

Emergency Medicine Committee
National Association of Search and Rescue
21115 East Maplewood Avenue
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REPORT

(OR -- The First Step in the "Second Mile")

This report is a compilation of the information received from some 42 interested persons throughout the country from first aid instructors to doctors, NO attempt is made to presume that it is a final plan, but should provide plenty of material for discussion, challenge and future work. Study it carefully; make all of the comments you wish (positive and negative); but DO COMMENT to the committee at the address above. We need your ideas and suggestions. Just one word of caution: If you're critical be sure to suggest an alternate solution.

Introduction

There is apparently a tremendous interest in the development of an Emergency Medical Technician-Wilderness program. Great quantities of information has been received in the form of outlines, response to the earlier mailings, manuals and description of courses already being taught, Mary thanks to all who have sent in this material.

And, yes, there ARE program of this type being presented in some limited areas of the country where SAR teams have been interested and there has been the right interface between them and the medical profession. They vary widely in scope and content but can serve as a base for acme of our work.

The material presented here is not the work of the chairman, but is a compilation in an attempt to organize the material into the modular concept. It is oriented toward the "wilderness" environment and could be modified easily to include modules on the "rural" environment. So -

For sake of clarity, let's redefine those two. "Wilderness" implies ANY area (high cliff, swamp, center of a disaster scene, ocean) where the victim is at least one hour from any vehicular access. "Rural" implies vehicular access to the victim but some distance from any definitive care unit (such as a road-head 20 miles from the nearest clinic, a small, isolated town, etc.)

A need -- the committee functions with a zero budget! (who doesn't) So far,, mailings and printings have been contributed but funds are running out and we don't want to tax NASAR if we can avoid it so went YOU send in a contribution to help with this work? \$5.00 would be lovely (per member or interested person), but any amount will help and ALL funds received will be used for printing and mailing. If you think our work is worthwhile, please help.

Problems

They'll be with us always. Some of them have been noted before. They're listed here to regain your awareness, We hope you'll consider them and work on them in your areas. Solutions are welcome!

- Without central leadership many programs involving paramedic/EMT/SAR personnel are in operation, but none are "certified" and they are on many levels and in many disciplines. This is not necessarily bad, for the needs of a rock SAE team are different from those of a desert unit. But we must accept this and not be critical of those using techniques that fit their particular needs,
- We still lack victim orientation in some of our programs. We need to teach the material that the rescuer can effectively use to help HIM and not elaborate in areas that are only for the advanced personal satisfaction training of the rescuer.
- Work needs to be done on terminology so that we all speak the same language both in SAR procedures and in paramedical procedures.