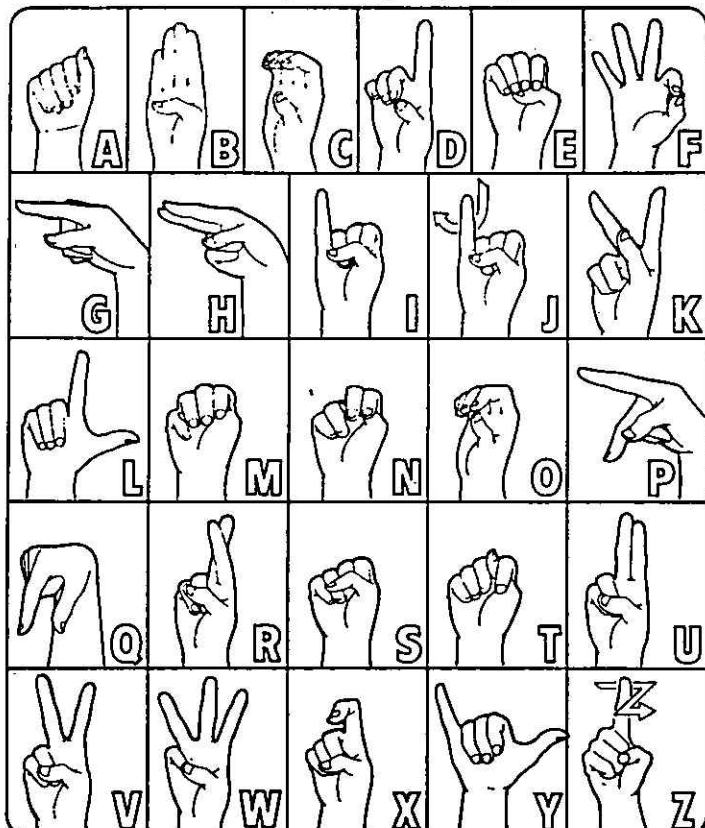
The booklet, "Emergency Words for the Deaf and Hearing," has been adopted by numerous fire/rescue services throughout the country. The Seattle and Houston Fire Departments are among many which carry the booklet on their emergency care vehicles and which train their emergency medical technicians and paramedics to use the booklet for communications with deaf persons.

Further information on the booklet can be obtained from:

Bill Hackett
9785 Live Oak Ave.
Ben Lomond, California 95005
Phone: (408) 336-8801

EMS Resource Bulletin
U.S. Fire Administration

American Sign Language Alphabet



Jack Yost Advanced Notice

This year the Jack Yost Rescue School will feature an entirely new program and at an entirely new place. Search and Rescue will be a major part of this year's program with Tim Kneeland, a nationally recognized outdoor expert, presenting this area of the training.

Bill Tysseling, MRFAA's Treasurer and this year's Jack Yost chairman, had another unique idea . . . having the school in Brainerd at Cragun's Resort. The facilities of the resort and the area are excellent for the program. Accommodations and meals will be available at Cragun's with special school rates. You do not have to stay or eat at Cragun's to participate in the School. Other lodging and restaurants are in the area, including camping facilities.

More information will be forthcoming shortly. Plan to attend now - October 3-4, 1981.

Standards For EMT-Intermediate Course Set

State health departments have been asked to approve courses and to administer examinations in states where there is interest in emergency medical technician-intermediate certification by the National Registry of Emergency Medical Technicians, Columbus, Ohio. There is considerable interest in this certification in Minnesota. Accordingly, the Minnesota Department of Health has identified EMT-I Training Course approval standards.

This certificate will be issued only by the National Registry, and the Department of Health is only acting as the registry's agent in helping to establish course approval. This is not going to be a required certificate in Minnesota, where the advanced first aid card is still the legal minimum certificate.

An advisory group was established to develop course approval standards. Under chairmanship of Don Brandt, M.D., EMS Medical Director, the MDH EMT-Intermediate Standards Study Group met three times during November and December, 1980. Members included physicians, nurses, paramedics, EMTs, ambulance personnel, educators, and other persons from around the State interested in EMT-I services.

EMT-Intermediate course approval standards include the following stipulations:

- 1— Course meets or exceeds behavioral objectives (knowledge and skill objectives) of Modules 1, 2, 3, and EOA of the National Standard Training Curriculum for EMT-Ps,
- 2— Course has a medical director,
- 3— Course provides supervised clinical experience for students,
- 4— Course agrees to participate in course audits (monitoring) by the Minnesota Department of Health,
- 5— Course faculty meets or exceeds minimum instructor qualifications, and
- 6— Course develops and publishes a course application which states student prerequisites and other course requirements.

