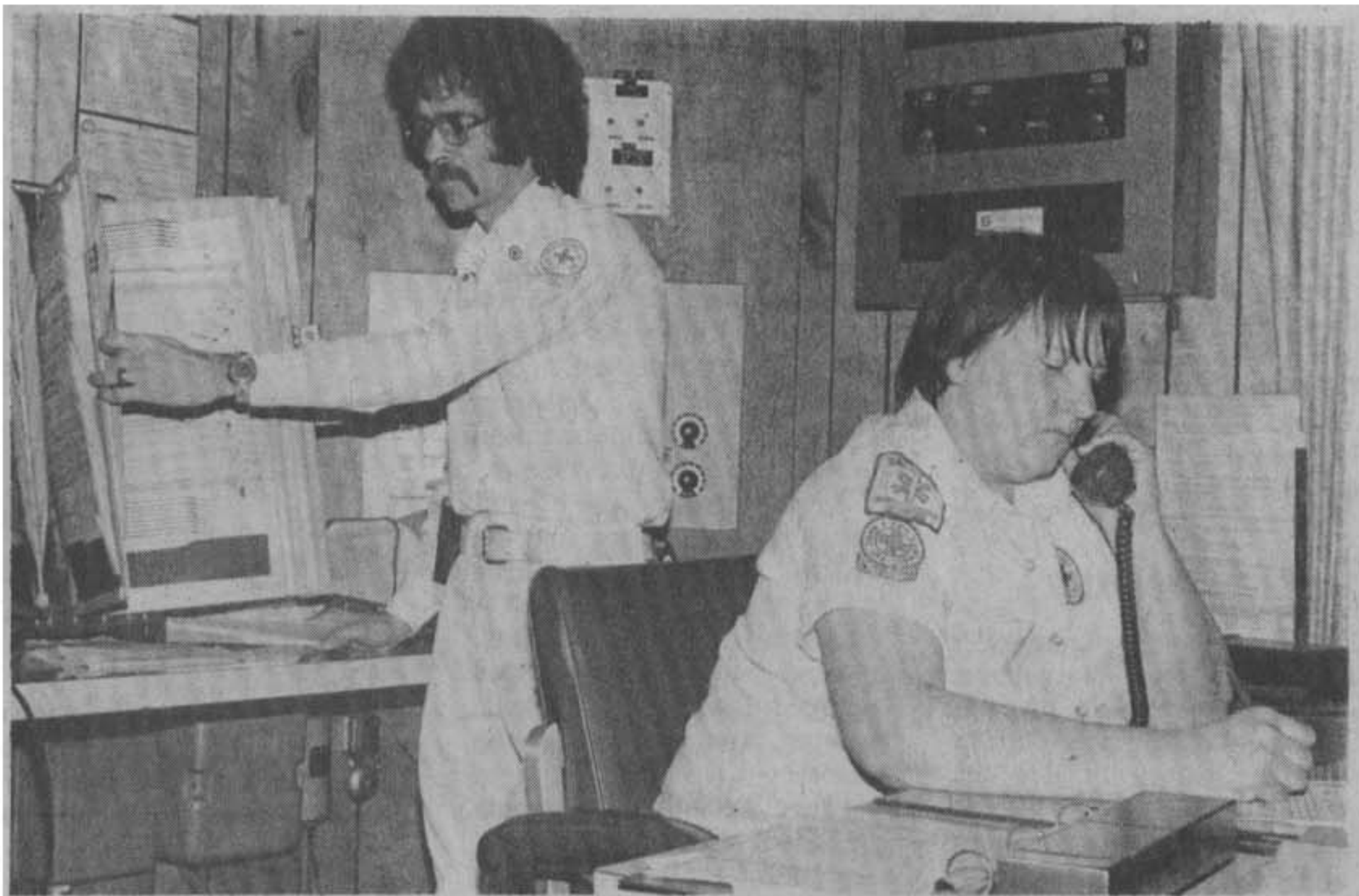

A Step-by-Step Response to a Call for Aid

Ever Ridden Backwards in a Roller Coaster?

