

Start Your Ambulance Checks with the Essentials

Ambulance checks are essential. So start them by routinely checking your essential equipment.

By Thom Dick

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You're in another state, waiting to use a crosswalk, and you see this guy in a tired-looking '52 Chevy pickup bust a red light and broadside a minivan. In the time it takes you to size things up, approach the victims and offer your help, the local PD, fire and EMS agencies arrive. The family in the minivan seems fine, but there are no safety belts in the pickup, and its sole occupant looks pretty sick. There are plenty of responders, so you back off a little and fade into the gathering crowd.

It strikes you that the EMS crew seems a little awkward. One of them is obviously looking through his outboard compartments in search of something. He jumps into the patient compartment and soon emerges carrying some packaged rolls of Kerlix. His face is flushed, he's perspiring, and he looks really frustrated. Apparently he can't find their restraints, so the EMTs and the fire crew members use the Kerlix to restrain the truck's occupant, who has now become combative.

Have you ever worked with partners who blow off their change-of-shift equipment checks? Have you ever been one?

You've heard all the excuses. You can't put everything on checklists. Nobody reads them, anyway. We know our own ambulance. And best of all, the offgoing crew said everything was there.

I think your tendency to use those excuses—or to do careful equipment checks, instead—is largely attributable to your own ethical compass. And maybe you remember the examples set by your first field trainers.

I think it's OK to be wrong about stuff. Life-Saver. But it's not OK to be fooled. When you check your gear and you honestly miss something, you've been

wrong. Even the finest professionals are only human. So they're wrong about stuff all the time. But when you assume it's OK, so you don't bother to check it, you're a freakin' amateur. And amateurs masquerading as professionals eventually make fools of themselves. They can't help it.

Every agency has its own legends about consequences. I have personally arrived for work early, jumped into a cold ambulance with the offgoing crew dead asleep (because they've been up all night,) responded 10 miles for a cardiac arrest, jumped out of the rig on scene, opened the compartment door to get my gear, and wondered: Hey!

Where's the bed?

Life ain't easy for a trained observer.

A two-person crew can check out a familiar ALS rig in 45 minutes. It's routine, so it can happen during a conversation about what you both did during your days off. It can eliminate a ton of stress (and a truckload of embarrassment) during your shift. And, come on. It's your job.

You can trust your routines, Life-Saver. Your mind gets tired, and its effectiveness can vary with weather, fatigue, glucose levels and biases. But you can bet the farm on your routines.

Maybe you've noticed how, at two in the morning when you've been up a few times, the things you forget are your algorithms, flow charts, dosages and definitions. Sometimes you can't even read the dang map. But when you need 'em most, your routines are there waiting for you.

You may not think about them, but you use routines to get dressed, unlock the rig, operate the radio, pull out of the bay, switch on the warning equipment, select your routing, and size up a scene. You also use a routine to reach for your atropine, have you noticed? Right where it was when you ... um, checked your equipment.

Call 'em habit, muscle memory, repertoire or whatever you like. I think it's those routines that make even the most challenging calls seem to flow, especially when you're with certain partners. It's like you don't even have to talk to one another. And you certainly don't waste any time searching for stuff, because you both know exactly where everything is.

Again and again, it's the little stuff we do that defines us as professionals.

A wise man named Bob Hartson taught me to build my vehicle checks around a simple routine. He said to start with the most essential things you need to run a call, and build your repertoire around those things. Of course, in those days, we weren't EMTs or medics, so our list was simple: FLOSS (for Fuel, Linen, Oxygen, the Stretcher, and the Stuff—our major carry-in items.)

Maybe you can run a call without linen (although you can do a lot with sheets and blankets.) But I found out even as a busy medic, the primary essentials were the same.

And you know what? They still are.

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