Application forms for course approval are available from the Minnesota Department of Health.

If you have any questions regarding the course approval form or any other aspects of the course, call Mr. E. Kramer (612) 296-5507.

Access
MN Dept. of Health

Best Emergency Vehicle Color? It's Yellow

A recent study in Great Britain concerning the best possible color for emergency vehicles showed yellow is the most advantageous compared with the colors presently used.

The color selected must be the one the eye is most sensitive to, must impart a sense of urgency to the viewer and must be capable of reflecting the desired color under various types of lighting.

Five colored surfaces (red, blue, green, yellow and white) were subjected to test under three types of street lighting in common use today, with the results as shown in Table 1.

There are several obvious points against the use of white. White is passive and communicates no sense of urgency. It is in no way distinctive, and is commonly observed in reflection

of daylight from highly polished surfaces, irrespective of their color. Retouching paintwork is difficult, aging and discoloration are much more noticeable than in other colors. Moreover, it is mainly used for private or commercial vehicles, which reduces its value as a possible color for distinguishing emergency vehicles. It is also hard to distinguish in snow, fog or rain.

Since red, blue and green diminish to black and lose their color value, yellow is considered the most practical color because it loses little color value under artificial lighting and excites the human eye.

Emergency Planning Digest

Table 1: The Effects of Street Lighting on Color Perception

Color	Sodium Lights	Mercury Lights	Fluorescent Lights
Red	diminished to black	diminished to black	slight loss of color value
Blue	diminished to black	loss of color value	slight loss of color value
Green	diminished to black	loss of color value	slight loss of color value
Yellow	became white	slight loss of color value	no apparent loss of color
White	white	white	white

Search and Rescue Help From The Air Force...

Staffed 24 hours a day, every day of the year, the Air Force Rescue Coordination Center (AFRCC) at Scott Air Force Base in Illinois has been the salvation of many lost and injured persons.

"We have twenty-four active-duty and fifteen reserve personnel who staff the office. All of them think it's one of the most worthwhile and rewarding jobs they've ever had," said Ken Pribyla, executive officer on Inland SAR. "It's the next best thing to being out there."

The AFRCC as it is today was formed in 1974 from three different coordinating centers in the continental United States. A division of the Air Force's Aerospace Rescue and Recovery Service, the AFRCC's original mission was to coordinate search and rescue for downed aircraft in the contiguous 48 states. Its mission has since expanded to include, according to an Air Force fact sheet, "seriously ill persons in remote or isolated areas. Missions are initiated to aid aircraft crash victims; finding missing aircraft, lost hunters, or hikers; to locate the source of emergency locator transmitter (ELT) signals; or to aid anyone who needs transportation assistance in an emergency to reach suitable medical facilities or to return to safety."

The AFRCC has become the one federal agency for coordinating federal search and rescue resources. The center's computer has on file all federal, state, local, and volunteer organizations that can conduct or assist in search and rescue. The center also has an up-to-date listing of Mexican and Canadian SAR coordinating agencies.

Pribyla, a native of Texas, has been involved with the AFRCC for the last two years. One of the most important parts of his job, in his opinion, is his contacts with state governments and rescue-related agencies. "We're only a coordinating body — we don't control anything. So we have to assist the states in realizing what they can handle by themselves, how many resources they have in the area."

Pribyla stresses the AFRCC's coordinating role. "For example," he said, "if a county sheriff calls and says there's a lost hiker in the mountains, we coordinate contact between that sheriff and the nearest mountain search and rescue team, find tracking dogs, or whatever else might be needed. We will help provide transportation through the military if we can, but the sheriff stays in control of the operation."

One of the AFRCC's greatest helps is the Civil Air Patrol (CAP). The CAP has 60,000 members, 20,000 of whom are cadets between the ages of 13 and 17. The cadets are used for ground searches and the senior members fly air-search missions. In 1979, air-search missions coordinated by the AFRCC totalled more than 23,000 flying hours, 80 percent of which were flown by the CAP.

"The CAP fliers are volunteers and are the only searchers reimbursed by the federal government," Pribyla said. "And it's a saving for the taxpayer. We pay them only for their direct costs — aviation fuel, ground-vehicle fuel, and communications. In 1979 that came to \$26.67 per hour. It costs the

government \$1,500 per hour to fly a C-130. We couldn't operate without the CAP."

The AFRCC accepts emergency calls from any person or agency. And will put the caller in touch with the appropriate local agency if there is one. In 1979 there were 5,255 incidents called in. Of these, all but 1,654 were handled without launching full-fledged missions.

