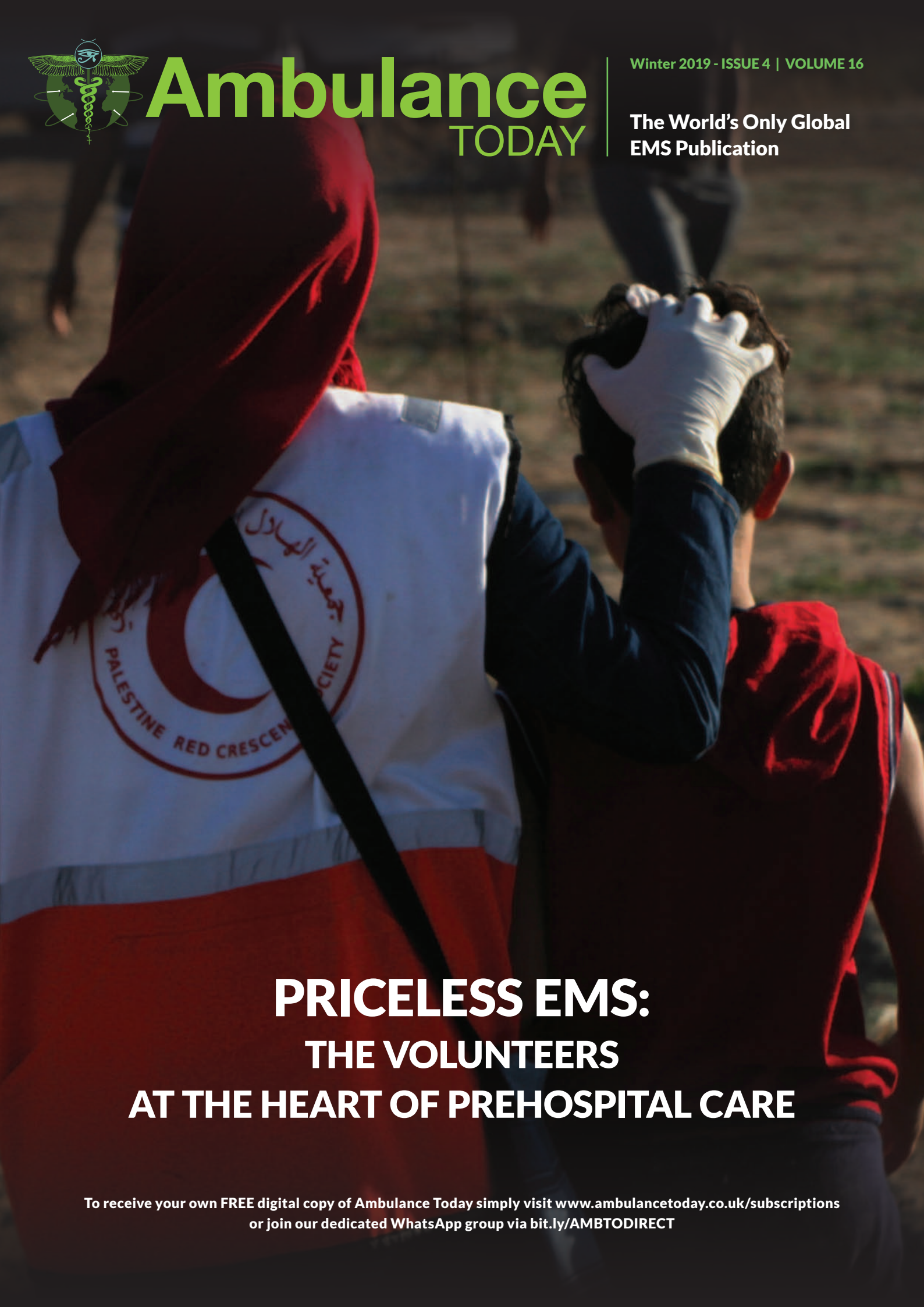




# Ambulance TODAY

Winter 2019 - ISSUE 4 | VOLUME 16

The World's Only Global  
EMS Publication

A photograph of a volunteer in a white and red vest with the Palestine Red Crescent Society logo. The volunteer is wearing a white glove and is attending to a person in a red hoodie. The background is a blurred outdoor setting.

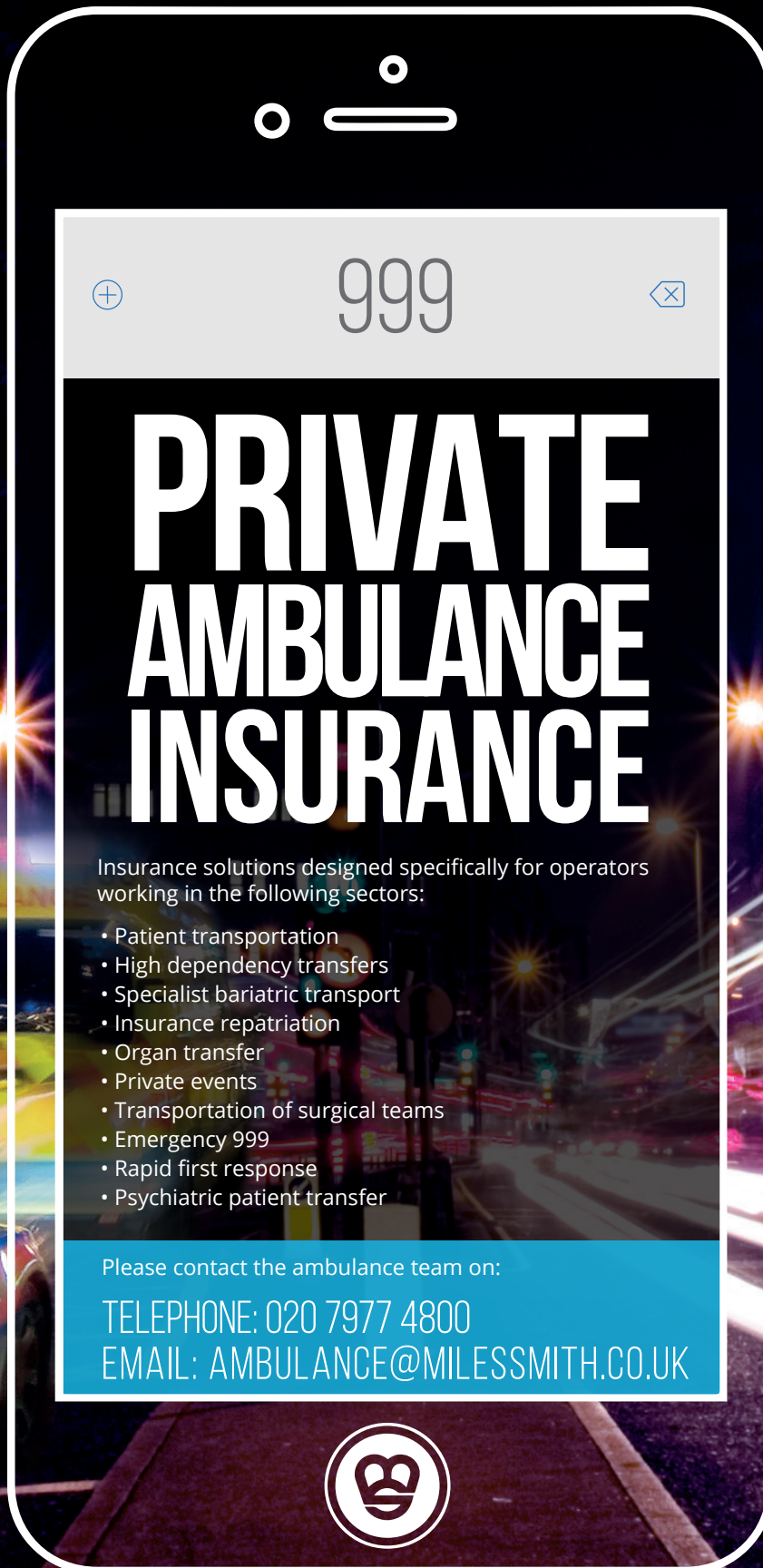
## PRICELESS EMS: THE VOLUNTEERS AT THE HEART OF PREHOSPITAL CARE

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# The Difference is Only Skin-Deep, the Respect is Still There



Joe Heneghan  
Editor,  
Ambulance Today

**For this edition of *Ambulance Today*, I find it somewhat tricky to place my thoughts exactly. Following a news story we'd seen which never actually made it into this edition, we had the idea to make the main theme of this edition focus upon voluntary EMS; to give an idea of its many forms and origins around the world and to celebrate those who devote so much of their time to EMS out of nothing more than a heartfelt passion and a deep-seated need to help their fellow man.**

However, the reason I find it hard to place my thoughts exactly is because one question has dogged me throughout the last few months during the creation of this edition: if we are to celebrate volunteers for the qualities and drives mentioned above, then does that then take away from those who choose EMS as a vocation, freely and willingly allowing it consume them, just because they are getting paid to do it?

After all, the idea that one person feels less passion or compassion than another, purely because they receive a paycheck is obviously absurd. We all have to eat. To be honest, I have never met a medic working in the pre-hospital field that hasn't gravitated towards the vocation without some feeling of a calling, or without some desire to help those in times of dire need and feeling that this was their own best way to do so. I think we can all safely agree that, despite the best efforts of unions and many managers from different services doggedly fighting for better pay and conditions, the fact that you undertake this calling with the average wage vs. living in this modern-day economy certainly shows that you aren't just in it for the money and an easy life when not on shift. Long hours, time away from family, many of you based in areas where the cost of living is considerably high—you don't do this without a genuinely inherent longing to be the one who helps.

So, what is it that sets the two groups apart? Inarguably, we can all sense

some notion within us that the work volunteers undertake is to be admired precisely because of its voluntary aspect. But, if you all have the same levels of drive and compassion...why? This is the question that has pursued me all the way through. I can feel the answer there somewhere but it's just that—more of a feeling than a clear idea.

This is exactly the question put forward by Mark Weiner in an incredibly reflective thought-experiment within his introductory article to a fantastic series of interviews he has undertaken with various volunteers from differing countries.

To be honest, I'm not sure there is any real deep or meaningful answer to this myself. I think it simply comes down to the following: humans are naturally drawn towards acts of benevolence, compassion and selflessness. These are not qualities that become exempt to the paid-for paramedic, far from it. But you, me, the person in the street—we naturally show gratitude to those who show these qualities in a manner that very plainly shows that your undertakings are genuine.

Put more clearly, in the last article he ran with us, Mark drew reference to Public Enemy's *911 Is a Joke*. Any of us looking back at the accompanying music video and listening to the lyrics can't help but feel how unfair the accusations are as mock paramedics chew on meat subs over the supposed corpse of Flavor Flav in a coffin. The very nature of the song is that emergency services personnel are in it for the paycheck, that it's no more of a way to make ends meet than your average mechanic, clerk, or McDonalds server and that such medics seeing their role as merely a job instead of a vocation causes a lack of urgency and compassion which costs lives.

Of course, this couldn't be further from the truth and the very idea is both ridiculous and a little bit hurtful.

That statement of that single was nothing more than misplaced anger and frustration which should have been directed at lacking operations and overburdened services, but we can't expect the people on the street to be aware of the politics behind this. As the face of the service and the first point of contact, it is you who gets the blame as many of you will be all too familiar with. Maybe this is also a point for consideration and further discussion.

The fact is though, that when you get a volunteer, all of that suspicion is immediately removed. The argument that one lacks compassion simply cannot be made when the attending medic only stands to gain the satisfaction of seeing someone cared for. For my part, after much deliberation, I think it is this aspect which we are all aware of on some level and which we all respect.

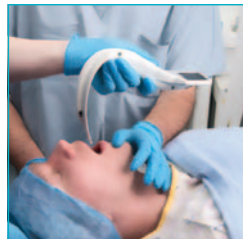
This edition carries some fantastic insights into voluntary EMS and I would also like to take this opportunity to draw your collective attention towards an interview we have carried out with the Palestine Red Crescent Society which I feel encapsulates the calling of the volunteer perfectly. For now though, in closing, I will simply say that this edition of *Ambulance Today*, in its examination of voluntary EMS, has turned out exactly as we wished—as a thankful and appreciative nod towards the many volunteers the world over who commit large portions of their life towards EMS and whom without many ambulance services would find themselves massively understaffed and floundering. To all of them, we see you and we respect you. To *everyone* working in EMS, at this close of the year, we wish you a heartfelt Merry Christmas and a happy, fulfilling holiday season. Keep those chins up and keep up the good work.

**Joe Heneghan**  
Editor,  
December 2019



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### Pp. 9-21 EMS for Democracy: Ambulance Volunteers as Cultural Agents of Solidarity

Voluntary EMT, Mark S. Weiner, J.D., Ph.D., EMT-B, offers a stimulating thought-exercise in an introductory article examining just what it is that

makes volunteerism within EMS unique, followed by a series of interviews examining the nature of voluntary EMS in the USA, Austria and Israel, and also finds out how that compares to a country like Sweden which uses no volunteers at all.



### Pp. 22-23 Volunteers: The Mainstay of Rural New Zealand Emergency Ambulance Response

Ngaire Jones of St John New Zealand discusses the vitally important roles volunteers play in rural New Zealand

and how this creates a pathway to introducing new blood into a service at more technically advanced levels.



### Pp. 24-26 St John Ambulance: Sharing the Load

St John's (UK) Chief Operating Officer Richard Lee, QAM shows how St John undertakes far more than covering events and explains how their highly trained paramedics give expert

medical support to overburdened NHS ambulance services.



### Pp. 32-35 The Sound of Sirens: A Humanitarian Calling

In this edition, alongside our regular updates from MDA and United Hatzalah in Israel, we are proud to introduce the first of many regular updates from the Palestine Red Crescent Society (PRCS). Our Editor, Joseph Heneghan, talks with PRCS volunteer, Saleem Al Qaimari, to

find out exactly what working in EMS in Palestine is like.



### Pp.36-39 Why Community First Response is an Indispensable Service for EMS

CFR with WAST, Mark James, offers us two articles designed to complement each other. The first offers a snapshot of how CFR programs in general work

and the second gives a personal account of why this vocation is important to him and the work CFRs undertake is vitally important to absolutely any ambulance service.



### P. 48-49 From the Africa Desk: Overcoming Perceived Biases in Treating the Sick and Injured

Our Africa correspondent Michael

Emmerich holds a mirror up to the caregiver-patient relationship and offers a deeply interesting and thought-provoking look at how this can affect implicit bias within medical treatment. No matter how perfect your people skills are or how open your mind is, this one is sure to give you some highly useful food for thought.



### Pp. 42-43 Caring for Communities: Volunteer EMS Providers in the United States

NAEMT offer a series of enlightening interviews from their own volunteers getting right to the heart of how

people from all walks of life can be bitten by the EMS bug. Once it's in your blood, that's your vocation for life!



### Pp. 46-47 IAED Thrives on the Volunteer Spirit

Briefly looking back at its origins, IAED goes on to offer an impressive account of just how vital its volunteers have been in making it this fine organisation

what it is today, showing that volunteers can often possess degrees of expertise and passion that elevate them far beyond the ranks of a support network.

### Also inside:

Thijs Gras offers his usually humorous and incisively intelligent musings upon voluntary EMS, Code Blue take you through a run-down of their high-level vehicle engineering facilities, our regular updates from United Hatzalah and MDA, regular news in our Out & About section and the very latest industry updates in our Products & Suppliers news.

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DESIGN & Production: L1 Media email: L1media@yahoo.co.uk

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PUBLISHER'S STATEMENT: Ambulance Today magazine is published by Ambulance Today Ltd, 41 Canning Street, Liverpool L8 7NN. The views and opinions expressed in this issue are not necessarily those of our Editor or Ambulance Today. No responsibility is accepted for omissions or errors. Every effort is made to ensure accuracy at all times. Advertisements placed in this publication marked "CRB Registered" with the organisation's "CRB Registration No." means that the Organisation/Company meets with the requirements in respect of exempted questions under the Rehabilitation of Offenders Act 1974. All applicants offered employment will be subject to a Criminal Record Check from the Criminal Records Bureau before appointment is confirmed. This will include details of cautions, reprimands or final warnings, as well as convictions and information held by the Department of Health and Education and Employment

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the public service union



# A Christmas Message from UNISON

**Colm Porter**  
National Ambulance Officer,  
UNISON



**Christmas and New Year is typically a time for celebrating with family and friends—or at least for the majority of people. Many UNISON members working within the ambulance service will be having to leave their families and friends at home this Christmas and will be coming into work, working tirelessly and providing a vital, lifesaving service to the public over a busy period.**

Thousands of UNISON ambulance members, including paramedics, technicians, emergency care assistants, and control room staff will be on duty on Christmas Day and throughout the festive season ensuring that those who need help will get it. Even if the government doesn't seem to recognise it, the rest of us most certainly do. The communities you serve appreciate the efforts that you make and everyone at UNISON knows the sacrifices you make every day, but most of all during the Christmas period.

Whilst reflecting on this past year, here at UNISON we are especially proud of our representatives who, in addition to working within the ambulance service, take on additional important UNISON duties looking after the best interests of ambulance staff in every single ambulance service across the



country. They know first-hand about the issues that you face on a day-to-day basis at work and the pressures that are inevitably faced from working within the ambulance service. Whether it's your pay that does not accurately reflect the work that you do, job losses or recruitment issues that pile pressure on remaining staff, tackling violence against staff, or keeping you mentally and physically healthy and safe at work, these representatives have done fantastic work throughout this calendar year and we are grateful to have them on board.



UNISON representatives are the people out there campaigning on behalf of the ambulance services to make things better and deliver real and significant changes and improvements for ambulance staff on a daily basis. These people are integral to what UNISON stand for, we are passionate about making every single ambulance service as safe, secure and efficient as possible.

In the New Year, who ever is in government, we need to make sure ambulance issues are at the top of their agenda. This includes increasing ambulance staff numbers, lowering the age of retirement for ambulance

workers and prioritising the health and wellbeing of our staff in all areas of the service. Despite any promises made, we know that we must stand up and campaign, as we have always done, for these important issues to be heard and acted upon. Despite the incredible hard work and effort put in by all staff across every ambulance service, we know things must improve and we would like 2020 to be another year of change and improvement.

UNISON's greatest strength in the ambulance service is our members, and the more members we have, the stronger we are. So if you're not a UNISON member and you're considering a New Year's resolution, make sure it's joining UNISON:

[https://join.unison.org.uk/?utm\\_content=Grovember\\_ambulance\\_cp2](https://join.unison.org.uk/?utm_content=Grovember_ambulance_cp2)

Together we can make our ambulance service stronger, safer, and more secure.

Once again, for all ambulance staff in England, Scotland, Wales and Northern Ireland who are giving their time this Christmas, to care for those who need it the most, we can only give our sincerest thanks and deepest gratitude. You are the people that make the ambulance service.

Merry Christmas and a Happy New Year.