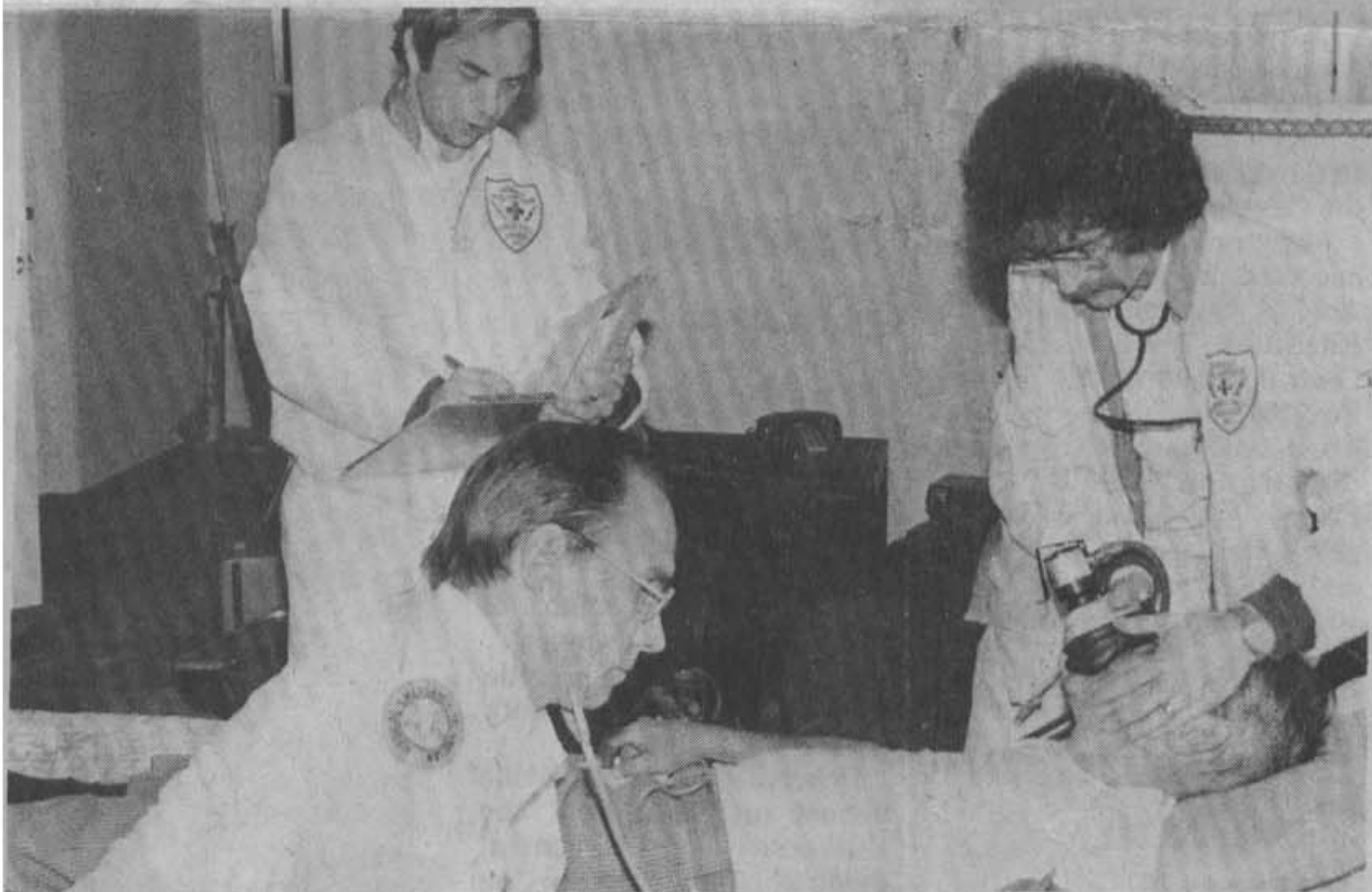
GVA Does It Every Day Delivering Life-Saving Care



SCENE 3: Paramedics Tony Kingsley, left, and Bruenig, unload the Medic IV.



SCENE 1: Bob Beyea, left, and Bonnie Paeth, receiving the call at the dispatcher's desk.