"After you've been here a while you get a gut feeling," Pribyla said. "Many people who are reported lost just haven't bothered to tell anyone where they are. Often we can find them with the telephone."

One such case happened not long ago when a woman reported her husband and his private plane long overdue. Research turned up that there was rough flying weather along his flight path. It was also turned up that the man didn't always tell his wife where he was going or when he changed his plans. After calls to several flight service stations there were indications that he had skirted the rough weather and gone to Nevada.

Pribyla then started calling the likely "tailer parks," asking whether anyone had seen the man's plane, perhaps parked in the back yard. After declining three or four invitations to visit he found the man.

"I told him his inconsiderateness had made us spend five hours looking for him and that I'd give him a half hour to call his wife and tell her he was all right or I'd call her and spill the beans.

"He called her."

For more information write to Director, Inland SAR, ARFCC, HQ ARRS, Scott AFB, Illinois 62221 or call 618-256-4927. To request search and rescue coordination assistance contact your county sheriff or other law enforcement agency or the local flight service center.

Charles Orton
IFSTA

Voice Of MRFAA

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The *Voice Of MRFAA* is the official publication of the Minnesota Rescue and First Aid Association.

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Publisher.....*Image Concepts, Minneapolis, MN*

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6909 Shingle Creek Drive
Minneapolis, Minnesota 55445

Non-Profit Org.
U.S. Postage

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Minneapolis, Minn.
Permit No. 1841

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Hospital-Ambulance Radio System Proposed

A report recommending the creation of a hospital-ambulance radio communications system in the eastern half of the Twin Cities Area was approved by the Metro Council's Emergency Medical Services Advisory Committee last month.

The report, which now goes to the Dakota, Ramsey and Washington County Boards for approval, says the counties should form a joint powers agreement to develop and operate the system.

Estimated cost of the recommended system is \$466,100, about \$100,000 more than the amount available from the Minnesota Health Department to develop the system. The report says that it would be possible to develop a system with lower initial costs, but operating costs would be significantly higher and the operation of the EMS system could be compromised.

The report recommends that operation costs be divided among the three counties according to the size of each county's population served by the system. Annual operating costs would total an estimated \$164,700 per year.

An EMS communications system similar to that proposed for Dakota, Ramsey and Washington Counties is already operating in the western part of the Metropolitan Area. The proposed system would be compatible with the existing West Metro system so radio interference would be avoided.

Ambulances would be able to operate in both systems. Also, each system would be able to temporarily "borrow" radio channels from the other if it is exceptionally busy, the report says.

The report says that, as more advanced life support ambulances come into service, the demand for radio communications will increase. This will make coordination of EMS communications even more important in the future.

The recommended system would consist of several elements. A major one is a set of three transmitter/receivers, one located in each county, to relay signals from ambulances to hospitals, and vice versa.

Another part of the proposed system is a medical resource coordinating center, which will coordinate the use of radio channels so they are available when and as long as they are

needed for a particular ambulance-hospital "conversation." The center would be located at St. Paul-Ramsey Medical Center.

Radio equipment installed in hospitals and ambulances, as well as personal radios carried by paramedics, would complete the links in the communications system.

Metro Council

Who Has The Authority?

Years ago it was an accepted fact that the police officer at the scene of an emergency had overall control of the accident scene, including people and traffic control, as well as the responsibility of insuring that the injured were receiving the proper treatment. Today's ambulance personnel are reluctantly accepting the "load immediately and rush the patient to a hospital facility" that some police officers are advocating. This office has received several complaints in the past of police officers telling ambulance personnel to do just that when the ambulance personnel felt that the patient had not been properly stabilized for transport. Ambulance personnel do not wish to challenge the officer's decision or to report him to his superiors as they must deal with this officer at future emergency sites and want to keep a reasonable working relationship.

Wishing to clarify this situation, we have had correspondence with the Highway Patrol Office and have asked them to inform Patrol Personnel about the higher level of training that ambulance personnel have received in the past years. Also, that all ambulances have communications capabilities which, in most cases, allows them to speak with a hospital based physician for medical direction of the care of the patient at the scene. As a result, officers should understand that extra time may have to be spent at the accident scene stabilizing the patient. However, if a danger exists such as a fire, explosion, secondary accident, etc., it's the officer's duty to see that the patient is moved from the area immediately. A physician at the scene, naturally, would have the authority on medical decisions if he so chooses. For further information on this topic, contact your County Sheriff, district Highway Patrol office, or regional EMS council.

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