**Colm welcomes feedback from ambulance staff and can be contacted at:**

**Email:** [c.porter@unison.co.uk](mailto:c.porter@unison.co.uk)

**Facebook:**

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## THE AMBULANCE STAFF CHARITY

**The Ambulance Staff Charity (TASC), a national charity which provides the UK's ambulance community with mental, physical wellbeing and financial support, is excited to announce the launch of its new brand and redesigned website at [www.theasc.org.uk](http://www.theasc.org.uk).**

Beginning as The Ambulance Services Benevolent Fund in 1986, the charity officially launched in 2015. Since its creation, TASC has gone through a number of significant developments, including a recent change to its charitable constitution to now support UK ambulance service volunteers, and this rebrand reflects the changes in the organisation, its continued commitment to the people in the UK's ambulance community and its vision for the future.



The Coventry-based charity's new website was developed in partnership with local creative agency Rawwww and features a fully responsive modern design, brand new content and improved functionality. The website will be updated regularly with useful information and advice and the charity's latest news. There are also plans for the continued development of the site, including an online shop which will be launching in 2020.

Karl Demian, TASC's Chief Operating Officer, said: "2019 has been a year of great change for the organisation, including widening the range of support we provide and developing our services to deal with the increasing numbers and demand from the ambulance community. The entire TASC team and our partners at RAWWW have worked incredibly hard over the last five months and we're very excited to launch



*Maria and Alison from Rawwww with Sue Noyes, TASC's Chair*

our new brand and website – it's the perfect way for us to end 2019 and begin the next chapter in TASC's growth."

Maria Louca, Sales and Marketing Manager at Rawwww, said: "As a creative agency proudly based in Coventry, we love working with local organisations. To be working with a national charity like TASC, supporting the UK's amazing ambulance community, gives the Rawwww Team an added incentive to deliver a fabulous new website showcasing the great work TASC does."



**If you would like more information on how you can support TASC, email: [fundraising@theasc.org.uk](mailto:fundraising@theasc.org.uk) or if you would like to become a volunteer please email: [volunteering@theasc.org.uk](mailto:volunteering@theasc.org.uk).**



# EMS for Democracy: Ambulance Volunteers as Cultural Agents of Solidarity



By Mark S. Weiner, J.D., Ph.D., EMT-B

**Let's engage in a thought experiment about EMS financing. Imagine a perfect world for every accountant tasked with balancing the books of every ambulance service across the world. EMS coffers are veritably overflowing with money from direct government support, lavish insurance payouts, and philanthropic giving. Each month, the accountants saunter into meetings with formerly despondent service chiefs, spread open their red-lined ledgers, and smile broadly. "Spend away," they announce in joyous unison. "Spend like there's no tomorrow!"**

In this what-if world, every ambulance station has multiple top-of-the-line service vehicles, the most innovative ALS equipment, and a helicopter or two. In every common room, free donuts pop out of silver dispensers at the push of a button. EMT uniforms are stitched with gold thread. Finally, and most

important—at least for this issue of *Ambulance Today*—unlimited resources make it possible to staff all ambulances entirely with full-time, well-paid professionals. No volunteers.

Would this "ideal" world of fully professionalized emergency medical services be desirable? Or would it erode essential qualities of EMS that we should take care to value, preserve, and enhance? I believe that it would, and that appreciating why can also help us further grasp the role of EMS in a democratic society—the subject of this series of occasional essays.

Let's consider three justifications for EMS volunteerism and how they might fare in the ideal world of our thought experiment.

The most common reason given for volunteerism is easy to understand, and it's a good one: it reduces costs.

In many parts of the world today the only feasible way to deliver ambulance services is for some providers to work for free. Even in the first world, cash-strapped rural and suburban counties sometimes face a similar challenge, notably in the United States, with its tradition of local public service financing (for a recent discussion, see the NBC news story "What if you call 911 and nobody comes?").

We might call this the justification of institutional necessity.

While it's compelling on the surface, this justification isn't especially deep. Most important, it doesn't provide a reason for volunteering that can't be overridden in flush financial times. In the world of unlimited resources described above, it would provide no reason to use volunteers at all.

What's worse, the logic of institutional necessity can easily be twisted to justify professional inequity or even exploitation. Just ask any underpaid EMT working today in a for-profit service. "Sorry, Jack, sorry Jane, we can't pay you what you're worth: we just can't afford it. But thanks for showing up." Few organizations reject free labor, especially if it's provided by well-trained men and women willing to throw themselves into stressful situations and put their own health at risk.

In other words, beware of making necessity a virtue!

So, we might turn to a second justification: EMS volunteerism is commonly hailed for providing volunteers with special career benefits. Volunteering as an EMT is an excellent way for young people to explore the



Working with avalanche probes, volunteer rescuers from SDMA can find victims who have been buried in snow

## Focus on The Meaning of Voluntary EMS

medical field and decide whether a career in medicine is right for them. It also looks great on a medical school application. Speak with just about any ambulance service that uses volunteers and you're likely to encounter this worthy line of argument.

Call it the individual justification.

The individual justification is the mirror image of the institutional justification: from its perspective, the benefits of a volunteer system flow not to the ambulance service as an institution but rather to service members. A host of related arguments fall under this umbrella. For instance, some people assert that volunteering should be encouraged because it offers volunteers a chance to feel pride in contributing to the common good, motivated solely by their values—surely a positive thing.

Yet these justifications don't provide a reason for volunteering that's intrinsic to the nature of EMS. If students think they might be interested in pursuing a career in medicine but wonder whether it's truly a good fit, it's of course helpful for them to be able to offer free labor on board an ambulance, but it's by no means necessary. They could volunteer at a local hospital, or shadow physicians on their rounds.

Similarly, people who wish to reap the personal benefits of volunteering can seek out any number of other volunteer

opportunities. Why volunteer for EMS as opposed to a soup kitchen? Or the telephone company? Both provide valuable public goods that one could feel good about delivering.

The individual justification isn't wrong. It's simply limited. Most notably, except in cases when EMS as an institution is inextricable from the individual good sought—for instance, when volunteering helps young people decide whether they would like to pursue a career specifically in ambulance work—the justification wouldn't carry much weight in a world of unlimited resources.

Should an ambulance service go through the trouble of recruiting, retaining, and managing volunteers simply so that a small group of individuals can advance careers outside of EMS or fulfill their personal sense of ethics—which they also could do in any number of other ways? Armed only with the individual justification, leaders of EMS organizations balancing the costs and benefits of volunteers would surely opt for institutional efficiency: staffing ambulances solely with full-time professionals.

Finally, there's a third type of justification, one that's neither institutional nor individual. Instead, it is social. It justifies the use of volunteers within EMS because they advance the common good by fostering public health.

At first glance, this common-good-as-public-health justification might seem the most unassailable of the three. Surely any practice that advances the public health should be encouraged! But to see why this argument for EMS volunteerism would likewise fall in our what-if world, we can ask ourselves a question: What public health goods do EMS volunteers advance distinct from those which EMS can supply without them?

Obviously, EMS provides enormous benefits to individuals and society. But to argue that the use of volunteers in EMS should be supported because volunteers advance the individual and collective interests that EMS can meet without volunteers is essentially to raise the institutional justification: volunteering is good because EMS is good and volunteers can effectively help EMS fulfill its mission.

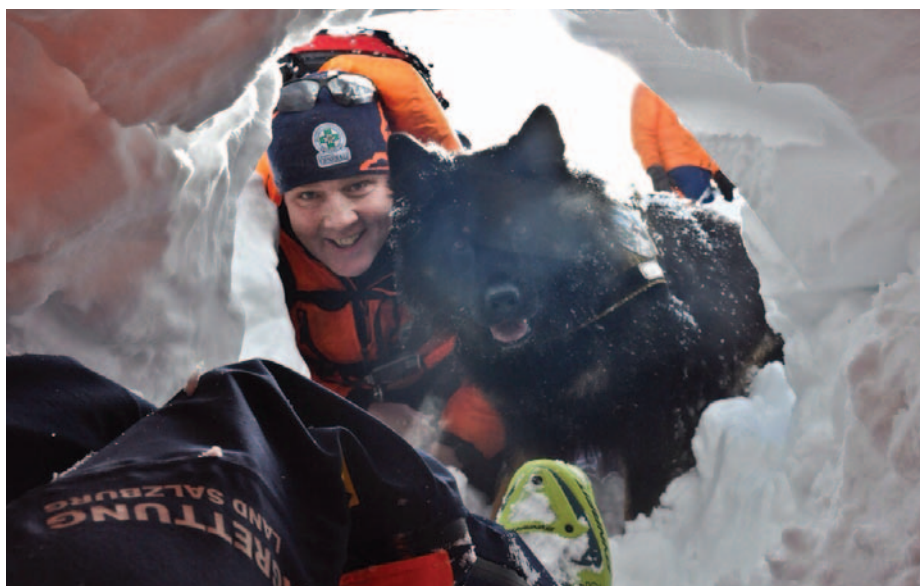
This is true, and it's a worthy view, but it wouldn't get us far in our thought experiment.

There is, however, a variation on the social justification that fares much better: the civic justification.

The civic justification argues that EMS volunteerism benefits the common good defined as the political life of a community—using the broadest sense of the term political. In making this argument, this justification posits that the public benefits of EMS volunteerism are at once (1) separate from the primary goods provided by the ambulance service, because they can be provided best, or perhaps only, through the use of volunteers; and (2) unique to EMS, or nearly unique, because they are intimately connected to the character of emergency medical services as a social practice.

Put another way: the civic justification suggests that volunteers in EMS provide important public benefits that can't be provided by paid professionals, and that something about the nature of EMS makes it especially well suited to provide those goods.

What public benefit does EMS volunteerism advance, unique to EMS, other than the public health? In a



*An SDMA rescue dog helps volunteers in the search for a patient*



phrase: it contributes in unique ways to the culture of democratic solidarity.

To appreciate why, we need to add another term into our discussion: civil society.

Civil society consists of those myriad social institutions that are distinct from government, the family, and the marketplace. Religious organizations, sports clubs, social reform movements, political advocacy groups—these institutions lie at the heart of liberal democratic life. They are sometimes said to “mediate” between the family, an institution devoted to highly particular interests, and the state, which is devoted to the universal interests of the public as a whole.

Healthy democratic societies are like a vegetable soup chock-full of such institutions—they come in every flavor. Yet their magic lies in how, in their very diversity of interests, they contribute to social cohesion. They do so by creating ties of affection between their members as they pursue common ends, while also encouraging them to understand their activities in broad community terms.

Indeed, historians and sociologists tell us, civil society institutions also ultimately tend to foster a common *national* identity—an essential value for democratic societies seeking to accomplish collective goals.

EMS volunteer groups are civil society institutions in all the usual, classic respects. They are neither the family (families call EMS precisely when they are no longer capable of assisting one of their members), nor are they agents of the state. They lie midway along the continuum of particularity and universality. They bring people together in pursuit of common interests. They contribute to social solidarity in the same ways that most other civil society institutions do.

Yet volunteering for EMS is different from contributing labor to other civil society organizations, even ones dedicated to fully public-regarding ideals. There is something about EMS that makes the way it contributes to social solidarity unique and essential.



*Virginia Beach Volunteer Rescue Squad at the 2019 Veterans Day Parade*

What is it?

In my first article for this series, I described the siren of an ambulance as having both an instrumental value—to clear the road—and, less appreciated, a cultural value: it’s a signal that the most basic duty of the state is being fulfilled. Volunteers within EMS serve a related cultural signaling function.

Most importantly, when EMS volunteers are identified as volunteers, they signal to the people they serve that their community is characterized by a spirit of mutual interdependence and popular sovereignty. By appearing on scene, they announce that their patients live in a world in which people literally take care of each other, down to the core of their physical being, and in which residents are active participants in governing themselves.

In the language of contemporary social criticism, volunteers convey an empowering, even liberating vision of “bio-politics”—a way of organizing society that fosters independent, self-sufficient community self-care.

This cultural signaling can be undertaken best, and perhaps only, through the work of volunteers. The lack of financial compensation within volunteer EMS organizations differentiates them from both the

marketplace and the state. When volunteers offer their services for free and pledge to serve all patients no matter what their background or condition, they help define their community as bound by ties of underlying humanity rather than in terms of commerce or hierarchical power.

EMS is uniquely well-suited as a field to provide this cultural signal because of the nature of its core work: safeguarding individual life in emergency situations. EMS can be contrasted in this respect with the military, the police, and the fire service, all three of which are also central to a well-functioning society, involve significant personal sacrifice, and are closely associated with EMS by ties of friendship.

Unlike the military, for instance, EMS is devoted entirely to saving life, never to taking it. In addition, the military is directed outward, toward securing the territorial integrity of a country, rather than inward, as is EMS (when a country’s military force is directed inward, to quash a domestic insurrection, the foundations of the society are rocked).

EMS personnel also differ fundamentally from their brothers and sisters in the police force, even

## Focus on The Meaning of Voluntary EMS



*A United Hatzalah beach rescue*

while they may rely upon one another in the field. Most importantly, EMS is non-normative and non-coercive: we don't judge our patients, we don't carry guns, and we generally won't transport people against their will. When police respond to an emergency, someone is likely to face the consequences of having done something criminally wrong.

EMS most resembles the fire service, which is likewise devoted to non-normative, non-coercive, ameliorative activity. Yet there is a subtle but important difference between the two groups.

As a public service, fighting fires is justified in large part because one burning building poses a threat to other buildings around it. It wasn't long ago that a burning building could set an entire town ablaze.

The social justification for the ambulance service is much less communal. Patients receive treatment almost entirely because they are viewed as morally worthy of care in themselves. Nobody is concerned that unless a medic attends to Jim's basilar skull fracture it will spread to Janet. EMS is dedicated to saving individual life, in other words, without regard to whether a patient's chief complaint implicates the community at large.

These characteristics make volunteer ambulance services especially potent signals of civic solidarity. In providing

life-saving care to individuals simply as human beings, and in taking up the responsibility of doing so personally, they communicate the cultural ideals that make healthy democratic societies work. It's for this reason that they are worthy objects of community pride: they lie at the heart of what community means in the first place.

In turn, volunteer EMS programs suggest that as civil society institutions, they would be justified even in the financially flush times of our thought experiment. They would be justified not simply because they lower institutional costs, enable individuals to explore their careers and fulfill their ethical obligations, and foster public health—all of which are worthy goods—but also, at their core, because they are culturally irreplaceable and essential.

A final thought. Across the world today, liberal democratic societies are being driven by an anti-elite politics that collectively goes under the name of populism. These politics take different forms in different places, and readers of this magazine will naturally have many contrasting views about populist political movements and the individuals who lead them, both for and against. But there is one aspect of all such movements upon which everyone can agree: They are driven by a feeling and a rhetoric of existential threat.

In advanced industrial democracies, most notably, a significant portion of the electorate has come to understand

that it has been politically abandoned. Its members fear that, in an underlying, implicit, often unspoken way, they are dying, or at the risk of it, both as individuals and communities, and they resent that the establishment has turned its back on them.

What we have witnessed on the world stage in recent years are the political consequences of a massive breakdown of social solidarity. The causes need not concern us here—they are well outside the scope of EMS. But the remedies should, because at least one of them does lie within our scope.



*United Hatzalah fleet of Ambucycles*

Whenever an ambulance shows up at a door—especially when the man or woman stepping from the vehicle provides their services for free—it announces that society has yet to fracture into a million little pieces under the pressures of market competition; that people are still motivated by love and community as much as by personal profit; and that strangers will give their time and risk their health and, in the deployment of their skills, tell a suffering fellow citizen, in essence: “You are not forgotten. We will take care of you. Your community is here.”



## Focus on The Meaning of Voluntary EMS

This is not to say that EMS should add the repair of social bonds in a fractured world to its mission.

It is to say that it is something we do already, both as volunteers and as full-time professionals, and that it therefore would be worth our time to think about this aspect of our work more carefully and systematically than we already do. Doing so might help us inform our practice and support our advocacy.



The four interviews accompanying this essay are meant to contribute to this conversation. They ask questions of EMS representatives in four countries with different volunteer traditions, providing a spectrum of opinion and experience—and food for thought.

In a forthcoming article for this series, I will consider a subject intimately

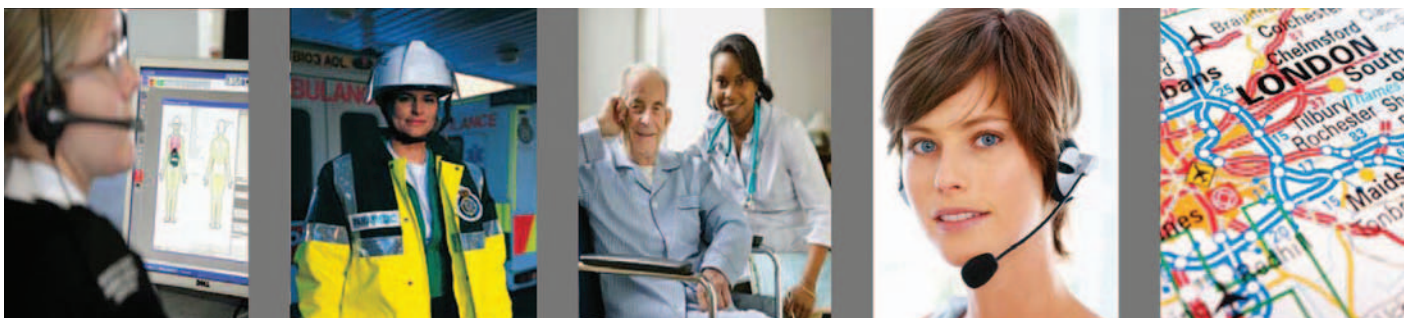
related to this one: the cultural status of EMS and its representation in popular media. If you have thoughts about the issue, I hope you will reach out to me via email or social media.

**Mark S. Weiner, J.D., Ph.D., EMT-B,** volunteers for the Seymour Ambulance Association in Connecticut, USA. He is the author of *The Rule of the Clan: What an Ancient Form of Social Organization Reveals about the Future of Individual Freedom* (Farrar, Straus and Giroux, 2013), winner of the Grawemeyer Award for Ideas Improving World Order.

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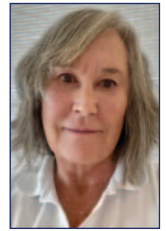
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# Community Calling

## An Interview with Capt. Dale Drescher of the Virginia Beach Volunteer Rescue Squad



*A retired school teacher, Dale Drescher is Captain of Administration and member of the Executive Committee of the Virginia Beach Volunteer Rescue Squad in Virginia Beach, Virginia, USA. She has been a member of the City of Virginia Beach Emergency Medical Services, and VBVRS, since May 2013.*

**MARK WEINER:** Are there reasons for community EMS organizations to be based on volunteers, or to have a significant volunteer component, other than the cost savings they provide?