SCENE 2: Front left, Frank Bruenig, and victim Charlie Nelson. Back left, Stan Ohls and Beyea, administering initial care.

information and preparation has been done, the patient can be moved.

SCENE 5: The final destination of the ambulance is the hospital. Patients may be brought into the Trauma Room at Park Ridge Hospital, seen here, where emergency treatment is administered by hospital staff, such as nurses Linda Smarsh, and Ginny Paradic.

The GVA will transport to any hospital of the patient's choice without charge. All the members of the GVA are volunteers who have donated their time for training and service. More than 130 people have donated 34,000 hours each year since 1959.

The GVA receives no tax money, it survives totally on donations from the public, with a small fraction coming from memorial gifts. At present, the GVA is in the midst of its fund drive, having mailed appeals to most homes. Another mailing is set for April, then a door-to-door campaign is planned for May.

Donations of any amount will be accepted at the headquarters, 867 Long Pond Rd., 14612.

The GVA has three ambulances, which reportedly can reach any point inside the service's boundaries within three minutes,

Greece Post

Second Section

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By Bob LaMendola

Riding in the back of an ambulance is like riding backwards in a roller coaster. Everything moves so fast, it's hard to recognize even the most familiar landmarks.

Of course, few people who ride in the back of an ambulance are interested in the scenery. They leave the driving to the crew.

And it is usually after the emergency has ended that they realize how efficient and calm ambulance workers are. At the time, most people pay scant attention to the crew's actions, actions which sometimes save the victim's life.

To illustrate the many abilities and services available free to more than half of Greece residents, the Greece Volunteer Ambulance (GVA) set up a step-by-step demonstration of its response to a typical call for aid. (See photos.)

SCENE 1: A call for help will come in on the switchboard, where it is answered by a dispatcher such as Bonnie Paeth. She, or a medic, such as Bob Beyea, will check the GVA's complete street listing for directions to the address.

The dispatcher then sends a medical team to the scene. Communication is carried on over an exclusive radio frequency to the ambulance. Contact can also be made with the county dispatcher or with hospitals over different frequencies.

SCENE 2: The ambulance crew takes vital sign readings upon first arriving on the scene, as demonstrated by Beyea and Stan Ohls. Depending on the location of the emergency, the ambulance may be preceded by units from Greece-Ridge or North Greece Fire Departments, who have emergency teams. The GVA also has working agreements with the Barnard and Lakeshore Ambulance services to cover their areas in an emergency.

The crew, upon arriving, may administer oxygen or give heart treatment if necessary. Our volunteer victim for the demonstration is Charlie Nelson, also a member of GVA.

SCENE 3: If the situation warrants, the GVA's Medic 4 may be called along with the ambulance. The medic unit, the fourth of five such units in the county, is manned by one of three highly trained paramedics.

Here, Tony Kingsley, left, and Frank Bruenig unload some of the equipment. The station wagon carries medications that can be administered on doctor's orders in addition to a trauma kit consisting of various blood treatments.

Medic 4 will be dispatched in case of heart attack, breathing problems, or any severe injury that requires special treatment. From its beginning in June to the end of 1977, Medic 4 has answered 260 calls, or 11 per week.

SCENE 4: This illustrates the most important function of the Medic 4, that of communicating a patient's readings to a doctor at the radio base in Strong Memorial Hospital. From there, the doctor can relay medical instructions.

The communication is done via the bio-telemetry unit at left, operated by a paramedic such as Kingsley. The unit sends the patient's EKG (electro-cardiogram), or heart reading, to the base along with other vital signs. It also gives the attending medics a visual readout for their use.

The electrodes on the patient are connected to the heart monitor unit in the center of the picture. The Life-Pack unit keeps a record of the heart readings, is a defibrillator, and can also supply electric shock if the heart should stop.

The paramedic and ambulance crew may start an IV (intravenous). Once the basic



SCENE 4: Kingsley, at left, operates the radio telemetry unit, while Ohls, Beyea, and Bruenig work with the heart monitor Life-Pak.



SCENE 5: Nurses Ginny Paradic, far left, and Linda Smarsh at Park Ridge begin standard hospital care upon arrival of the patient.