



April 1, 2011

Greece Volunteer Ambulance, Inc.

Volume 1, Issue 4

Training:

- **Teaching New CPR**
April 4
1830-2030
- **Cadaver Lab**
April 5
0900-1200
1800-2100
- **CPR**
April 6
1830-2130
- **ACLS**
April 9
0900-1700

Upcoming Events:

- **Board Meeting**
April 4
1800-2100
- **GVA Awards Banquet**
(Lakeshore Country Club)
April 9
1800-2300
- **MLREMS/REMAC**
(Hamptons Corners)
April 18
1600-1900

"Coming together is a beginning. Keeping together is progress. Working together is success."

What Perception Are You Portraying?

Anyone who has been in EMS for more than three months knows the sting, indignation and revulsion of being called an ambulance driver. These two words are enough to make anyone who has gone through all the training, time and dedication want to jump up on a table and scream, "I am *not* an ambulance driver!" Some medics politely try to correct people. Others say nothing after being labeled for so long it no longer registers, but we all feel the insult. Here's the worst part: As a medic for over 10 years, I'm starting to wonder if we deserve the title.

How often does our service do proactive community education on what EMS is, does and doesn't do? I'm not talking about the 15-minute job fairs for grade schoolers or anti-DUI performances put on at high schools. I'm talking about getting out into the community or going to civic meetings and truly explaining EMS.

Here's the problem: EMS is the stepchild of public safety. It has only been around in its current fashion since the 1960s, and we have to own up to the fact that we are the younger child in the relationship. Police have been around since right after someone first said, "Thou shall not..." and fire departments have been around for centuries.

I'm making light of the situation but it really is that simple. People know what police officers and firefighters do. When they go out to serve, people can see what they are doing. In EMS, we rush in, evaluate, triage, then scoop people up, put them in a big box with very small windows and drive away. We are trained to minimize on-scene times and transport, so the community has no idea what we're doing in there. All they see are ambulance drivers.

Why is this important? Perception is reality. If we don't educate the public about what we do proactively and continuously, they may not call us. During your career, how many patients have you transported who were amazed that you could start an IV, give drugs, or put them on a cardiac monitor? Unlike our siblings in public safety, we can't expect the public to inherently know what we do behind closed doors and then be offended when they can't give an accurate job description for EMS.

EMS lacks an identity. People know we're here to help, but they don't know how or exactly what we do. For the community to access us in a more meaningful way we must explain it to them. It is our duty to ensure the public understands the services we provide and how we go about doing it. Explain what training is involved to be able to handle any medical situation and the hours devoted to our craft. Invite community leaders, media and church leaders to do ride-alongs to help them understand what it means when an EMT or paramedic walks through the door. On-scene education is important to garner a patient's trust, but not enough to shake the name "ambulance driver."

Severe Blinking: Extreme winking of the eyes might be early evidence of blepharospasm, a muscle dysfunction that forces the eyelids to stay locked shut for the rest of your life.