**DALE DRESCHER:** It's a matter of community pride. We have a saying that we actually print on the side of my squad's ambulances: "neighbors serving neighbors." There's been a general buy-in here to the idea that community health involves being a part of something larger than yourself. We want to show that we are a community willing to give time and energy to something that we feel is important for the health of our city.

Also, Virginia Beach is a very large resort area. We get about 2.8 million visitors a year, particularly in the summertime. They are often surprised and very pleased when we have to treat and transport to find that they're not going to get a bill. I've had occasions when a person has said to me, "you all helped my family the first time we ever

came on vacation three years ago—and we like it here in part because of that feeling." We hope that the spirit of VBVRS actually draws visitors to our area.

We give people an opportunity to put a foot in the medical field as they look toward some kind of medical career. The way we structure volunteering, it's 48 hours a month required duty time. If we were a paid service they likely wouldn't be able to gain that kind of experience.

**M.W:** Is it important to you that residents appreciate you're a volunteer organization? How do you promote that understanding?

**D.D:** It is very important to us. We want the community to know. But it's also a bit of an uphill battle for us. In general, people associate first responders with fire and police and those are traditionally paid services. If we have a patient in our ambulance and they're in a comfortable situation and want to talk, we always tell them that this is a free treatment transport, that we're volunteers and we do not charge for service. It's word of mouth.

We always participate in any PSA opportunity, particularly during EMS week; local radio stations and the TV stations will offer us the ability to come on and talk about what we do. We have a rescue foundation for all 10 squads whose mandate is promoting volunteerism. The rescue foundation does a lot of recruitment. Its website is [vbrescuefoundation.org](http://vbrescuefoundation.org).

**M.W:** What kind of people volunteer for the service? Do they tend to have a similar background, or are they from different walks of life?

**D.D:** It's very interesting. It's sort of across the board. There's a large

portion of the demographic that is young, and that makes sense when you think that they are starting out and they are looking to the future and thinking, is a medical career something that I'm interested in? We allow people to begin serving with us at age 18, so we have a good portion of people who are in college and we work with those people to allow them to remain active volunteers if they're at a school outside of our 35-mile range. We really work hard to keep that demographic part of us.

We have a lot of people who volunteer in their 30s, 40s, and 50s. They want to do something outside the home and the family—people who work full time and still manage to volunteer on the weekends.

And then we have a very large military contingent, because of the naval and joint forces bases located in our area. I had someone recently join our squad and she came from a base in San Diego. She said she chose this area as her next duty station because we were a volunteer-based organization. She looked all over the country to find that.

And finally, we have people in the 50-plus range who are looking toward retirement. They want to start thinking of something beyond the working years.

We also have a small portion of people who change careers in midstream. I have someone in my squad right now, who is an orthopedic surgeon; he retired and became an EMT. I have someone else who is an attorney by trade but has decided to go back to medical school.

**M.W:** Do you have any volunteers who come from a family tradition of EMS volunteerism?

**D.D:** Many of them. All ten squads have families with multi-generational



Advanced Life Support vehicle





## Focus on The Meaning of Voluntary EMS

members. It is common in my squad because the volunteer system in our city started down near the ocean front area and that's where we're located. I very frequently have college students come to volunteer and say, "Oh, my mom and dad both worked here." We also have couples that met and married there. I can think of at least three who are active now. They became volunteers and they met at the squad. One couple consists of the husband, who is in the military, while she's a stay-at-home mom. When they hand off the baby, one comes off duty and the other one goes on—and the baby is in the carrier!

**M.W:** Do you have any challenges with recruitment and retention, and how do you address them?

**D.D:** Traditionally I think the city has seen sort of ups and downs in recruitment and they seem to follow the pattern of employment. If there's a period of really full employment in the country, our recruitment tends to go down a little bit. If we have a period of time where there are people who can't find jobs, then they look to volunteer opportunities. But in the last five or six years, we have had really large classes in our EMS Academy.

The city has a wonderful program which makes it easier for us to recruit: they pay for the schooling in our academy. You get all of your training for free. Textbooks, lecture time, operational scenario training, practical exams, all of that comes through the class. When a student passes the class, the Academy is certified to administer the Virginia practical exam, which the

student does not pay for; and EMS pays for the student to take the NREMT exam. Everything in your training is taken care of financially—and in return you sign a contract to give the city of Virginia Beach one year of service. The cost for the city is about \$3000.

The city has a wonderful yearly awards program. Each year we have a call-of-the-year award. And we have many scholarship opportunities. If you come on board and you're interested in taking the science classes you need to be able to apply to PA school or become a paramedic, then you can apply for a scholarship.

**M.W:** What's the public perception of EMS and EMTs in Virginia?

**D.D:** When we have people who come and settle here they generally expect that whoever is an EMT is part of the fire service. That's common across the country and they are taken aback at times that we have an absolutely separate, standalone EMS system in the city of Virginia Beach. If we have an EMS call and we have both a fire crew and an EMS crew and we're all in different uniforms, there's a little bit of confusion as to why we're all there and looking a little different from one another. But once they realize that fire does an initial assessment if on scene first, and then EMS takes over, they don't seem to feel that there's anything negative attached to that separation. In general, it's been my experience that the people that I treat in transport feel that the EMTs are knowledgeable. They seem to trust us. We seldom get any really negative response.



*Drescher and partner Roy White at Station 14*

**M.W:** What about the social status of EMTs? Is it high?

**D.D:** Probably down a step below fire and police because people are more familiar with them. People know police, they see them as heroic in certain circumstances, and I think they certainly do with fire. With EMS, I don't think they have the visual. We don't carry guns, and we're not running into burning buildings. In terms of public perception, maybe we're viewed as maybe a step down in terms of heroism.

**Founded by attorney Peter J. Holland III in on May 1st 1952 the Virginia Beach Rescue Squad serves roughly 1,000 volunteers serve 440,000 residents (plus tourists) as part of the City of Virginia Beach EMS Department, offering patients a completely free emergency service.**

**Acknowledging the voluntary aspects of this vital EMS service to the city, the Virginia Beach Rescue Squad Foundation was created in 1982 by Bernard M. Stanton, in order to give financial support to what are now the 10 rescue squads that make up the City of Virginia Beach EMS Department across the city's 225 square miles, each squad being a non-profit organization in its own right, relying entirely upon fundraising (and also saving the US taxpayer around 22 million USD per year).**

**To make a donation to the Virginia Beach Rescue Squad Foundation and support the ne work these people do visit <https://vbrescuefoundation.org/donate/>**

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*Two Virginia Beach Rescue crews standing strong*



# High Prestige: Volunteers in the Mountaintops

## An Interview with Dr. Joachim Schiefer



*Dr.med. Joachim Schiefer, MSc., is a specialist in trauma and orthopedic surgery and sports medicine with Praxisgesund in Tamsweg, Austria. He is senior physician and head of medical training for the mountain rescue service in the region of Salzburg.*

**MARK WEINER:** What role do volunteers play in the Austrian mountain rescue service? About how what percentage of the ground-level personnel are volunteers? Do those volunteers have training in wilderness emergency medicine?

**JOACHIM SCHIEFER:** The Austrian mountain rescue is nearly 100% voluntary, there are only some administration workers in the offices who are paid. In Salzburg for example, there are 3 persons for the main office in Salzburg and 1415 volunteers in 44 local organizations. All volunteers get a free training in all aspects of wilderness rescue. That starts after a trial year with a three-day medicine course, followed by a weeklong winter course, and weeklong summer course, and ends with a glacier course. All courses have medical parts with theory and practice, for example in the winter course we teach avalanche rescue and hypothermia in theory and praxis. After four years of learning and passing all exams you get a *Bergretter*.

**M.W:** Is there a role for volunteers in the Austrian urban ambulance corps?

**J.S:** There is a clear role for both terrestrial mountain rescue and urban rescue. Some volunteers do both and therefore are double educated. Some also work in hospitals and do rescuing in their free time. The helicopter services are separate and also are staffed with people from the *Bergrettung*. If you work for them you get paid and also get paid for course lessons.

**M.W:** What type of person joins the mountain rescue service? Are volunteers drawn from the communities in which they live? How do you recruit and retain them?

**J.S:** Usually they come from the communities they live, so it is possible to fulfill their commitments in the region they know well. Normally they are young mountaineers when they start the work in the rescue. There is a strong fellowship in the organizations and lots of climbing and ski mountaineering is done together. The recruitment is organized by the local organization and if the new members do well in the trial year they start with the courses.

**M.W:** Are Austrians generally, and patients in particular, aware that

the service is significantly based on volunteers? How do you promote awareness that it is?

**J.S:** The Austrians know that this is based on volunteers and lots of companies support mountain rescue, so the volunteers can leave their working place for rescuing or get free holidays for courses and teaching, especially military or police. There are also some efforts by the Austrian government to get volunteers one week's extra vacation or an early old age pension.

**M.W:** How important is the mountain rescue service to the civic life of the community? Does it host events to which the public are invited? And does being a mountain rescue volunteer confer community respect and what one might call "social capital"?

**J.S:** Absolutely, a lot of events are hosted by the mountain rescue, for example training for the local community, or work in avalanche commissions. The communities have an obligation to the organization to give them space for their vehicles and a social room for their meetings.

**M.W:** Since 2009 the television show "*Bergretter*" has been a popular television series. Could you reflect on the importance of the show or on other representations of the mountain rescue service in popular culture?

**J.S:** As mountaineering gets more popular every year people also get more interested, especially in the rescuing part. Austria is a mountain region and all kinds of sports are done there. Being a *Bergretter* is a great honor and lots of people are interested in their exciting work.

**M.W:** Are there reasons for the mountain rescue service to substantially involve volunteers in addition to cost savings?



Manouevring the patient uphill





## Focus on The Meaning of Voluntary EMS

**J.S:** Yes, a lot of money is saved for the Austrian state. Mountain rescue is traditionally a non-profit organization, it always was voluntary. With the money paid for the rescues and also the sponsoring of companies and national and local communities we can offer teaching on a high level and acquire all the equipment for the local organizations. It would be much more



SDMA cliff face extraction

expensive for the whole of Austria if everyone would be paid. Being a member of mountain rescue is of high prestige in my country. Mountain equipment is cheaper for us if we buy it; we receive preference in job applications; etc.

**M.W:** What role does the mountain rescue service play in providing local communities a sense of self-governance?

**J.S:** The mountain rescue is guided by the central organization of the districts (for example Salzburg or Innsbruck); administration and education is organized there and equal for all. This guarantees the same standards for the whole country. There are meetings in Salzburg where everyone comes together to discuss and renew. Every voice is important. For the local community, it is very important to have their own rescue service. Mountainous Austria has a lot of remote areas, so

there are lots of local specialties. As I noted before, for a little town in the mountains it brings prestige to have its own mountain rescue service.

The Austrian Mountain Rescue Services (SDMA) employ 12,500 rescuers all of whom are volunteers. Whilst Federal Law in Austria dictates that costs must be paid by the person who was rescued, SDMA have somehow managed to work out an insurance policy of just €28 per year for global coverage in mountain rescue which also covers all family members, life partners and children under 18 living in one household. This covers patients for up to €25,000 with a one week rescue operation easily costing around €20,000. At the time of writing, in 2019 SDMA has saved 641 people and undertaken 703 rescue operations.

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# Voluntarily Independent

## An Interview with Magnus Hagiwara, Ph.D.



*Magnus Andersson Hagiwara, Ph.D., is Associate Professor at PreHospen, the Center for Prehospital Research, in the Department of Caring Science, Work Life and Social Welfare at the University of Borås, Sweden.*

**MARK WEINER:** What role do volunteers hold within Swedish EMS? Are there any volunteers within either the fire or ambulance services?

**MAGNUS ANDERSSON HAGIWARA:** In EMS there are no volunteers in Sweden. When it comes to fire department the question is trickier. There are three levels of fire personnel: 1) fire fighters working full time. They live at the fire station during work; 2) part-time fire fighters who have other ordinary work but are on call one week at time. They need to be at the fire station within five minutes after the call. They have the same responsibilities as the full-time fire fighters; and 3) standby firefighters. These fire fighters have an emergency alert at home and it is voluntarily for them to respond to a call or not. They are paid only when they respond to a call. I suppose you can call the last category volunteers.

**M.W:** Turning specifically to the ambulance service, how many years of training are required of personnel before they ride in an ambulance? Could you describe what it takes to become a Swedish EMT?

**M.A.H:** In the past, ambulance care was executed by EMTs with a short education in prehospital care (20–40 weeks), but since 2005 all ambulances are staffed by at least one Registered Nurse (RN) with medical responsibility, in accordance with Swedish law. EMTs need have a three-year high school education and then a 40-week EMT education.

RNs have three years' additional education leading to a bachelor's degree. A specialist nurse in prehospital emergency care has one year of additional training. An ambulance team in Sweden includes an EMT along with an RN, a prehospital emergency care nurse, or an RN with another specialist education such as anesthesia or intensive care. The RN independently administers around 30 different drugs according to written guidelines and general delegation. The proportion of RNs in Swedish prehospital care has been estimated at 68–78%. The proportion of RNs with specialist education varies widely between regions from 20 to 85%.



A Swedish EMS training exercise

**M.W:** Do ambulance services have a civic presence in their communities beyond their immediate role of responding to emergencies and treating patients?

**M.A.H:** Sadly no. I think that most of the EMS workers in Sweden want to have a greater civic presence. Today, it is the fire brigade which does this kind of work. They have CPR courses in the streets. They talk about risks at home

and so on. Many EMS workers feel that they are better prepared to do this. But the reason they don't is organizational. All ambulances in Sweden are hosted by a hospital and they are not willing to pay for this kind of activity. The fire brigades have a national organization (MSB) which sees this kind of activity as a part of the mission.



A Swedish ambulance nurse on standby

**M.W:** Could you describe the general cultural perception of Swedish ambulance personnel and EMS more generally? Do they tend to be seen more as heroes or as simply another class of professional doing a job?

**M.A.H:** I think that EMS workers in Sweden are not seen as heroes. They are just workers doing what they are paid for. Personnel in the fire brigade have a higher status and are more "heroes." The reason is that they have taken that role and have been successful in promoting their important role in society. Fire brigade have a government agency (MSB) which controls their operations, while EMS is controlled by their respective area hospitals.



**M.W:** Sweden has long been renowned for the great deference that people give to elite experts—it's the land of social engineering, after all. How might you describe the lack of a volunteer tradition in the medical field (as opposed to, for instance, local sports clubs, in which Swedes are avid volunteers) as an outgrowth of this aspect of modern Swedish society? Do you think this is positive or negative?

**M.A.H:** Sweden is a country with a high social protection network where we pay high taxes for health care, school and other social services to function. I think we have for a long time become accustomed to the state taking care of this for us. Another reason may be that we have not been at war for the last 150 years. For example, if you compare with Finland who was severely affected during World War II, the Finnish people have a completely different approach to civil defense.



*Weiner speaking with a Swedish ambulance nurse*

In the summer of 2018, we had severe forest fires in Sweden. Then people realized that the state may not be so reliable after all. After that summer, there has been a big increase for various volunteer groups who can move out and help in crises. I myself was

extinguishing fires in northern Sweden then and was impressed with how civil society took over when the state failed.

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# United in Benevolence



*An Interview with Eli Beer, Founder & President of United Hatzalah of Israel*

**MARK WEINER:** What sort of person volunteers with United Hatzalah—do your volunteers share a common social background or professional profile? In the United States, for instance, many EMS volunteers come from families who have generations of volunteer EMS service.

**ELI BEER:** The amazing thing about United Hatzalah (U.H) is that everyone volunteers with us. We have volunteers from all segments of Israeli society, Jewish, Muslim, Christian, Druze, Bedouin etc. The volunteers are doctors, nurses, bankers, lawyers, truck drivers, garbage workers, people who work in city hall; we have a Mayor, Deputy mayor, an MK, a sandwich store owner, a spice maker etc... We do have some families with many of their members volunteering—I think the most is 6 volunteers from one family. But, in truth, all of the volunteers throughout the country feel a kinship with one another. When they meet in any setting, professional or social, they feel an immediate sense of family even if they have never met one another before. The unity of mission really surpasses all other dividing lines. It overrides politics, religion and even nationality. The goal brings us all together.

**M.W:** Of course, using volunteers reduces the cost of service but does the volunteer character of U.H provide other goods that can't be so easily quantified? For instance, are there distinctive medical benefits that a volunteer service might be able to provide better than a fully professionalized service?

**E.B:** Yes, in the field of EMS it is greatly beneficial to have volunteers in addition to paid personnel. The volunteers add so much with their spirit. The extra passion and motivation which they bring to the profession helps motivate the paid staffers as well.

In Israel, we have incredible EMS personnel who work in the field for a living but if it wasn't for volunteers rushing out to emergencies and supporting their efforts, their own motivation would be much lower. We all know that the paychecks for EMS work aren't that lucrative but having volunteers around who support the work of the paid staff is crucial for raising the level of motivation across the board. When I see services that don't have a volunteer component, there is a much larger danger of paid first responders getting worn out,

especially as the salaries are as low as they are.

In terms of benefits in a medical sense, the fact that we have people coming from other fields and joining the EMS profession as a volunteer means that they have a high level of drive and desire to help. They bring a wealth of knowledge and experience from their own field to emergency medicine and that knowledge juxtaposing with the knowledge of emergency medicine leads to a lot of innovation in the operational sphere, both on the macro and micro-level.

We've had two major projects emanate from this type of hybrid innovation. The first began with an EMT who is a therapist. She noticed that the people witnessing a medical emergency often suffer from shock and emotional stress and need treatment in addition to the patient who suffered the emergency. She created a specialized unit of therapists, psychologists, and psychiatrists who are tasked with responding in the field to medical emergencies where someone is suffering a severe emotional or psychological stress reaction. This early intervention has been shown to prevent the onset of ASR, ASD and hopefully prevents PTSD from developing. This unit is called the Psychotrauma and Crisis Response Unit and is a unique innovation of our organization.

Another project which came from responder innovation in the field is our Ten Kavod (Giving Honor) project, where trained EMTs visit elderly people who live alone once a week. The Ten Kavod project aims to prevent older people who live alone from feeling abandoned by society and passing away without anyone noticing. Having a trained EMT visit them once a week provides a much-needed social outlet as well as monitoring their medical status on a regular basis. The program is run



*Members of the Psychotrauma and Crisis Response Unit in Jerusalem*



in partnership with social services on a city-wide or community-based level.

**M.W:** How about benefits for the individual volunteers? Does volunteering with U.H increase the civic standing of volunteers within their communities?

**E.B:** United Hatzalah cares very deeply for its volunteers. An integral part of our organization is making sure the volunteers feel connected to each other and to the organization. We do this by dividing the country into 75 regional chapters based on geography and make-up of each area. These chapters are responsible for holding social and educational meetups for the volunteers every six weeks, and twice a year they must have an event geared towards the families of the volunteers. Each volunteer receives annual gifts for their families, providing the families of the volunteers with a sense of connectedness to the organization. Without the family supporting the volunteer's work, the volunteer would not be able to drop everything at a moment's notice and rush out to save lives. Additionally, the Psychotrauma and Crisis Response Unit contact each of the volunteers after a medical emergency that is considered to be traumatic for the responders. The unit is tasked with checking in with the volunteer and ascertaining that they are okay from a mental health perspective following the incident.

