

# Ambulance Standards Being Set

(Editor's Note: Few of us stop to think about emergencies which might someday arrive — emergencies like the sudden need for an ambulance. Ambulance service in Tippecanoe County has been the subject of controversy for years. What is this controversy about? What kind of ambulance service do we have? What might we have in the future and why should we be concerned about this? To find the answers to these questions reporter John Norberg interviewed many people involved with ambulance service here, and rode with ambulances on "runs" (emergency trips) for two months. His six-part series "Run For Your Life," begins today with an introduction to the importance of ambulances and the type of service we have. All ambulance runs described in the series are real.)

## First in a Series By JOHN NORBERG Staff Writer

In Indiana today, the state requires that barbers complete hours of training, serve a one-year apprenticeship and be tested and licensed.

In Indiana today, the state requires that ambulance attendants must be able to breathe.

In Tippecanoe County today our three governments together budget 16 times more money to provide parks and recreation than ambulance service.

In Lafayette and West Lafayette today the people who pick up garbage and take it to the dump are paid more money than the people who pick up sick and injured and

take them to the hospital.

Some day you're going to need an ambulance, for yourself, for a member of your family or for a friend. When you call one, will it help you, or will it hurt you?

Ambulances are not always helpful. There are places in this country where if you see an ambulance coming for you, you'd be smart to get up and run for your life.

An estimated 25,000 to 30,000 people are permanently disabled every year in the United States, not because of their injuries, but because they were mishandled at the scene of the accident. The number of people who die unnecessarily each year just because good ambulance service is not available could be anywhere from 50,000 to 200,000.

Of course these are only numbers, but if you happen to be one of them, they become pretty important.

Inadequate or non-existent training of ambulance personnel has led some people to say you'd be safer on a battlefield than a highway where, in the event of an accident, you might be manhandled to the point of injuries leading to total paralysis or death.

Some say that 70 per cent of all people who die in trauma situations (such as wounds, shock and heart attack) before they reach the hospital could be saved with a good ambulance system.

Tippecanoe County's is just acceptable. It's reached the first step on the way to providing quality emergency medical service. There are many reasons for this.

The problem is, our service has been "acceptable" at this level now



for about six years. There are a lot of people around who think the time has come for improvements.

Shipley's Ambulance Service has served Tippecanoe County since Jan. 1, 1969. Fred Shipley, owner of the private service, thinks the time has come for improvement.

"I don't think, in my own mind, that we've been able to do as much as we could have done or should have done," he says.

Areas of improvement most often discussed are: Better training of ambulance attendants, better equipped ambulances, larger ambulances and the ability to reach patients faster.

"I think anybody involved with the ambulance business realizes that minutes are a matter of life and death," says Rusty Deppert, RN, former chairman of the Tippecanoe Comprehensive Health Planning

Agency, emergency medical services task force. "You have to reach these people as soon as possible."

That means in the outer reaches of the county as well as in the heart of Lafayette. In a bulletin, "Improving Emergency Medical Services in Indiana," Charles Sargent of the Purdue Agricultural Economics Cooperative Extension Service says "studies show rural residents are four times as likely to die of their injuries than urban residents, despite the occurrence of less severe accidents and more survivable injuries."

Part of the reason for this statistic is that ambulances are stationed in urban areas.

But when Mrs. Deppert talks about minutes, she isn't talking as much about the number of minutes it takes to get a patient to the hospital as the time it takes to get an

ambulance to the patient.

War and battlefield conditions have taught us something — bringing the care to the patient often is better than just bringing the patient to the care. For one thing, you then don't have to rush back to the hospital.

"Over a period of time," says Dr. H. M. Gish, head physician at the St. Elizabeth Hospital emergency room, "we've found that very few lives are saved by running ambulances 70 miles per hour with the red lights on — very few lives are saved."

In fact, some lives are lost. "There are several studies that have been done," says Dr. Lindley Wagner, director of the Lafayette Center for Medical Education, "that show very definitely more interns are killed riding ambulances trying to hurry to the scene than the number of patients that were saved."

An emergency vehicle rushing down any street is a potentially deadly vehicle.

To improve emergency medical service throughout Indiana, the General Assembly this year passed a bill establishing the Indiana Emergency Medical Services (EMS) Commission. Beginning in 1978 no ambulance service will be able to operate in the state until it has reached minimum standards established by this commission. No one will be able to work for an ambulance service until he has been licensed by this commission — and that means passing tests.

The EMS commission is now meeting, setting up those standards as well as organizing an entire sys-

tem of emergency medical care (such as rating of hospital emergency rooms).

But until 1978, when the standards go into effect, the ambulance field is wide open except for provisions established at the local level.

The Tippecanoe emergency medical services task force has given the county commissioners a long list of recommendations for improved ambulance service. Little has been done with them.

Ambulance service now costs you as a taxpayer less than 2 cents per \$100 assessed valuation. We spend less than a half-cent per person each year on ambulances — \$49,500 a year.

Sometimes that money goes to pay for unimportant ambulance runs — like women who call because their husbands are drunk.

But sometimes...

*Sunday, July 14, 6:30 p.m.:*  
Randy, 22, had drowned. He lay along the creek and his heart wasn't beating, he wasn't breathing. He was legally dead. Hands reached from everywhere to help carry him up an embankment to a waiting ambulance. There, attendant Larry Harvey put an airway into Randy's mouth. He put his lips up to the airway and forced air into Randy's lungs. Randy's chest rose and went passed from his mouth to Larry's. Again Larry breathed into Randy. Again Randy's chest rose, but this time he kept breathing on his own.

...but sometimes it really is a run for your life.

Next: Ambulances should be more than transportation.