With regards to the community itself, our volunteers are respected by their community and people look to them when they have emergencies. This doesn't necessarily give them a higher standing in the community but it helps the community as a whole become more resilient by knowing that, when there is an emergency, there is a person in the community whom they can turn to for help.

**M.W:** So, there are quite a few ways in which you believe a community benefits from having EMS provided by volunteers. Do you think that the decentralized organizational structure of United Hatzalah contributes to these benefits?

**E.B:** Yes. The fact that the organization is run by volunteers who come from the community means they are in touch

with the needs of that community and are more concerned with patient care than a government service whose primary concern is paying the bills and thereby strongly recommends ambulance transport for any and all incidents. Such a system not only overloads the hospital ERs but doesn't always have patient care as its top priority. When EMS is a business and dependent on the bottom line of financial solvency in order to function, patient care can sometimes take a backseat to the need to transport a patient. When service is always free of charge to the patient, nothing takes away from the high level of patient care offered by the provider. As everything in United Hatzalah is provided to the patient free of charge and done by a volunteer, the patient's well-being is the sole motive for treatment.

**M.W:** Is there a distinctively Jewish ethical justification for EMS volunteerism? United Hatzalah provides services to all people, regardless of their religion, and its volunteers come from diverse religious backgrounds. But is there a way of thinking about volunteering as an EMT from the perspective of the Jewish tradition?

**E.B:** I think that there is a Jewish ethos of volunteering to help others in less fortunate situations across the board. Israel, as well as Jewish communities in the diaspora, has a plethora of volunteer organizations that deal with almost every aspect of life. From free loan societies to helping with automotive troubles on the road, to EMS, to a volunteer police force—the Jewish people have always placed high importance on helping others, especially members of their own community. There are plenty of references to this in the Bible, as well as Rabbinic literature, but I believe that the main reason for this is our unique history. We were a people apart who were, for 2,000 years, strangers in other lands. We needed to help each other in order to survive and there has always been an understanding that no one from our community can make it on their own, so we need to band together to make it together. I believe that this ideology has translated into a national and individual subconscious need to help others. Our forefather Abraham was known for his acts of loving



*The Jaffe family rescuers. EMT, Psychotrauma Therapist and Psychotrauma therapeutic K-9*

kindness. His examples are told to all of our children throughout the ages as actions to exemplify.

**M.W:** Finally, Eli, is there something that other nations can learn from the historical experience of Israel about the social and cultural importance of emergency medical volunteerism or public emergency medical training?

**E.B:** I think that our message has resonated across the globe. When I spoke at the Ted Med event in 2013 I was asked by people from countries all over the world to come and explain our model so that they could copy it. We have been working with other cities in many places to develop a model of our volunteer network in a way that works for them; usually in a style that is non-threatening to existing response systems and working with, rather than against, the current system. Currently, we have active chapters in five other countries and we are always looking to expand into other cities and other countries to help save as many lives as possible. It is my dream that no one should ever die because they were waiting for help to arrive.

To give your feedback or ask questions about this article, please join our dedicated WhatsApp group via:  
<http://bit.ly/AMBTOWESTASIA>

This group is dedicated to EMS in Western Asia and will feature regular news updates from Magon David Adom, United Hatzalah, and the Palestine Red Crescent Society.

# Volunteers: The Mainstay of Rural New Zealand Emergency Ambulance Response



*By Ngaire Jones, Communications Advisor, St John New Zealand*

New Zealand is a country of varied and diverse terrain and population. While over 85% of its 4.8 million people live in urban areas, the remaining 15% live in the diverse rural and remote parts of New Zealand, many of which simply do not have the population to justify a fully paid, full time ambulance service.

St John New Zealand provides emergency ambulance services in 97% of the country's geographical regions (*emergency ambulance services in Wellington and the Wairarapa are provided by Wellington Free Ambulance*) and works to ensure there is equity in emergency health care for everyone, regardless of where they live. One way they do this is to help build resilient communities with 3,128 frontline volunteers providing emergency medical response in their local community. New Zealand ranks among the top three countries in the world for volunteering and, for most rural and remote areas, volunteers are the mainstay of the emergency ambulance service.

The ethos of volunteering runs throughout the organisation, with many staff with support, management



*The Te Kaha volunteers and the beautiful community they serve. Jarrod Paget-Knebel, first on the left*

or administration roles giving up much of their free time to volunteer as ambulance officers on the road. Megan Wiltshire, St John Director of Communications and Engagement came to work for St John because she wanted to make a difference in people's lives, but when she started she realised how much more of a difference she could

make by also volunteering. Megan says volunteering has also helped in her paid role. "You get a unique perspective of an organisation when you volunteer in it, you see it from another viewpoint which you can put to good use in decision making."

The role of St John volunteers has changed over the years and continues to do so. St John is a charity, needing to fundraise nearly 30% of operating costs, and when St John CEO Peter Bradley returned to New Zealand from the U.K's London Ambulance Service in 2012, many ambulances (both paid and volunteer) were single crewed. He made it a priority to work to ensure all transporting ambulances were double crewed, and in May of 2017 the government announced additional funding to St John over four years to end single crewing. He says that by the end of 2020, an additional 430



*Launch event for new First Responder Units FRUs*



frontline jobs will have been recruited. “Ending single crewing is one of the most significant developments in New Zealand ambulance service history.”

Part of St John’s approach to delivering ambulance services involves volunteer crews with clinical training ranging from first responder to emergency medical technician (EMT), responding in their local area while a fully crewed transporting ambulance or helicopter is on the way. To support this, a fleet of new Volkswagen First Response Units are being rolled out throughout rural and remote areas. The fit-for-purpose vehicles are smaller and nimbler than a traditional ambulance, ideal for New Zealand’s narrow roads and difficult terrains. The vehicles are crewed by volunteers who are able to quickly locate and assess patients, and to either transport them locally or to meet a helicopter or transporting ambulance. As St John relies on donations for new vehicles, the total cost has been met by fundraising.

This approach means that St John volunteers have shorter job cycle times as they are not transporting patients long distances to urban hospitals, giving them greater flexibility and being available to respond to emergencies more often. One such area is Te-Whanāu-ā-Apanui, which is sprawled out over 100kms along the East Coast of the North Island, and over two hour’s drive to the closest hospital. Jarrod Paget-Knebel volunteers as a first responder in Te Kaha, a small town of approximately 400 people located within the Te-Whanāu-ā-Apanui region, giving back to his community to help maintain the health and wellbeing of everyone living there. When he first started volunteering for St John, Jarrod worked as a support worker for the elderly, but still found time to volunteer his time and enhance his clinical knowledge. He says those in small communities are always willing to help one another, and having the proper training and qualifications to do so ensures better outcomes for those in need. “Though many may see callouts as just numbers, we see them as members of our community calling out for help and we are the ones who volunteer to help them.”



*St John New Zealand’s First Responder Units (FRUs)*

Most volunteers in rural and remote areas respond to isolated areas, and Jarrod sees this as a puzzle, as not only do you have to recognise the patient’s signs and symptoms, diagnose and treat them, you first have to locate and then extricate them. “I find it stimulating and thought provoking. I provide a service that my community deserves while spending time outside and, to me, it is extremely satisfying.” Living in a small community can present challenges however, as those responding are likely to know or have a connection with their patients and it can sometimes be distressing to see someone you know in need of help. Jarrod says that the training and experience allows him to manage those emotions and provide the patient the best care possible, and they have a great support network with their colleagues and families.

However, this approach does present some challenges to St John. Previously volunteers worked alongside paid staff, allowing them a pathway to progress a career as an ambulance officer. Keeping volunteers in their own community allows St John to provide emergency care quicker to these rural and remote areas, but it also means it can be more difficult to advance their clinical skill level. In areas with full time staff that would often have been single crewed, a paid emergency medical assistant (EMA) responds with a paramedic or EMT. Many of these roles have been

filled by those who were previously volunteers, and Jarrod is now trained and employed by St John as a casual EMA, working alongside and with the support of an EMT or paramedic. This allows a vocational pathway to increase clinical skill and progress his career. As an EMA, he is able to work on busier paid stations and bring new skills back to the community when volunteering, something he continues to do even though he is now a paid ambulance officer.

New Zealand legislation stipulates maximum work hours, whether in paid employment or as a volunteer, and volunteers are not able to donate as many hours as they may previously have been able to do, but Jarrod understands the need to rest and reset to avoid burnout. St John continues to bring on new volunteers, and in the last 12 months the Te Kaha station has recruited 15 locals, with more officers currently in training. Although St John is working towards increased government funding, volunteers will always be a very important part of the ambulance response in this diverse and beautiful part of the world.

*Photos courtesy of Jazmin Paget-Knebel*

**To give feedback, gain more information or join further discussion about the content of this interview join our dedicated WhatsApp group: [bit.ly/EMS4Democracy](https://bit.ly/EMS4Democracy)**

# St John Ambulance: Sharing the Load

***Much of what we do at St John Ambulance is about providing extra people and resources where they are needed most, to help reduce the burden on the NHS and emergency services***



*By Richard Lee QAM, Chief Operating Officer, St John Ambulance.*

Richard joined the NHS ambulance service in 1993 after serving with the Royal Air Force Medical Services. He was appointed into the newly created Chief Operating Officer role at St John in November 2018.

St John Ambulance has been there for communities for more than 140 years, but while our history may be long, the organisation is anything but old. We have adapted, evolved and modernised over time and our wide-ranging support for the NHS arguably makes St John more relevant today than we've ever been.

Most ambulance personnel will be familiar with our event cover teams, in fact many current ambulance staff are or have been St John members. We are all used to seeing St John people in their unmistakable green and black uniforms—and often working alongside us—at events nationwide. We provide cover for events big and small—everything from local community focused events like fireworks to



2018 Bariatric. Tony Holden, Zafar Khwaja, Louise Daley

Premiership football matches and state events such as Royal weddings to motocross, horse racing and music festivals.

At important national events such as Pride, Wimbledon and the London Marathon, our teams deliver first aid and healthcare professional support ensuring that the event impact on the local NHS is minimised.

To give you some idea of the scale of our events work, in 2018, we treated 104,000 people at more than 21,500 events. Three quarters of our work was delivered at community level and the care we provided at these events in response to minor injuries or illness meant that people could continue to enjoy their days out without needing further treatment. Our presence also ensured defibrillators and our people

were on hand to deal with immediate emergencies.

Our St John people provide first aid for a range of medical incidents and emergencies, treating patients for everything from cuts and grazes to a cardiac arrest. Our first aiders are supported by our volunteer healthcare professionals, doctors, nurses, paramedics and most recently physiotherapists and physician and nursing associates all playing their part in bringing additional capabilities to our operations.

All of us in urgent and emergency care can attest to the impact that the night-time economy has on the NHS at peak times, and that's another place where St John comes in. Our teams support the night-time economy in towns and cities across the country, ensuring people

## Biography:

**Richard Lee, QAM**

Chief Operating Officer St John Ambulance



Richard Lee joined St John Ambulance in November 2018 as Chief Operating Officer, bringing with him 25 years' experience gained in a number of clinical and operational roles within the NHS ambulance sector. Richard is an examiner for the Faculty of Pre-hospital care at the Royal College of Surgeons Edinburgh. As a registered paramedic, Richard maintains his clinical competency by volunteering for St John Ambulance in his spare time and can often be found out and about on events across the country. Richard can be found on Twitter at @stjacoo



having fun on a night out can also get home safe and sound. Whether that's by treating and discharging those with minor injuries or who are unable to care for themselves, treating more serious cases or simply providing a safe space, contact with family and a safe way of getting home for someone feeling vulnerable.

And so, we're experienced in working closely alongside other agencies such as NHS Trusts and local councils, which means we are uniquely placed to understand and support the challenges facing our emergency services.

These kinds of temporary treatment units and triage centres provide treatment to patients with minor medical conditions and help reduce the impact on the local NHS and police across weekends, bank holidays and as we approach the festive season, as well as during big events like the World Cup finals. During the winter period 2018/19, we provided night-time economy support on 50 occasions.

***"In these moments that matter the immediate, professional care and treatment we provide both makes our town and city centres safer, nicer places and diverts minor injuries away from 999, Emergency Departments and walk-in centres and gives the most seriously ill patients an immediate response."***

To ensure that the care we give is comparable to that given by our NHS colleagues, we are currently working to design a series of 'care bundles' which will show the high quality of care that we provide for certain key conditions. Our cardiac arrest return of spontaneous circulation (ROSC) rates are currently around 65%, so we know we are performing well and saving lives when it really matters.

But it's important for us to dive deeper and compare the clinical outcomes we achieve with other healthcare providers, including the NHS, to further solidify our standing as a competent delivery partner.

While our event cover provides our most visible presence in the community, we also have a raft of 'hidden' local activities and initiatives which come under our Community Operations umbrella, to support our NHS colleagues.

The falls response telecare service that we provide on behalf of Wolverhampton Homes and Wolverhampton City Council, for example, supports around 7,000 vulnerable people or those with disabilities to remain safe and independent for longer, while reducing demand on 999 services for non-medical emergencies.

Telecare service uses a range of technologies to enable remote monitoring of risks within the home and help is dispatched should a sensor, alarm or detector raise an alert. If

help is required, St John Ambulance staff will respond to the call. They are specially trained to identify certain medical conditions and can also provide treatment for a range of minor injuries there and then—keeping people in their homes and hospital beds free for those who really need them.

***The falls response team respond to around 250 calls a month – of which around 5% require 999 ambulance or other NHS support. So, for the local NHS ambulance service, the falls team provides valuable relief from non-emergency call outs and ensures crews can focus on priority patients where the need is greatest.***

Making sure that we can play our part in freeing up NHS ambulance resources to help the sickest patients is one of our key objectives. By doing what we do best we can facilitate this and deliver the best care to patients but also the best experience to our thousands of St John people who give up their free time to undertake this work.

In addition to our fleet of ambulances and treatment centres, we have a number of adapted ambulance vehicles that help us to provide specialist transport services to Trusts, including neonatal and paediatric retrieval/transfer services as well as bariatric services.

These services are available 24/7, 365 days a year, giving the NHS unlimited access to specialist patient transport when required and leaving ambulance trust vehicles free for emergency 999 calls.

Demand for NHS ambulances and emergency service resources is not always constant or predictable, so it's essential that the NHS is able to 'scale up' its provision when required – for instance to meet the demands created by extreme winter weather conditions, large incidents, national emergencies or just surges in demand.



A pair of St John ambulances at the ready on standby



Ashton Gate Stadium, August 2018

In these situations, the NHS uses St John as its auxiliary ambulance service, delegating non-emergency or low priority calls while they tackle the major issues. We also provide specialist resource such as 4x4 ambulances and Cycle Responders. The recent launch of the National Emergencies Trust highlights the importance of partnership when responding to a domestic disaster and, as well as providing ambulances and crews, we

can also mobilise a community of volunteers at short notice—all first aid trained, geographically spread and willing to answer the call in an emergency.

For 140 years, from our roots in mining and railway communities and then through the world wars we have supported and served our communities by being embedded at their core and providing healthcare and treatment

that increases resilience and reduces an increasing pressure on our health service.

The effect of this work can be tangibly defined by the number of patients treated at events who require no further NHS assistance, or by the number of very sick children who are transferred to specialist hospitals in our dedicated vehicles, by the contribution to the safety of our night-time economies, but mostly by the excellent care provided by St John people.

St John is an organisation where many healthcare professionals took their first step into a career helping others and, in fact, where many other healthcare professionals like myself still volunteer. St John Ambulance stands shoulder to shoulder with all the emergency services, as a highly skilled community of like-minded people who can help take the strain and ensure the NHS has the resources it needs to treat everyone that needs it.



Motocross-Wakes, Colne

**St John  
Ambulance** 

For more information about St John Ambulance, visit:  
[sja.org.uk/sja/what-we-do1.aspx](http://sja.org.uk/sja/what-we-do1.aspx)



# Selfless Spirit: Why 6,000 Volunteers Joined Together to Create an EMS Revolution Which Dissolves All Differences



*By Raphael Poch, International Media Spokesperson, United Hatzalah*

There isn't a single collective reason why 6,000 people, each of whom has a job, a family, and a busy schedule, joined together to form Israel's largest all-volunteer EMS first response organization. Each and every one of the volunteers: men, women, Jews, Arabs, Christians, Bedouin, Druze and others each have their own reason for becoming an EMS volunteer with United Hatzalah. Some are doctors or nurses who were already in the field and wanted to help during their off-hours; some are truck drivers, store owners, High-Tech employees, or bankers. There is even a Member of Knesset who is a part of the organization and, like all of the other volunteers, he drops whatever he is doing to rush out and save lives whenever an emergency happens in his vicinity.

For some, the reason they joined United Hatzalah and became a volunteer is because a loved one of theirs died while waiting for an ambulance. For many others, a United Hatzalah volunteer was the first person at their door when they themselves or one of their family



*Anat Koren (Center) and members of UH's 'Team Dror' in Ra'anana (named after Anat's Son, Dror Koren)*

members needed help. Many of the Muslims in the organization joined after a law was passed that ambulances needed to wait for police escorts before entering into certain Muslim neighborhoods. This extra-added delay was the catalyst for many local

residents in these neighborhoods to become EMTs, paramedics and doctors themselves in order to respond to emergencies while the people in need waited for the ambulance or the police to arrive. As for the rest, they simply have a strong desire to help others.

Each volunteer has their own story, and that story has resulted in more lives being saved.

On average, United Hatzalah and its volunteers respond to more than 1,500 emergencies daily across the country. The national average response time of the volunteers is less than three minutes (in some major cities less than 90 seconds), which in most cases places the volunteers on the scene long before an ambulance can arrive.

United Hatzalah's strength is in its 6,000 selfless volunteers. EMT volunteers, who make up the vast majority of the organization, take a 180-hour training course followed by 100 training calls before they can become a fully-fledged first responder.



*(From left) Khaled Rishek, Daniel Katzenstein, Allegra Mascisch, Moshe Mizrachi*



*A crew of Muslim volunteers who are part of United Hatzalah's East Jerusalem team*

From that point forward, the volunteers are always on call. They take their rescue bags (which contain all of the basic lifesaving equipment found in an ambulance except for the bed, stretcher and stair chair), their phones, and mode of transportation everywhere they go so they can leave for an emergency at a moment's notice. The main criteria to become a United Hatzalah volunteer is to be willing to save anyone's life—anytime, anywhere.

The organization's spirit is one of giving. People give their time to help others; the people they help may be their neighbors, friends, family members, or even complete strangers. For the volunteers, the important element is being there when someone is in need. Following a very strong ethos of volunteerism that permeates the country, the organization's volunteers have made it their mission that no one should ever die waiting for help to arrive. They have collectively come together to form a lifesaving, orange-vested flashmob of first responders.

Possibly more wondrous than the existence of such an organization is what the organization created: an opportunity for volunteers to bridge the gaps between religions, cultures, and nationalities in order to create a community of selfless giving. This was an unprecedented outcome that the organization did not foresee but was also obviously welcomed as a positive outcome too. Through this, a sense of family that unites all of the volunteers

quickly began to develop. The sense of community and camaraderie that permeates the organization due to the shared common goal of lifesaving broke down walls and boundaries between the responders themselves. "We all feel like one big family," said President and Founder Eli Beer. "When any of our volunteers meet at a medical emergency, or at a social event, or even by happenstance, they automatically recognize each other based on the vest they wear or the emergency communication devices they all carry. Immediately they become kindred spirits, knowing that they share the same passion for lifesaving."

Beer continued, "Our Jewish volunteers invite their Muslim counterparts to their family celebrations and the same holds true in reverse. The simple idea of connecting over the common denominator of lifesaving,

something which everyone can agree upon regardless of faith or nationality, has broken down societal barriers that would have otherwise existed. It has built bridges between individual responders, communities and people who would have otherwise been complete strangers."

Rabbi Daniel Katzenstein, a United Hatzalah volunteer EMT from Jerusalem also spoke about the mutual respect found in the organization for the different people who comprise it. He stated, "From the religious perspective, saving a life is of such supreme importance that when you're saving someone else, or someone is saving you, it's so incredibly logical that all these external differences are absolutely irrelevant. What's special in United Hatzalah is that there's no expectation that a religious Jew needs to tone down his religiosity, there's no requirement that someone who's secular upgrades his religiosity. There's no objection to an Arab volunteer praying his way, or a Christian praying his way or someone not praying. We are united for saving lives, with respect to each other's identities."

Khaled Rishek, a Muslim volunteer who lives in east Jerusalem said: "At first there used to be patients in Jewish neighborhoods who were surprised to see me arrive on a United Hatzalah ambucycle because I'm an Arab. But they realized that I was there to help them and all of our differences went away. The essence of me giving my time to save the lives of others helped them see past the boundaries of religion and



*"We all feel like one big family". Group of volunteers banded together*



culture that they had grown up with and expanded their worldviews. I'm not the only one, there are a lot of Arab volunteers in the organization now and we are all there to help people, no matter who they are or where they are located."

Allegra Mascisch is one of the many women who volunteer in the organization as an EMT. She is also part of the organization's Psychotrauma and Crisis Response Unit, a specialized unit that is trained and equipped to deal with the mental and emotional injuries suffered by victims of sudden trauma resulting from medical emergencies. Those who are often found at the scene of traumatic incidents and who need emotional stabilization include the victims themselves, their family members, as well as the first responders who answer the call. The Psychotrauma and Crisis Response Unit treats all of them, and in a similar fashion to the EMS side of the organization, they treat everyone regardless of religion or culture. Many of the members of the Psychotrauma Unit are psychologists and therapists who leave their own practices to go treat someone at the scene of a traumatic incident when it occurs.

Among the many scenes that Mascisch has been called to assist at were two suicides, as well as an incident in which an elderly woman had died in her sleep.

Mascisch said "I think that United Hatzalah is a unifying force. When we were doing our training course, they basically said to us, 'You can be effective without having a common



*Daniel Katzenstein (white shirt) participating in a mass casualty training drill as a patient and instructor*

language, you can be effective without having a common culture, you can be effective without having the same religion. People are people and we, as helpers, have to adapt ourselves to the specific individual who needs our help. A person is a person, and the trauma that they're going through is the trauma they're going through. We all have the same emotions, we're all human beings.' I have never seen this expressed in a more concrete way than by volunteering with United Hatzalah."

United Hatzalah of Israel is the largest independent non-profit, fully volunteer Emergency Medical Service organization in Israel whose services are provided completely free of charge. The organization's service is available to all people regardless of race, religion, or national origin. United Hatzalah is comprised of more than 6,000 volunteers around the country,



*UH Volunteers, Batsheva Soussan, Nechama Loebel and Miriam Ballin. Nechama is Israel's first deaf EMT*

who are on call 24 hours a day, 7 days a week, 365 days a year. With the help of its unique GPS technology and iconic ambucycles, the organization has managed to cut down response times across the country to less than three minutes. The mission of the organization is to arrive at the scene of medical emergencies as soon as possible and provide the patient with the highest level of medical care until an ambulance can arrive at the scene.

To give your feedback or ask questions about this article, please join our dedicated WhatsApp group via:  
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*A Rainbow of volunteers*

# Magen David Adom: Saving lives Through Innovation in Technology and Organizational Structure



*By Uriel Goldberg, International Relations dept. and Training division*

**Uriel Goldberg of Magen David Adom's International Relations, PR, and Training department takes some time out to explain how cutting edge technology and software, when mixed with their voluntary EMS model, has yielded a truly massive benefit to patients when considering response times and survival rates.**

Though Magen David Adom (MDA) is one of Israel's oldest organizations, predating the nation itself, it continues to trailblaze and innovate new ways of saving lives. As Israel's only national emergency medical, disaster, ambulance and blood bank service that is mandated by Israeli law, MDA has made it possible to reach incidents within minutes—and sometimes seconds—through the development of some of the most advanced EMS technologies on the market, as well through its organizational structure of volunteers.

Take its 'MDA Teams' mobile application for example, the first of its kind in the world to connect the control center with the emergency responder, based on their location and the location of the incident. Through the app, developed in-house by MDA, the process of receiving distress calls and dispatching is streamlined, alerting and dispatching ambulances closest to the incident. The locations from which calls are received can be pinpointed with a click of a button—a simple solution to one of the greatest challenges in ambulance services. Ambulance transport is mapped for more accurate ETAs. Waiting times at hospitals are minimized and direct communication between field paramedics is simplified. All documents and records can be viewed and sent directly via smartphones to other paramedics, hospitals and doctors.

Another application, which has been made available for the public, is

MyMDA, which also allows a caller to send his or her location to the MDA control center and dispatch center. Personal medical information, such as a patient's medical history, can be entered into the application for more effective and informed care.

Finally, MDA's new project "defibrillator in the public" places sim and WiFi-connected AEDs in public areas. MDA can see when they are activated and used, sending first responders directly to the scene. When a cardiac arrest is reported by a bystander, MDA can direct him or her to the closest public defibrillator and instruct the bystander on how to use it.

And then there is MDA's organizational structure of 24,000 volunteer first-responders, which has made it possible to cut down the time between an incident and arrival of first aid, diagnostics and treatment before an ambulance can transport the patient for any necessary procedures.

In Israel, MDA volunteers are doctors, teachers and students. Young and old. Religious and secular. Jewish, Christian and Muslim. Druze and Bedouin. Men and Women. All united by one mission: to save lives, better and faster than ever before.

The use of volunteers, which addresses the challenge of many similar organizations' spending of significant resources on salaries, has largely allowed the organization to send 70 percent of patients home with zero out-of-pocket costs. And if one compares the often-minimal bill MDA sends to the patient's HMOs to the costs of ambulance transport in the United States, for example, the difference is astounding—financially as



*MDA volunteers and employees from all walks of life*



well as personally, making a colossal difference in the patient's outlook.

While the time it takes for an ambulance to reach the scene of an incident is 7.6 minutes on average in Israel, the use of MDA volunteer first responders have cut that time in half because of their sheer numbers and use of more than 700 motorcycles and vehicles that can navigate roads easier and faster than ambulances.

Another result of having volunteers spread throughout the country in addition to accurate location technology is that MDA volunteers can find and access remoter locations such as Bedouin tents, which lack addresses, to reach any victim in times of need and improve chances of survival for all of Israel's residents.

Representing the organization with the greatest number of volunteers

throughout the country, this structure and use of volunteers has created a life-saving ecosystem of personnel that can arrive at the scene to stabilize victims prior and post-ambulance arrival.

For an organization that averages a call every 15 seconds, there is no question that more volunteers means more lives saved.

For emergencies that require lighting fast responses such as choking,



MDA's National Operations Centre

anaphylaxis, cardiac arrest and bleeding, every second matters. Patients needing coronary interventions benefit, in particular, from MDA's technology and structure have shortened the time from symptom onset to catheterization by nearly 40.3%, decreasing the chance of severe complications, neurological damage, disability and death.

MDA's efficient technology, paired with its fleet of personnel ready to respond at any time and from anywhere is not only extraordinary, but it can (and does) save lives every single day.

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# The Sound of Sirens: A Humanitarian Calling



*An Interview with Saleem Al Qaimari, Palestine Red Crescent Society Volunteer*

EMS in Palestine is provided by the Palestine Red Crescent Society (PRCS) which was founded in 1968. From its HQ in Ramallah it provides hospitals, primary health centres, disaster management services, psycho social support services, rehabilitation for people with disabilities services and EMS across the Gaza Strip and West Bank. The PRCS was officially recognised as an active member by the International Committee of the Red Cross (ICRC) and the International Federation of Red Cross and Red Crescent Societies (IFRC) in June 2006. For this edition, *Ambulance Today* proudly introduces the PRCS to its readers for the first time through the following interview with one of their volunteers, Saleem Al Qaimari, which gives a basic yet revealing idea of EMS in Palestine and the volunteers who provide it.

**JOSEPH HENEGHAN:** At what point in your life did you personally decide to become a paramedic in the first place? What led you to make this decision and to enter training?

**SALEEM AL QAIMARI:** When I was in high school I was so sick that my family called the ambulance to take me to the hospital. When I saw the emergency medical team and their work, I

became passionate about working and volunteering with them.

**J.H:** So, it was in this moment that you were drawn to working in EMS? Was there something in particular that you saw in the actions of those caring for you that ignited your wish to join the PRCS?

**Saleem:** Yes, when I was in the ambulance I saw how they treated me and how much they cared about my life so I decided to join them and be like them and save lives. I volunteered in 2007.

**J.H:** So what position did you start as and where are you now?

**Saleem:** I started as a volunteer at the PRCS in 2007 and from there I became an emergency medical technician in 2016 after a long intensive course of training and studying. Besides my voluntary work, I work at the public relations department in the Hebron branch of the PRCS. In 2009 I also took part in the emergency medical team as a volunteer too.

**J.H:** And after 12 years of volunteering, how would you describe working for the PRCS? How does it feel, what do you personally get out of it?

**Saleem:** Humanitarian work is the most amazing work I have ever undertaken; actually it's hard to explain how it feels when I deliver a humanitarian service to someone, especially a medical service. I usually say that people who are involved in this work know exactly what I am talking about and how I feel. This feeling makes me proud of myself and encourages me to do more and provide more services to any one in need, regardless of their nationality, colour, religion and political background.

**J.H:** That's certainly a wonderful return for the voluntary work you provide to your community. Considering this, what would you say is the biggest barrier to you delivering emergency care on a day to day basis?

**Saleem:** There are many challenges; some are related to the lack of awareness among people in an emergency situation, for example they usually crowd around the patient or the injured when we are providing our first aid. Other challenges are related to the occupation; in Hebron, especially in the old town, we always face the checkpoints and gates of the Israeli soldiers which take much time to be opened. We usually coordinate with the ICRC to get the approval to go inside, which can take either a few minutes or sometimes several hours, even when we have to respond to a critical case.

**J.H:** Whilst both obstacles you mention must be incredibly frustrating, problems at checkpoints must take quite some skill to professionally navigate. On a personal level, how do you keep a level head when faced these obstacles?

**Saleem:** My voluntary work in the EMS means saving the life of a person, so it does not matter who this person is. Also it's a way for me to serve my own community and city.

**J.H:** I see. The duty is to provide care, and this determination sees



*PRCS volunteers raising spirits in the Gaza Strip*





you through chaotic crowds and also potential problems at checkpoints. When it comes to an average shift, what does that look like for you in the region you serve?

**Saleem:** On a normal day, on the A shift, we have 2 ambulances and a team of 4 EMS staff and 2 EMS volunteers in the main EMS station. We deal with 8–14 different cases. On the B Shift the workload lowers to 4–6 cases and C shift 3–4 cases. When we are not working, we chat about life or the cases we've dealt with, we cook together, or we watch TV.

**J.H:** And what is it like to work in your area of Palestine? How are you received by members of your community, especially when in uniform?

**Saleem:** PRCS is highly respected by the Palestinians because of the humanitarian role it is doing for vulnerable people, especially in times of emergency and mainly also because of the EMS we provide. That is why we are well respected and accepted easily in our community and even by people of different nationalities. When I am in my uniform, everyone greets me with a big smile on their faces as if to say, 'oh you are doing great job and thank you for your efforts'.

**J.H:** And when you come home after a day of serving people in emergencies, offering them treatment and comfort, what is it that you find you are proudest of?

**Saleem:** My love and passion for my voluntary work has made me a person who doesn't like to go home and have some rest. The thing that I am really proud of that I give humanitarian help for a people who really need it; when we perform CPR for someone and we restore their pulse and they breathe I say, "Yes, God gave me the strength and knowledge to help in giving this person another chance to live". My life has changed, all my attention and focus is on the humanitarian life more than my private life; when I hear the sound of an ambulance, and I'm not on duty in the centre, I call the dispatch and ask them if they need any help. I feel that the sound of the ambulance is calling me.

**J.H:** When something affects your life in ways as deep-seated as this, you must feel that a voluntary position



*PRCS volunteers attend to a patient at the Al Aqsa Mosque in Jerusalem amongst large crowds making a pilgrimage for Ramadan*

within EMS has also added to you as a person, in terms of your own development and ability? If so, then how?

**Saleem:** It has given me more self-confidence, made me believe in my abilities and helped to refine my personality. It also made me believe that I can and I have the ability to make positive changes in my community.

**J.H:** So, as satisfied as you feel in your work, if you could just wave a magic wand and be granted a few wishes, what would they be?

**Saleem:** To have no checkpoints or electrical gates in Hebron and especially in the old city of Hebron.

To have more financial support to enable PRCS to operate more EMS centres in new areas and towns so as to help as many people as possible and quickly. And finally, to spread first aid education further so as to save more lives and give first aid to people with even more speed and efficiency.

**J.H:** They all seem like valid and sensible wishes. We've touched on this a little bit already, but I was wondering about the feeling amongst you and your colleagues when working together. What is the general mood and feeling that runs amongst you all throughout the PRCS?

**Saleem:** Teamwork is the most wonderful thing in work. When we provide a service, the only thing we care about is the patient's life and how we will save them. This strong collaborating spirit among the team members helps us to achieve our goal, reducing the suffering of the people and saving lives.

**J.H:** Does the PRCS receive any aid from the PLO, or perhaps a less centralised political body within Palestine? Do you receive support from outside of Palestine at all?

**Saleem:** PRCS gets support from the Palestinian National Authority which represents the government in the oPT. That is not strange because other RCRC societies in the world receive financial support from their governments because of their auxiliary role to public authorities and bodies.

Since PRCS is the main provider of the EMS in the country (oPT), the needs of the people are huge due to our situation and therefore main partners from the RCRC movement supports us—mainly the ICRC.

**J.H:** And do you feel that, as an emergency service offering vital humanitarian aid, you are given enough support politically from either inside or outside of Palestine?

**Saleem:** Unfortunately, politics affects our humanitarian work. So, all that we want, from all political sides inside or outside the oPT, is to respect our emblem and our humanitarian mission and to facilitate our access to the people who need our help and not to jeopardize our life when we are in the field trying to save lives of people regardless of their nationality and religion.

**J.H:** Yes, this is indeed a deep area of discussion. As many of our readers will already know, the Red Cross and the Red Crescent are just two of four emblems belonging to the International Red Cross and Red Crescent Movement, and the protection



of those carrying those emblems is a recognised and important part of the Geneva Conventions, alongside other international laws in place to protect those in areas of conflict as well as those delivering humanitarian aid. In your estimation, what types of calls do you see the most from day-to-day?

**Saleem:** Injuries resulting from confrontation between Palestinian youth and the Israeli occupation forces, injuries from car accidents, and home cases (falling down, heart attacks etc.)

**J.H:** Do you think that preventative measures can be taken to lower the rates of these types of calls?

**Saleem:** Peace and an independent country, and more community first aid courses.

**J.H:** Throughout the creation of this latest edition of *Ambulance Today*, one question has been on my mind quite a lot. Do you perceive any differences

between those who undertake voluntary EMS as a vocation and those who serve in employed positions?



*PRCS volunteers attending to a patient*

**Saleem:** Of course, from the professional side there is no difference because we all want to save lives and reduce the suffering of the patients or the injured. However, at the emotional

level, I personally feel different because it is not a job I'm paid for. What drives me as a volunteer is the will and the need to help whoever is suffering. I can't find words to exactly express my feelings; even in my own mother language it is hard to express my happiness when I save someone's life who is a complete stranger to me. This person is just a human who is suffering and is about to lose their life and I am there to help.

**J.H:** Yes, to be honest it is a very difficult question to answer, and I have struggled with clarifying some of the differences between paid roles and voluntary roles myself precisely because, as you say, in either role the deep-seated will to help those in need prevails across the board. How do you find the time to devote yourself to helping others as a volunteer and to regular training etc. in between your other personal duties in life?



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## Focus on the Palestinian Red Crescent Society

**Saleem:** People who work in EMS know exactly the importance of time and how they should take advantage of every second in the right way. I organise my time in the best possible way so as to benefit of every moment; I take care of my obligations towards my family, I find time to finish two bachelor's degrees, and I also make some time for my friends. Well, I manage to organise my time but I have to confess that my voluntary work takes most of my time.

**J.H:** Well, I think I can already guess your answer to this but would you recommend volunteering in EMS to anyone else?

**Saleem:** I really recommend it. In this service, I have learnt how to appreciate life and time and that life is full of chances and we have to take the risk of benefiting from these chances. It is like you must either take the risk or lose the chance; this is one of the lessons I took from my voluntary work

in EMS. Volunteering in general is a great thing; it gives you a chance to provide assistance to others and build your community and it builds your abilities in many aspects like leadership, teamwork, communication with different people and groups etc.

**J.H:** Is there any advice you would offer to hopeful volunteers then? A certain mantra or principle to keep in mind perhaps?

**Saleem:** Voluntary work is the basic meaning of life. It gives you the chance to give to affected and vulnerable people, like people with disabilities, sick people, or poor families. Seeing the smile on their faces after being assisted by you is a smile you will never see unless you are a volunteer. Life is hard and it has taken many things from many people (maybe a home, a family member, a person's health) and we as volunteers are there to try to fill that gap and make their life easier and make

them stronger to be able to face those difficulties that life offers. Giving is priceless. Also, we have to understand that the real voluntary work is not about the period of time you volunteer, it's more about the help and support you give to others.

**J.H:** Saleem, thank you for such honest, deep and thoughtful answers. I'm sure our readers will agree when I say that you have offered us a valuable insight into EMS in Palestine and the approach those working within it take towards their vocation. Keep up the exemplary work!

To give your feedback or ask questions about this article, please join our dedicated WhatsApp group via:  
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This group is dedicated to EMS in Western Asia and will feature regular news updates from Magen David Adom, United Hatzalah, and the Palestine Red Crescent Society.

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# Welsh Pioneers: Community First Responders



*By Mark James, CFR with WAST*

**The Welsh Ambulance Services NHS Trust (WAST) first introduced Alternative Responders over twenty years ago. With a largely rural 'patch', it was a challenge to reach seriously ill patients quickly and so it was no surprise that WAST was one of the first Ambulance Trusts to recruit Fire Service Co-Responders and Community First Responders to cover the more remote areas of Wales. CFRs have since been recruited to cover every area of Wales and can now be found in urban areas such as Cardiff and Swansea.**

Since those early days, the recruitment, management and role of Community First Responders has evolved almost beyond recognition. Wales is split into three regions—South East, Central and West and North—and each region now has an Alternative Responder Manager, together with a dedicated trainer and admin support.

There are currently around 1,300 active CFRs across Wales, with Central and West being the largest region in

terms of numbers (approx. 470 CFRs, compared to around 410 in North Wales and 380 or so in South East Wales). As well as refresher training and 'new entry' training courses to boost existing teams, new teams are being established throughout Wales with, for example, teams in central Swansea and Gorseinon and Gowerton recently being introduced within the C&W region.

With the introduction of paramedics as dedicated trainers in each region, basic training has evolved from a series of evenings and the odd weekend to a five-day course, supported by some e-pre-learning that covers every aspect of being a CFR, together with more realistic training scenarios. Annual refresher training sessions are then offered throughout Wales, usually combining a practical subject such as CPR/AED with more theory-based topics such as safeguarding or DNACPR protocols.

WAST currently uses the Terrafox 'Responder' app to mobilise CFRs—a huge improvement compared to

the SMS system previously in use. As technology changes and the requirements from the organization increases, WAST are proud to be one of the first trial sites to consider the NMA Lite application as a proof of concept project for their response capable managers and CFR's. In addition, the GoodSam app was introduced in Wales in late 2018, with CFRs and WAST staff being the first to use the system. Early feedback has been very positive and the system has recently been extended to include additional external organisations such as St John Ambulance.

Similarly, there have been several recent trials that aim to expand the role of CFRs across Wales. Some teams have been equipped with the Mangar Camel lifting cushion and are called to non-injury fallers, identified via telephone triage by call-takers at one of the three Emergency Operations Centres. More recently, a number of teams have been taking part in an evaluation trial of 'Enhanced Skills', whereby CFRs have been trained to take a set of basic observations that include blood pressure, blood sugar levels, temperature and pulse oximetry. These skills enable CFRs, via clinicians at the Clinical Desks in each EOC, to generate a NEWS score for each patient and so potentially upgrade the level of EMS response for that patient, or indeed arrange an alternative disposition for the patient.

In terms of equipment, CFRs nationally were traditionally issued with an AED and oxygen, with individual Ambulance Trusts deciding on any additional equipment and training. WAST was one of the first to introduce iGels for CFRs and these are now routinely carried along with handheld suction units, a range of oxygen



*New Recruits at the end of their training pictured at HQ*





## Focus on Community First Response in Wales

masks and adult and paediatric BVMs. In addition, CFRs carry a range of wound dressings including the so-called 'Israeli' military dressing and tourniquets for the immediate treatment of catastrophic bleeds.

The dispatch criteria for CFRs is regularly reviewed and, while chest pains and breathing difficulty calls make up the bulk of incidents that CFRs attend, they can also be sent to a wide range of calls including CVAs/

TIAs, falls, unconscious patients and (crucially, considering Wales' long coastline and abundance of lakes) drowning calls. CFRs aren't dispatched to calls involving alcohol, drugs or trauma (including RTCs) but most CFRs have tales of attending calls that were 'not as given'.

Over the last few years, a number of CFR conferences have been held across Wales. The most recent, in October and November this year, saw several hundred CFRs from across Wales attending events in each region. The events enabled CFRs to meet senior WAST management (including the CEO, Jason Killens, and the Trust's new Director of Operations, Lee Brooks).

As well as responding to emergency calls, CFRs have become involved in community initiatives across Wales. Many teams have raised funds for

Public Access Defibrillators (PADs) and deliver local BLS/AED training sessions, while teams across Wales take part in WAST events such as 'Shocktober' and 'Restart a Heart Day' as well as attending school fetes and Emergency Service Days alongside their EMS colleagues.

Finally, as well as its CFRs, WAST has embraced the wider role of the volunteer and promotes a wider number of volunteer opportunities. For example, WAST also has Volunteer Car Drivers, Learning Disability Community Champions, reader panels and Volunteer Knitters that support the 'Dementia Friendly' agenda in WAST. These all make an invaluable contribution to WAST and—more importantly—to their own communities throughout Wales.

For more information visit <http://www.ambulance.wales.nhs.uk/en/96>

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# Mark James: A Lifetime of Volunteering



*By Mark James, CFR with WAST*

**I've been a Community First Responder for the Welsh Ambulance Service NHS Trust for nearly eleven years and for most of that time I've been the coordinator of the CFR team in Mumbles, on the outskirts of Swansea. Although it's now a suburb of Wales' second-largest city, Mumbles is still referred to as 'the village' by locals and has a long tradition of volunteering, with the former fishing village being home to both a lifeboat station and a Coastguard cliff rescue team.**

My own volunteering journey began with the Coastguard team, which I joined at the age of 22 in April 1987. Later that year, the day after the infamous 'Michael Fish hurricane' in October, I was called to my first major incident when a railway bridge was washed away near the town of Llandeilo and four people died when their train ended up in the river. In total, I was a Coastguard Rescue Officer for over thirty years until I left the team in November 2017, including a spell of around six years during

which I was responsible for delivering First Aid training to around sixty Coastguards from six local teams.

In addition, I've been a Trustee of the Wales Air Ambulance since the charity was launched around nineteen years ago and it was my role with the Air Ambulance that led me to becoming a CFR. One of the ambulance officers mentioned that WAST was looking to establish a CFR team in Mumbles and would I be interested in being the team coordinator? With my interest in First Aid and pre-hospital emergency medicine, I was the first to sign up for the new team and I'm still a member nearly eleven years later.

I mention my background because it seems many CFRs are the 'volunteering type'. In other words, as well as responding as a CFR, you'll also find them running the local Scout group or as a member of the local Coastguard, lifeboat crew or mountain rescue team. Becoming a CFR doesn't mean you have to have a background in First Aid or medicine, although over the years we've had a medical



*Practical on-site new recruit training*

student, two pharmacists and several lifeguards as team members and two of the current Mumbles team are a nurse and a former army medic.

Training—in fact, the entire CFR structure—has changed dramatically in the time since I first joined. My basic training was carried out over several weeks, with potential team members spending several evenings and a couple of weekends working towards their qualification. Nowadays, new CFRs are trained on an intensive five-day course with prior e-Learning, with annual CPD days and voluntary monthly training sessions to keep their skills current.

Similarly, the way CFR teams are managed has evolved over the years. It wasn't that long ago that a single CFR officer, Steve Roberts, was responsible for recruitment, training and day-to-day management of CFRs in the Central and West region of WAST, but nowadays the region is managed by an Alternative Responder Officer, Glyn Thomas, together with a dedicated CFR Trainer, Jon Johnston, both of whom are paramedics. They're backed up by Jenny McGinn, who runs the admin side of the CFR management team, with team coordinators responsible for



*Author Mark James alongside an open display of WAST CFR Kit*





## Focus on Community First Response in Wales

passing information to and from team members.

The types of calls we attend haven't changed a great deal since I joined, although the Mumbles team has been involved in a number of trials over the years. We were one of the first teams



Coastguard and WAST volunteers working together in Mumbles, Swansea

to try out the Terrafix units that every team now uses, while we're currently part of the Enhanced Skills feasibility trial. I've seen a real benefit to patients in us being able to take their blood pressure, temperature etc. and I hope that these skills will eventually be taught to more CFRs across Wales, depending on the outcome of the trial.

The original reason why CFRs were introduced—cardiac arrests—has seen the team achieve a number of successful resuscitation attempts over the years. Team members are called on to perform CPR on average around every six to eight weeks and the introduction of the GoodSam app means the number of cardiac arrest calls we attend is increasing. The recent recruitment of several new team members also means we can potentially double the number of calls that our team attend each year to around 350-400.

Managing volunteers is very different to managing staff members. Happily, it seems WAST recognizes that fact, from senior management level downwards, and it's great that we're treated as 'part of the team' by the vast majority of EMS crews we encounter. I get immense satisfaction from being a CFR, particularly following a good outcome to a Red call (Cat 1), and so I reckon that my volunteering journey still has a long way to go.

Mark James works as a freelance broadcaster and TV director, but has been a volunteer for much of his adult life. Mark lives with his family in Mumbles, near Swansea, and his teenage son Rhys already wants to follow in his father's footsteps by joining the local Coastguard cliff rescue team once he's eighteen and, hopefully, becoming a paramedic when he leaves school.



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# Volunteers or Voluncheers?



By Thijs Gras

**In The Netherlands we tend to have a somewhat ambiguous attitude towards volunteers in the field of EMS. We all know the typical 'first aider', a usually very friendly person and of course full of good intentions, but there is no real 'click' with the ambulance professional. They have their way of making clear what they think is the matter (and don't you think otherwise) and some use medical terms in slightly the wrong way thus betraying the frail basis for their medical knowledge.**

These are the not so good guys and girls. But as ever, reality is much more subtle and differentiated. Sometimes you can be jealous of a volunteer because they can have so many interesting backgrounds and some really know what they are doing and why they do it (or do not do it). They can give you bright insights with their knowledge and experience from non-medical corners.

And volunteers have one very big advantage over the professional; they do their work because they like it, because they are motivated, because they want to make a difference and they are less interested in money or work schedules. This altruistic approach has complex but very old roots. We see in all developed societies a positive attitude towards people helping people in need. In Christianity, Islam and Buddhism doing good deeds is stimulated and rewarded. I have always been impressed by the Italian Misericordia, religious

associations formed in the Middle ages to perform the seven works of mercy. They still exist in central Italy (especially the regions of Umbria and Tuscany) and many branches also have ambulances for emergency work and patient transportation. In the old days the Misericordia wore a special uniform, also covering the head and face. This was not only to protect the wearer against contagious diseases, but also to grant him or her privacy, so even a famous prince or princess could perform good deeds without being recognised, or without gaining misplaced pride out of it, 'look at me and look how I perform good works!' Pure intentions, that is what counted. To show them you had to hide yourself.

In many countries volunteers in EMS are indispensable because there is no one else to do the job or there is no money to pay people to do the job. These guys and girls deserve a lot of respect. They sometimes work with very little resources, practically no professional training and have to deal with very severe situations like a violent surrounding or even wartime conditions. We as professionals cannot imagine what that is like.

And there is another reason why we should cherish volunteers; they form an important hatchery for the professionals. Many colleagues have started as volunteers, thus being infected with the EMS-virus. It is

difficult to get cured, although some managements are able to kill almost all pleasure and satisfaction. I am a good example myself: while studying history, I worked as a volunteer in the Red Cross branch of Amsterdam where I met a lot of interesting people (including my wife) and was able to gather a lot of interesting experiences (like attending the 'Bijlmerdisaster', which was the crash of a plane into a flat in 1992). This contributed to my (to some people strange-looking) career switch.



Can every civilian be a volunteer in EMS? In our country we see a lot of people who are prepared to jump into action when there is someone with a cardiac arrest in their immediate surroundings. Cell phones provide a dense network to alert them and here is another important advantage over the professional: *time*. No matter how quick we are, it takes time to get there, unless of course we knock someone over ourselves, but causing that kind of accident would be—in Monty Pythons words—"unethical and time consuming". I think in these situations those people can really make a difference for someone in mortal danger.

So dear volunteers, you may irritate us some times, but please, keep up the good work, you are indispensable.

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It was also apparent that after-sales and warranty arrangements were sadly lacking in the industry. Following this, Code Blue have introduced a standard 3-year warranty on all of their products, more in keeping with the base vehicle manufacturers warranties and thereby lowering the whole life cost of their customers vehicle purchases.

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Code Blue also offer a range of military ambulances, built on both protected and soft skinned vehicles, recently winning a contract to supply a European partner with armoured medical vehicles, and previously supplying the Kenyan military with off-road ambulances for the United Nations.

Another example is the Clinical Simulation Vehicle for Sunderland University. Their clinical simulation vehicle allows students to learn vital paramedic skills in a realistic environment. Being both ambulance and classroom, the university can power and control simulation mannequins, simulate blue light runs with blue LED's hidden in the windows and an internal siren. A satellite system on the roof of the vehicle allows lecturers to view what is happening in the vehicle and even talk to the students remotely.

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# Caring for Communities: Volunteer EMS Providers in the United States

EMS providers are passionate in their commitment and care to their communities. Their passion drives them to freely give their time and training to fill the medical care needs of their patients. It is our honor to highlight volunteer EMS providers among our members in a special “Member Spotlight” feature of *NAEMT News*, a quarterly NAEMT newsletter. We are pleased to share these spotlights with you.



Margaret Farrell

## Margaret Farrell

*Margaret Farrell has been a Volunteer EMT since 1990. By day, she is a resource information specialist for the U.S. Forest Service. During her time off, she volunteers as assistant director of Keystone Ambulance Service, which serves a rural area in the Black Hills of South Dakota. With Mount Rushmore National Monument in their backyard, Farrell's ambulance service keeps busy answering calls from tourists who fall ill or get injured while passing through.*

### What did you think you were going to be when you grew up?

I majored in geology and ran hurdles for the University of Wyoming. I was really intrigued by the idea that you could travel anywhere and, by looking at the rock formations and soil types, understand what happened there millions of years ago.

### So how did you get into EMS?

My brother was an EMT for the National Park Service. When I became a U.S. Forest Service employee, I thought, ‘I can do this.’ I was certified in January 1990.

### What do you like about being an EMS provider in rural South Dakota?

The natural beauty, and our sense of community. All of the towns are small, so we all know the EMTs from the different services covering the Black Hills and surrounding communities. It's a wonderful network of people. It can be challenging though.

### You've been answering 911 calls for nearly 30 years. What keeps you motivated?

It gives me the ability to give back. I enjoy helping people. Everybody has talents. Everybody can do something. You need to give back those things you can do. I can do EMS.

### What are some of the big changes you've seen since you got your start in EMS?

When I became an EMT, we didn't even have 911 yet in my area. You called a local number for law enforcement, and they sent the ambulance. We've gone from being all volunteers to being mostly paid. We've also integrated more females into all positions. I think we've come a long way as far as diversity, but we can always integrate more diversity in everything we do.

### How have you personally evolved as an EMT?

I have gained empathy for the patient. I've learned that placing a hand on a patient's shoulder or holding their hand, that nonverbal touch, means a lot to that patient. 10% of what we do is the medications, splinting, bleeding control. 90% is helping that patient cope. I've grown in my skill level, moving from an EMT basic to an advanced EMT. I've also grown in my understanding that the more knowledge you share, the stronger

you become. I'm a longtime NAEMT GEMS (Geriatric Education for EMS) and PHTLS (Prehospital Trauma Life Support) instructor, and recently started teaching TECC (Tactical Emergency Casualty Care). I enjoy teaching and mentoring because the more knowledge you give somebody else, the better off everybody is, and the stronger you and your community are.

## Ed Landsberg and Brendan Elliott

*One of the best things about EMS is the people you meet. That's true for Brendan Elliott and Ed Landsberg, who often ride side-by-side as partners for Ellington Volunteer Ambulance Corps in Ellington, Connecticut. Brendan is a 19-year-old EMT, college student. Ed, 62, became an EMT a couple of years ago after raising a family and spending four decades working in the printing business.*

### What got you interested in EMS?

**BRENDAN:** I was an Eagle Scout. I liked giving back to my community and seeing the impact of those efforts. Serving the community is what EMS is all about. I became an EMT as a senior in high school.

**ED:** I always had a fascination with lights and sirens. But I got a degree in industrial technology/graphic arts and went to work in the print business. Eventually I joined CERT (Community Emergency Response Team), became a volunteer for the South Windsor Fire Department and a certified fire alarm installer for the American Red Cross. As my 60th birthday approached, I figured it was now or never. I became an EMT in 2017.

### Are there benefits to working with colleagues who are from different generations?

**BRENDAN:** We both believed it was important to work through each situation, go step by step, and remember to breathe. But I'm a teenager. I didn't





Ed Landsberg (left) and Brendan Elliott (right)

have a lot of experience dealing with death. DOA calls, especially when they weren't good deaths, were difficult for me. Ed was good at lightening things up after those calls and reminding me of all of the good things I have in my life.

**ED:** There were a couple of calls involving kids where my anxiety was quite a bit higher. Brendan saw the patient as a patient, whereas I saw the patient as a baby that could have been mine. When I'm working with young EMTs, I appreciate their youthful energy. They haven't gone through so many trials and tribulations in life, so I like that exuberance, the looking forward to the future. If I can help them at times by telling them about my experiences, I do it. But I try not to give too much advice. I mostly listen, and gently make a suggestion. I do think exposure to older people other than their parents helps younger people see the world in a different way. We head to the scene with the same anxiety and unknowns. We rely on each other and we trust each other.

#### What do you like best about being in EMS?

**BRENDAN:** You're going to someone's worst day and you get to be that calm voice to relieve their stress. That's your job. You hold hands. You talk to them about their life, their kids, their work to help get their mind off of whatever is going on. You're not just there to deliver medical care. You're there to make the situation better. It's also the people

you meet. I never expected I would be friends with Ed. I think I'm mature for my age, hopefully, as my parents would want me to be. The bonds you make with people in EMS are really strong.

**ED:** When I drive home from a shift and I know we've helped someone I smile all the way home. Recently, Brendan and I had a pretty serious heart attack patient who we were able to save. That was gratifying. But we've also had cardiac arrests where the patient didn't make it, so then we try to be there for the family and preserve the dignity of their loved one. When you share an emergency experience with people, you bond. I like helping my community, and the camaraderie I have with my fellow first responders.

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# The Ambulance Staff Charity (TASC) Join Forces with Rightsteps to Provide Online Wellbeing Support to the Ambulance Community

2019 has been a year of change and growth for UK charity TASC. From offering new services to changing their charitable constitution so that they can now support ambulance service volunteers, the charity is constantly evolving to provide the ambulance community with the right support when they need it the most.

TASC is dedicated to supporting the mental, physical and financial wellbeing of the UK's ambulance community including currently serving staff, retirees, family members of ambulance staff and ambulance service volunteers. Their range of services include:

- ✓ Counselling and mental health support, with specialist services available for people suffering from trauma or PTSD
- ✓ Funding for up to ten sessions of physiotherapy for people injured in the line of duty or for those with a physical condition worsened by their work
- ✓ Telephone debt advice during times of particular hardship
- ✓ Counselling and support for the loved ones of ambulance staff who die in service

To learn more about TASC's full range of services, visit [www.theasc.org.uk](http://www.theasc.org.uk)

In its latest development, TASC has begun working in partnership with Rightsteps, a social enterprise providing

support for people who have complex needs, to provide an online 24-hour resource for advice and self-guidance on a range of wellbeing topics including anxiety, stress, stopping smoking and drug addiction. Part of the Turning Point group, they have over 50 years' experience of working with those affected by drug and alcohol misuse, mental health conditions, offending behaviours, unemployment issues and people with a learning disability to discover new possibilities in their lives.

*"Over the last few years, we've seen unprecedented growth in demand for our services and a need for providing accessible support for the UK's ambulance staff. With our new partnership with Rightsteps, we are proud to now offer the ambulance community on-line advice, information and guidance 24 hours a day to help them improve their quality of life and continue doing the job they love. And since launch at the beginning of September people have accessed the support sessions 235 times!"*

**Karl Demian,**  
TASC's Chief Operating Officer

## Rightsteps

The support is available to ambulance service workers on-demand and provides evidence-based interventions to develop personal resilience and self-management techniques to improve their wellbeing. You can visit TASC's Rightsteps portal at:  
[rightsteps.co.uk/tasc.html](http://rightsteps.co.uk/tasc.html)



Karl Demian, TASC Chief Operating Officer and Dave Lewis, Head of Digital Interventions at Rightsteps



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or if you would like to become a volunteer please email: [volunteering@theasc.org.uk](mailto:volunteering@theasc.org.uk).

# IAED Thrives on the Volunteer Spirit

**Volunteers are key ingredients to the success of the International Academies of Emergency Dispatch® (IAED™). They are the essentials stocking shelves that provide expertise to further the recipe IAED Founder Jeff Clawson, MD, envisioned when, 40 years ago, he released Protocol into the world.**



Jeff Clawson, MD

**“We believe the Protocol,” said Louise Todd, a former dispatcher at the Avon Communication Center (Bristol, UK) and an Academy volunteer for many years before transitioning to a staff position. “We all possess the willingness to help in the improving and updating of protocol. To me, there is nothing in the world like our standard of care for dispatch.”**

**The following articles look at only a small sampling of the volunteers spreading the Academies’ message worldwide. They include the College of Fellows, researchers, and curriculum development.**

## College of Fellows

The College of Fellows, established in 1992, is a unified scientific body of experts from the UK/Ireland, Europe, Australia, Canada, and the USA. While evolving the Protocol is primary, their umbrella of responsibility covers dynamic review of the mechanisms and tools used to meet or exceed the standards of care and practice in emergency dispatch.

The 75 current members are the “muscle build”, following a proven process to guarantee the integrity of standards across board or, as later explained, validate the IAED’s Unified Protocol Theory.

Compare Clawson’s vision for the College of Fellows to its Chair Marie Leroux’s credentials, and you have a perfect match.

Leroux, RN, supervised a Nurse advisory system in the Montréal’s EMS communications system when the Medical Priority Dispatch System™ (MPDS®) went north to Canada in 1991 in response to a single shooter who killed 14 women and wounded 12 others at the École Polytechnique of Montréal.

Only licensed Nurses qualified for call-taking positions and since Leroux is bilingual—fluent in English and French—she was assigned the task of translating the MPDS into French. Leroux never looked back. She was so impressed that she brought MPDS to the attention of Québec’s Ministry of Health.

“Nursing had never shown me principles of DLS (Dispatch Life Support),” she said. “I learned DLS was a science of its own and, considering my background, I thought I could be of further help. This was more than a set of protocols. This was the science of dispatch. It was a process.”

With the growth of the IAED’s reach and search for international liaisons, Leroux welcomed the opportunity to volunteer in refining the Academy’s and Protocol’s scope. She assisted in formulating OMEGA codes, establishing determinant descriptors (codes associated with level of field response), and developing curriculum.

In 1996, Leroux was named IAED Chair of the Medical Council of Standards and held that position for 10 years while, during the same time, earning seats on the Board of Certification and the Rules Committee of the Councils of Standards. She has received honors as an Emeritus member of the IAED and a Pioneer EMD Instructor.

The endless possibilities in dispatch keeps Leroux hooked. The science of DLS was in its relative infancy internationally when Leroux grabbed hold nearly 30 years ago.

“Every single day presents a challenge,” Leroux said. “The more boxes I open, the more treasures I find.”

## Research

The Academy’s Unified Protocol Theory and Process is part of an evolutionary system that supercharges the development of protocols and standards.

Art Braunschweiger, a fire and EMS dispatcher at Union County Regional Communications in Westfield, New Jersey (USA) and popular columnist for the Academy’s Journal of Emergency Dispatch, defines Unified Protocol as, language aside, “someone reporting a heart attack in Wasilla, Alaska (USA), asking the same questions as a caller in Eindhoven, Netherlands. The identical patient presenting to both dispatch centers will end up with the same Determinant Code, even though each center may choose to send a different response based on local resources. One world, one Protocol.”<sup>1</sup>

Or, in the words of Dr. Clawson, the Unified Protocol Theory keeps a communication center and medical director from essentially tripping “over the same problem or, worse, dead body before they think about “fixing” their homegrown protocol and program—and everything related to it that then entails—all on their own.”<sup>2</sup>

The one world, one protocol process thrives on research incorporating thousands of calls gleaned from 200 Accredited Centers of Excellence (ACE)—the highest documented process and compliance users of MPDS®, FPDS®, PPDS®, and ECNS™—and recruiting volunteers to participate in studies lending to protocol development.

While the Academy’s Academics, Research, and Communications Division (ARC) oversees this vital ingredient of the IAED, these staff experts and the Academy Research Council also direct



a myriad of volunteers on their road to their own research success.

Marc Gay is chair of the Academy Research Council. His involvement with the Academy goes back to a decision to implement MPDS when he was manager for Urgences-santé health communication center (Montreal, Canada). It turned into a life-changer. Gay became an instructor in 1992, helped draft the Twenty Points of Accreditation (the ACE blueprint), and chaired the Board of Accreditation (1996-2001). He served as the Academy President (2003-2005), and, for more than a decade, was College of Fellows Chair (2002-2017).



Marc Gay

"The protocol grabbed my interest and, eventually, I found myself more and more involved in both the Academy and its processes," Gay said. "I was without any inclination how the system would eventually affect my career."

Although Gay doesn't call himself a true researcher, he is an avid reader of the literature and, over the years, he has accumulated a vast library comprising on thousands of research articles. His interest led to chairing the Emergency Cardiac Care Committee for the Heart and Stroke Foundation of Canada (1996-2003) and he was a member of the American Heart Association (AHA) Basic Life Support committee for that same period.

"Research is the key in changing the course of events," Gay said. "It's all about the outcome. What we're doing, is it any good for the patient?"

Gay's big push as Research Council Chair involves engaging more people in research so that, together, they can continue to strengthen the scientific basis of the Protocol. He attends the IAED annual NAVIGATOR conferences where he helps budding researchers select a topic and formulate a question that frames the study's intent. He is the advisor for a research team organized at a NAVIGATOR 2019 pre-conference workshop, helping the team chisel down a huge topic—stress—to a more manageable project.

Team lead, Kate Dotson, Dispatch Supervisor, Snohomish County 911, Everett, Washington (USA), found her way into research when her interest in helping emergency dispatchers cope with stress put her in charge of an emotional health project.

"It was the beginning," she said. "I kept hearing about how the stress was affecting dispatchers at our center and wanted to do something that made emotional health part of our center's culture."



IAED Volunteers at the 2019 IAED NAVIGATOR Conference

## Curriculum

The number of Academy volunteers reflects the belief behind the Medical Dispatch Training and Certification program that Dr. Clawson introduced at the Salt Lake City Fire Department communication center in 1979. Some positions are Academy initiatives; others are organized from someone recognizing the need.

Bill Auchterlonie heard a lot of good things about the protocol and the Pre-Arrival Instructions when he was in the market for a program to train dispatchers in Wichita, Kansas (USA). As fate would have it, he ran into Dr. Clawson at a conference, they exchanged business cards, and not only were emergency dispatchers trained and certified, but Auchterlonie certified as an EMD instructor. A few years later, he and several other instructors approached Dr. Clawson with their concerns to coordinate the materials and teaching techniques used in the EMD certification and training programs.

Dr. Clawson welcomed their suggestions and the new path evolved into the Board of Curriculum assigned to bring across the same message no matter the student's background.



IAED Volunteers at the 2019 IAED NAVIGATOR Conference

"Everyone was actually excited about doing this," said Auchterlonie, who recalls 18-hour days shaping their experience and knowledge into establishing uniformity in the EMD classroom. "It was overwhelming; there was just so much to be done but we took it on as a challenge. We knew it was needing to be done."

## Beyond the Academies

An entire story could be devoted to the volunteers from communication centers in getting their message to the public. Whether it's explaining the job of emergency communications or why emergency dispatchers ask questions, it ultimately leads to more effective emergency response performance.

Volunteers are an organization's best stamp of approval and, in turn, volunteers gain a sense of accomplishment, which, at the Academies, directly aligns with life and safety.

Auchterlonie loves the science of protocol, the ability to give back to the world, and the adventure of the past 30 years involved in the Academy.

"We are on a journey, and it is not complete," Auchterlonie said. "Our efforts save lives."

## Sources

- 1 Braunschweiger A. Protocols Without Borders. Journal of Emergency Dispatch. 2018; Dec. 13. <https://iaedjournal.org/protocols-without-borders/> (accessed Oct. 28, 2019).
- 2 Clawson J. Unified Protocol Theory. Journal of Emergency Dispatch. 2019; Oct. 22. <https://iaedjournal.org/unified-protocol-theory/> (accessed Oct. 28, 2019).

For more information about IAED, visit the website at: [www.emergencydispatch.org](http://www.emergencydispatch.org)

You can also join our dedicated WhatsApp group for further content about EMS in the USA: [bit.ly/AMBTUSA](https://bit.ly/AMBTUSA)

# From the Africa Desk of Ambulance Today: Overcoming Perceived Biases in Treating the Sick and Injured



By Michael Emmerich

This Africa Quarterly, as the year draws to a close and we focus on family, friends, and look towards the challenges of 2020 and make resolutions for next year, let's pause and think about our patients and colleagues. Most of us spend more time at work than at home, consequently we interact (at times) more with our patients than our friends or family. What does this have to do with (our) implicit bias with respect to those we care for?

There is an adage; You can choose your friends, but you cannot choose your family. The dictum holds true for (emergency) medicine, albeit with a subtle change:



## Neither can you choose your patients!

The world we currently inhabit is going through huge transformation, where biases and prejudices are on the rise, how do we as medical practitioners deal with this in our daily practice?

There have been a number of excellent studies published over the past few years (a few links at the end of the article), and even though most of us don't intend to be intentionally biased and don't see ourselves favouring one patient over another, it is a common

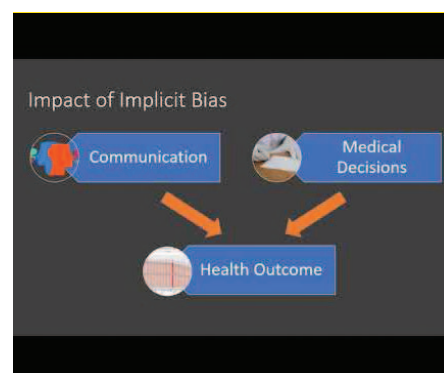
and persistent problem in healthcare. We need to ask ourselves whether a patient's race, ethnicity, sexual preference, socioeconomic status, or other characteristics that make them different from us change how we look at them and treat them.

*Bias (i.e., stereotyping, prejudice, or discrimination) whether intentional or not, can create barriers between patients and the practitioners caring for them. It involves "the negative evaluation of one group and its members relative to another"*

(Blair, Steiner, & Havranek, 2011, p. 71).

Implicit bias is called implicit as it is not easy to capture or to fix. It is most certainly worth exploring further, as it has serious implications for patient treatment on both a personal and a health-care level. Implicit bias creates inequalities, and many providers tend to underestimate its impact. Most implicit-bias studies in health-care treatment have been conducted with black patients and nonblack providers, other researchers are investigating implicit bias in relation to other ethnic groups, people with obesity, sexual and gender minorities, people with mental health and substance use disorders, older adults and people with various health conditions.

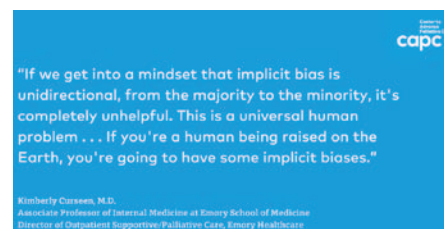
A simple Google search will unpack dozens of scholarly articles for overcoming (perceived) biases in patient care, and I would encourage you to go explore and challenge your mindset. But I want to give you, dear reader, a different and more nuanced approach to looking at this sensitive issue.



The one thing I know for certain (speaking for myself) is that I strive to practice evidence-based medicine grounded in science that is well documented and researched. All my clinical work is vested in treating my patient with the best and most current knowledge, I can avail myself of at that time. Hence, I would not consider an outdated or questionable treatment regime. Why then would I choose to cloud my clinical judgement with learnt prejudices or dated social norms from a bygone era, which I know runs the risk of compromising my patient care or allowing my fellow provider to be placed in harm or be disrespected.

*Patients are better able to cope after discharge from A&E if staff are respectful, positive and non-judgemental.*

Royal College of Psychiatrists (<http://www.rcpsych.ac.uk>) 2007







Our beliefs (or lack thereof) should never impede us from treating EVERY patient/colleague with respect, dignity & compassion, in all situations & circumstances. Healing has to do with, not only the obvious injury/illness. Nonmaleficence (do no harm), the obligation not to intentionally inflict harm, should be our guiding maxim.

*In an ideal world that's how things should be. But sadly, in our real world where we our judgments are clouded by our implicit biases, everyone isn't quite as respectful or compassionate.*

*Quote from a MD on Twitter, out of a chat thread from which this article emerged –  
4 Nov 2019*

All it takes, is that we focus on one patient/ colleague at a time. Allowing us to see the caring practitioner or the patient in need. Not all heroes wear capes or white coats. We can all recall why we chose the medical profession; to help, heal and serve everyone, with compassion & dignity.

***Cure Sometimes. Treat Often. Comfort Always***

*Hippocrates (400 BC approx)improved patient outcomes.*

1. BMC Med Ethics. Published online 2017 Mar 1. doi:

10.1186/s12910-017-0179-8

Implicit bias in healthcare professionals: a systematic review  
Chloë FitzGerald corresponding author and Samia Hurst

2. [https://www.hondros.edu/news/Beyond\\_The\\_Classroom/Overcoming-Bias](https://www.hondros.edu/news/Beyond_The_Classroom/Overcoming-Bias)

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## Out & About News

### Saving lives through defibrillator details

In Henfield, the quick thinking of a Nurse and a Community First Responder saw a defibrillator (AED) utilised in two different ways to save the same person's life.

When Steve collapsed and stopped breathing during a tennis match, an off-duty Nurse took immediate action to save his life by providing crucial cardiopulmonary resuscitation (CPR) and by getting a hold of one of the small village's 40 AEDs.

After 30 seconds of CPR, and the application of an AED, Steve regained consciousness and began to breathe. He was taken to hospital, where an electrocardiogram (ECG) showed no abnormality and the patient was scheduled for a possible discharge - but he wasn't out of the woods yet. This particular defibrillator was to play another important role in this survival, thanks to Community First Responder Kas Fletcher.

Team Leader Kas, who is passionate about improving out of hospital cardiac arrest (OHCA) survival by analysing defibrillator downloads, regularly downloads the data from events in Henfield and her keen dedication and attention to detail made all the difference in this instance. Within 30 minutes of the collapse, Kas had all the information from the defibrillator that was used - and noticed something worrying. The early part of the downloaded report showed a rhythm disturbance called Mobitz type 2 followed by two long periods of absent heart beats. This type of atrioventricular block has an increased risk of progression to complete heart block and cardiac arrest. Urgent treatment with a pacemaker (a life-saving device which sends electrical pulses to your heart to keep it beating) is therefore required.



Kas immediately contacted Paramedic Dave Fletcher to confirm the rhythm she had seen, and then the Ambulance service, who relayed this crucial information to the hospital. Steve's discharge was cancelled as a result and he was fitted with a pacemaker.

Steve was lucky. Henfield's multitude of AEDs (28 of which are Public Access Defibrillators), the quick and crucial actions of the off-duty nurse, and Kas going the extra mile to review all the defibrillator data all combined to save his life.

Most people who have a collapse and stop breathing aren't so fortunate. In the UK, less than 1 in 10 people survive an out of hospital cardiac arrest. In this instance, early CPR and the accessibility and early application of a defibrillator together with a high level of care and attention to detail made all the difference between life and death.

Dr Andrew Lockey, Resuscitation Council (UK) Vice-President said:

"More and more people are now learning how to buy time by doing CPR for a person who has suffered a cardiac arrest, but the use of a defibrillator in addition to that can truly restart a heart. This case story demonstrates all the collateral benefits of knowing where your local defibrillator is and how to use it."

### Taking 111 to the next level

Plans that will eventually see the full integration of the 999 and 111 services in the West Midlands (except Staffordshire) have taken an important step forward with the 111 service transferring to WMAS, seeing more patients being cared for in the most appropriate place for their needs, less ambulances being dispatched and fewer A&E admissions.

Initiated on the 5th November earlier this year, more patients will be provided with care over the phone by GPs; advanced nurse practitioners; community mental health teams; pharmacists, dental nurses, paramedics and midwives. Calls will also be diverted to GPs (in and out of hours), urgent treatment centres and rapid response services operated in the community.

WMAS Chief Executive, Anthony Marsh, said: "We have an outstanding track record in running complex clinical call handling operations. This expertise will allow us to bring real improvements to the 111 service for both patients and our staff.

"We will build on the good work that Care UK, the previous provider, had initiated. During the winter period we start to make the changes necessary to take the service to the next level. We have already taken on over 200 additional staff so that we can maintain the current service at the highest possible level. In the spring we will begin the work to properly integrate the two services."



## Welsh Ambulance Service appoints Director of Digital Services

**The Welsh Ambulance Service has appointed its first Director of Digital Services.**

Andy Haywood, a former Royal Navy officer, has been appointed to shape and oversee an ambitious digital services strategy which will support the delivery of patient care and improve the experience of staff.

Andy joins the organisation from Leeds Teaching Hospitals Trust, where he was the Associate Director of Digital.

Prior to that, he was a Head of Relationship Management at NHS Digital and a Programme Manager responsible for cyber security, networks and a multi-million pound budget.

Andy began his career as an Air Traffic Control Officer the Royal Navy, and also served with the Royal Air Force, where he was responsible for the command of the RAF's second largest air traffic control squadron.



It was in this role that he oversaw an £11m upgrade to RAF Topcliffe in North Yorkshire, which included new facilities for the Yorkshire Air Ambulance.

Chief Executive Jason Killens said: "The Welsh Ambulance Service has undergone significant transformation over the last four years and is today celebrated as one of the most innovative of its kind internationally.

"We want this to continue, and Andy's appointment – the first of its kind for our ambulance service – is testament to just how committed we are to using digital technology to enhance our services.

"Andy brings a wealth of expert knowledge and experience, and we look forward to him joining our ambulance service family."

Andy's priorities on entering the Trust will be to understand the unique challenges posed by the scale and responsibility of WAST, and how new and innovative technologies can be used to answer them, whilst transforming patient care.

He said: "I'm tremendously excited to be joining such a progressive organisation as the Welsh Ambulance Service, at a time where there is a renewed focus on digital transformation across the Welsh health and care system."

Andy will join the Trust officially in January 2020.



## Highly Respected NHS Leader to take up role as Chair of WMAS

**West Midlands Ambulance Service is delighted to announce that it has appointed a highly respected NHS Leader as the new Chair of the Trust.**

Professor Ian Cumming OBE will join the Service, the only Ambulance Trust rated 'Outstanding' by the CQC, when he leaves his current role as Chief Executive of Health Education England, the education and training organisation for the NHS, at the end of March 2020. He will also take up a new role as Professor of Global Healthcare Workforce and Strategy at Keele University.



Prof. Cumming said: "After 38 years in the NHS, including 25 years as an NHS Chief Executive, I feel that the time is right to pursue new goals. The opportunity to remain in the NHS while also taking up an academic role is the perfect opportunity for my next career step.

"I have had a personal interest in pre-hospital care from many years and well remember meeting WMAS Chief Executive Anthony Marsh in 2009 to talk about how we could improve care at a time when patients are arguably at their most vulnerable. What is notable is that WMAS has delivered on all of those discussions including developing their staff so that there is a paramedic on every ambulance; having a modern fleet; and the introduction of 'Make Ready' hubs to improve efficiency.

"WMAS already has a real focus on keeping the Trust at forefront of developing patient care and I am looking forward to helping them continue that journey. As we move towards more care at home, I want to focus with the team at WMAS on how we can build on the integration of 111, but also increase the care that is provided at a time of need.

"As someone who lives within the West Midlands, I am excited at the prospect of becoming a part of a high performing organisation that is innovative and leads the way in so many areas of development whilst continuing to provide a very high level of service to patients."

Anthony Marsh, Chief Executive of WMAS said "I am delighted our Governors have appointed Ian to succeed Sir Graham Meldrum as our Chairman. Ian has worked closely with WMAS over the last 11 years both as Chief Executive of NHS West Midlands and then more recently in his role at HEE and brings with him a wealth of knowledge about NHS organisations and the development of the most important part of our organisation – our staff.

"Prof. Cumming has been hugely supportive to WMAS in recent years on projects such as upskilling our workforce so that we became and remain the only ambulance service to have a paramedic on every vehicle.

"He has also been very supportive of our move to become the first University Ambulance Service in the country and in the setting up of the National Ambulance Academy and National Improvement Faculty, all of which champion the development of ambulance services and our staff.

"I would also like to pay tribute to our current Chairman, Sir Graham Meldrum, who has played a pivotal role in the Trust's development for more than a decade. His leadership has brought huge benefits to the organisation, our staff, and the patients we serve. In particular his tireless work in the field of diversity and inclusion has seen us make significant progress in developing our workforce so that it truly represents the West Midlands region."

Current Chairman, Sir Graham Meldrum, added: "I very much welcome the appointment of Ian Cumming by the Council of Governors. The development and wellbeing of staff is clearly something that Ian holds dearly. At a time when the NHS is under more pressure than ever before, having someone who sees such issues as central to the organisation can only be good news.

"It has been an absolute privilege to lead this organisation over nearly 14 years; the hard work, enthusiasm and dedication of the staff here is exemplary. I have had the pleasure of meeting hundreds of our staff over that time and each time I do I am left incredibly proud to be in this position.

"I am absolutely confident that Ian will continue the good work of the Board of Directors and Council of Governors to help this organisation maintain its position as a leader within ambulance services."

Lead Governor, Eileen Cox, who was Chair of the appointing panel, said: "We were very impressed by the number, range of experience and backgrounds of the candidates who put themselves forward for the position of Chairman.



"As a Foundation Trust, the Governors played the leading part in the selection process and our panel was made up of both elected and staff Governors.

"In the end, our decision was unanimous. We were very impressed by the range of experience and enthusiasm Prof. Cumming had for this organisation. What came through so strongly was his wish to see staff flourish both professionally, but also personally.

"He was very clear that by looking after our staff, they will look after our patients and that will lead to better care, which at the end of the day is the driving force of everything that we do."

Professor Cumming will take up his new role with WMAS on 1st April 2020. His appointment is for an initial period of three years.

### John Thanks Lifesavers After Heart Stops

**A father-of-two has been reunited with the off-duty doctors who saved his life when his heart stopped beating at his local squash club.**

John Savage, 56, from Bath, went into cardiac arrest during fitness training at Lansdown Tennis Squash & Croquet Club in the Northfields area of the city on 13 October.

Bristol GP, Mark Byron, realised John had stopped breathing and called for help.

He carried-out CPR with Dr Richard Dixon, and they gave John three shocks with a defibrillator.

Local businessman, Andy Ewings, called 999 to alert South Western Ambulance Service NHS Foundation Trust (SWASFT) who arrived within four minutes.

John soon regained consciousness, and has gone on to make a fantastic recovery.

John made a special visit to Bath Ambulance Station on Tuesday 26 November to thank his lifesavers in person.



He said: "I felt my heart flutter and thought it was going to pass out. The next thing I remember is Paramedic Ed leaning over me. I felt like I was in the eye of my own storm.

"There was a lot of concern for me, but I'm practically back to normal now.

"I survived because of the great response and treatment I received. I'm incredibly lucky to be alive.

"I'm not religious, but it's miraculous."

Dr Byron said: "It was an upsetting event. But I went into autopilot, and thankfully the ambulance crew arrived quickly."

999 Call Handler Vicki Hodgson and other staff in the Control Room organised for crews to respond to the emergency.

Paramedics Ed Hill and Rosemary Cherry treated John at the scene, and conveyed him to the Royal United Hospital in Bath. Paramedic Matthew Jenkins and Operations Officer Michael Anning supported them.

John was transferred to the Bristol Heart Institute for surgery.

Ed said: "As we arrived John had just received his third shock and had begun making a recovery, resulting in him talking to us.

"This was such a fantastic example of early CPR and defibrillation which deserves recognition.

"I can't describe the emotion of reuniting the patient with his two young daughters after his dad had been clinically dead for five minutes."

SWASFT Operations Officer, Michael Anning added: "This incident demonstrates the real worth of publicly accessible defibrillators. The quick action of bystanders and the prompt transfer to hospital have ensured the best possible outcome."

### Dispatcher scoops national award

**An experienced Emergency Medical Dispatcher (EMD) from Yorkshire Ambulance Service NHS Trust has been awarded EMD of the Year 2019 by the International Academies of Emergency Dispatch as part of their annual UK Navigator Awards.**

Aneela Ahmed, a 999 call handler in the Trust's Wakefield Emergency Operations Centre, was commended for her great teamwork, professionalism and ability to copewell under pressure. She has worked for the region's ambulance service for 22 years and has a wealth of experience in reassuring callers to the 999 service and providing clear direction on what they need to do to help patients prior to the arrival of an ambulance.

On receiving the award, Aneela said: "As an EMD we deal with a multitude of scenarios and I always try to do my very best to help callers whatever situation they are faced with. People can be very distressed when calling 999 for ambulance assistance and it's humbling to receive an award for helping others and doing a job I love. I am proud to be taking this award back to Yorkshire – it is for all the staff who work tirelessly in emergency operations centres."

Ashley Bond, Emergency Operations Centre Team Leader at YAS, was delighted about Aneela's prestigious win and said: "Aneela is a role model for all EMDs and sets a standard that newcomers into the service should be aiming to achieve. She is so knowledgeable about the ambulance service as a whole, not just within the role she holds as an EMD. She isn't afraid to help her colleagues when they are in need and does this in a confident, professional manner."

This is the third time a Yorkshire Ambulance Service EMD has won the award held by the International Academies of Emergency Dispatch during the past six years.

Aneela, who lives in Bradford, is a Governor for Bradford District Care NHS

Foundation Trust. She also supports her local community as a Councillor for the City of Bradford Metropolitan District Council where she has responsibilities as a member of the Joint Health and Social Care and Children's Services Overview and Scrutiny Committee and as a member of the Fostering Panel.



### SECAS Trust Secretary honoured for governance expertise at ICSA Awards 2019

**London, 28 November 2019 – Peter Lee, Trust Secretary of the South East Coast Ambulance Service NHS Foundation Trust has been awarded an accolade for good governance by The Chartered Governance Institute, organiser of the prestigious ICSA Awards 2019. Peter won the coveted Company Secretary of the Year award at a glittering awards celebration at the Park Lane Hilton in London last night, narrowly pipping Andrew Eames of St. Modwen Properties PLC, who was Highly Commended by the judges, to the award.**



Speaking about the award, Peter Swabey, Policy and Research Director at The Chartered Governance Institute said: "This award recognises company secretaries who demonstrate effective team and thought leadership, and who have mastered the complex legal and regulatory environments in which they work. Peter impressed the judges with the way in which he'd led his team through a challenging period, delivering results beyond the expectations of his role. He has played an added-value role in the governance of the South East Coast Ambulance Service, matching technical strength with commercial acumen. The judges were particularly impressed with the range of responsibilities and the strong relationships that Peter has developed with colleagues and the board."

The annual awards, which recognise excellence in governance, also saw the following individuals and teams crowned winners:

**Governance Professional of the Year:**  
Wendy Stanger, East Coast College

**Team of the Year:**  
Provident Financial plc

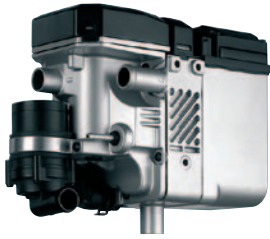
**Governance Project of the Year:**  
HSBC – Global governance excellence  
(Premier League / EFL - Capability Code of Practice was Highly Commended)

**Service Provider of the Year:**  
Support Services for Education  
(DMJ Recruitment was Highly Commended)

**The One to Watch:**  
Christina Meikle, Senior Consultant, Ernst & Young LLP

Peter concluded: "Good governance benefits all organisations, regardless of size, by establishing a framework of processes and attitudes that adds value and helps to build reputation. It is particularly important in an organisation like SECAS where the difference between good governance and bad governance can be a life or death matter. Being able to call upon the advice and expertise of governance professionals such as Peter is worth its weight in gold to any organisation."





## Webasto Engine Off Technology

### Engine off/Preheat

Emergency vehicles must be in action all year round. But how can man and machine always stay at operating temperature, given the great variations in outdoor temperature? The most common solution in the past: Keep the engine running. The problem: fuel is wasted, engine wear-and-tear increased, operating costs increased.

The efficient alternative comes from Webasto. Thanks to its innovative Engine-Off Technology, the temperature stays constant in the optimum range for both man and technology, even with the engine switched off. Operational availability and driver convenience are ensured at all times. Best of all: cost savings are so enormous that the investment pays for itself within a single year

**Environmentally friendly:** The automatic Engine-Off Technology benefits the environment too. In a double sense. Thanks to the many engine pauses – and to the fact that only this new technology makes use of environment-friendly start-stop systems possible. With a constantly warm engine, restart comes off without a hitch.

**Up to 90% less fuel consumption:** In comparison with idling, considerably less fuel is consumed when the engine is not running. This can pay off in savings of up to 90%.

**Diesel particulate filters stay clean longer:** When idling, the combustion temperature for efficient operation of the filters is too low. So they soil and wear out much faster. Engine-Off Climate systems prolong the life of particulate filters.

**Less wear-and-tear, less maintenance:** Less idling also means less engine wear-and-tear. Engine running times are reduced and, due to fewer operating hours (up to 60%), less maintenance is required while achieving higher resale value.



For an informal chat, call David Stafford on: 01302 381141 or email: david.stafford@webasto.com



## Video laryngoscopy wherever and whenever you intubate



i-view™ is the new single use, fully disposable video laryngoscope from Intersurgical, providing the option of video laryngoscopy in the ER, ICU, maternity or the pre-hospital environment.

By incorporating a Macintosh blade, i-view can also be used for direct laryngoscopy and the technique for insertion is more familiar and instinctive than for devices with a hyper-angulated blade. Its ergonomic design ensures i-view is easy to use, and the integral LCD screen provides an optimal view in a variety of light conditions.

By combining all the advantages of a fully integrated video laryngoscope in a single use, disposable product, i-view provides a cost-effective solution. In addition, i-view is ready to use seconds after removing from the packaging.

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Tel: +44 (0) 118 9656 300  
info@intersurgical.com  
www.intersurgical.com



## Falls training for CFR Teams



Mangar Health has been supplying emergency services across the UK with ELK and Camel lifting cushions for more than 10 years. Falls account for around 10% of ambulance call outs and it's important that crew are protected from the repetitive nature of lifting.

As ambulance services become increasingly under pressure to respond to the most critically ill, Community First Responders and Falls Teams are often being mobilised to lift fallen people.

Dr Sue West Jones says, "the benefits of lifting an elderly person off the floor are innumerable. If on the floor for more than 20 minutes the pressure from the floor, especially on bony prominences of the body reduces blood supply to the skin. Therefore, an elderly person on a hard floor or even a carpet will suffer early breakdown of skin tissues and ulcer development."

Mangar Health is offering CFRs and Falls Teams training in a health assessment algorithm called ISTUMBLE and post fall management techniques. This package of support ensures healthcare professionals can make good decisions about lifting while protecting themselves from injury caused by manual handling.

Andrew Macphail, Director at Mangar Health said, "we are keen to work with CFR teams across the UK to raise awareness of safe lifting for both the faller and the responder. Mangar Health recognises the importance of the work CFR volunteers do and it is vital they are protected from injuries that may be sustained whilst helping others".

For more information, email sales@mangarhealth.com



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### Latest 'Generation 2' Airtronic D2 and D4

Airtronic heaters can be installed internally or externally and provide heat very quickly to personnel carriers and ambulances that may need to be stationary for extended periods of time.

'Generation 2' energy and efficiency improvements to the long-standing Airtronic D2L (2kw) and D4L (4kw) diesel-fuelled air heaters have been extremely well received by customers since the launch.

Scottish Ambulance, for example, recognised the benefits and specified the new Airtronic D4L for their 2019 fleet order for Sprinter accident and emergency ambulances. Many other vehicle converters are following suit.

With lower power consumption and reduced weight, the new versions have almost doubled the service-life intervals of previous models, quieter fuel pumps, brushless motors and new CAN bus (Controller Area Network) interface.

CAN bus technology becomes the new 'nerve-centre' of the system ensuring greater flexibility and making the internal workings more reliable and less exposed to faults. Step-less regulated heat output always ensures ideal comfort. High altitude mode capability (up to 3000m) is included at no additional cost.



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### New Easystart Pro / intelligent control unit

The New Easystart Pro control switch has been designed to enhance a modern dashboard or bulkhead inside and includes a timer function, allowing drivers to select a desired start time, desired temperature and heating duration from the dash board.

The liquid-crystal matrix display and multi-coloured LED status display ring surrounding the operating button continuously indicates whether heating or ventilation mode is currently active

Up to two heaters can be controlled separately from one Easystart Pro unit.



### Edesix Body Worn Cameras To Protect Ambulance Staff



Edesix, a leading supplier of Body Worn Camera (BWC) solutions, are having their VideoBadge VB-300 cameras trialled by South Western Ambulance Service NHS Foundation Trust (SWASFT) to better protect their ambulance crews against violence and aggression.

Crews in Exeter, Plymouth and Bristol are wearing the cameras during the three-month trial which began in October. The use of cameras is intended to deter abuse and obtain evidence of offences against the ambulance crews. If the trial is successful, the cameras could be rolled out across the Trust.

There were 1,285 recorded incidents of violent or aggressive behaviour towards SWASFT staff between August 2018 and August 2019, which is an increase of 24% compared to the previous year.

Ken Wenman, Chief Executive of SWASFT, said: "Like all our emergency services colleagues, our crews and control staff work in extremely difficult circumstances. They are often under threat of attack or abuse, and staff members are assaulted every day. That is totally unacceptable.

"We want to take every possible measure to ensure our employees are safe at work. Using body worn video cameras will discourage people from abusing and assaulting our staff. They will also enable us to provide evidence of abuse or assaults when they do happen so the police can bring more prosecutions against people who assault our staff."

Edesix's BWC solutions are designed to deter abuse, protect workers and record evidential-quality footage for review or to secure prosecutions. This all-encompassing solution, which includes the VideoBadge and VideoTag cameras, and VideoManager software, is proven in industries from retail to policing, prison and emergency services.

We're proud that this programme is an industry-first within the private sector, and delighted to say that the fully funded apprenticeship program which will be offered across all of our operating locations.

For further information please contact us at:  
sales@edesix.com  
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### Lift your Standards with Stone Hardy



Stone Hardy is the market leader in the service and repair of tail lifts, passenger lifts, shutters and winches for commercial and passenger vehicles. They offer a 24-hours-a-day, 365-days-per-year service with teams throughout their regional locations in Bathgate, Bristol, Birmingham, Manchester, London and Northampton.

Stone Hardy currently has 65 mobile tail lift engineers which enable them to provide extremely good coverage within the UK. Their service vans are well-specified in terms of equipment and carry a good selection of manufacturer's parts. The engineers are well trained, knowledgeable and can deal with most emergency situations.

Stone Hardy are agents for all the major tail lift manufacturers, and they have many blue-chip companies as their customers, with a turnover of approximately £10m a year, and a skilled and knowledgeable workforce with a wide range of experience in all aspects of the industry.

In 2016, the company upgraded their facilities in Bathgate by moving to a new site. More than £1 million was invested during 2015-17 in a new fleet of fully-equipped service vans, and six new rapid response vehicles, providing genuine national coverage ability for its 76 engineers.

Technical innovations, such as digital technology and new computer systems, are always being introduced on a rolling basis, bringing the company a long way since its inception 40 years ago.

For further information please contact:  
Dave Aylott  
Tel: 01604 683495  
Mobile 07713 316366  
Email: enquiries.sales@stonehardy.co.uk





# Medical Rescue

## 2019

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