

- 3 key elements

- Personnel and technology
- Communications and transportation
- Support from community

### 19<sup>th</sup> century (and before)

- Major cause of death was from diseases (like pneumonia, influenza and others) and
- Poor sanitation (like dysentery and diarrhea)

### Old Ways

- Treatments for disorders included leaching and blood letting.
- The “humoral theory”

- Commonly recommended therapies became “fashionable” (like purging, evacuatives and restoratives)

- What was “trepanning” and was it unfounded?
- Is there a modern comparative?

- Care in early America was delivered by physicians via house calls for those who could afford it.

- How did the poor receive care?
- Where did they go?

- What were “Alms Houses”? (p. 18)

- Dispensaries were like “Alms Houses” except that they focused upon medical care for the poor.
- These became incorporated into medical schools.

- Students in these schools sometimes required that students bring / acquire their own cadavers.
- This caused some distrust among townspeople.

- Some students resorted to stealing bodies for their studies.

### Resuscitation

- It was once thought that death was a “veil that could not be crossed”
- Sporadic attempts were made to study death and resuscitation

### Key Development

- 1732: William Tassach used mouth-to-mouth to resuscitate a miner
- Others repeated this success

### Key Development

- 1767: Amsterdam Rescue Society formed to revive drowned persons
- Similar groups formed in U.S.
  - Including very successful “coast guard” unit

### Transportation

- Napoleon’s physician, Dominique-Jean Larrey, is credited for the idea of moving wounded and dead soldiers from the battlefield.

### Transportation

- This idea was adopted by Washington’s army in the U. S.
- Not much changed for some time.

### Time line

- During the Civil War
  - Aid stations were set up near battle zones
- World War I
  - Early “medics” were poor soldiers who merely moved the patients
  - Later iterations were highly trained

### Time line

- Around the same time, the Red Cross noted the success of first-aid and began to teach it.

## Time line

- World War II
  - Highly trained in basic and advanced skills
  - Training increased in subsequent wars (including use of MASHs in Korea)

- 1965: Health, Medical Care and Transportation of the Injured
  - Addressed treatment and survival of auto crash victims
- Highway Safety Act of 1966 created NHTSA

- Early EMS agencies
  - 1928: Roanoke, VA first rescue squad
  - 1966: Haywood Co., NC first Paramedic volunteers

- Many agencies operated by volunteers or funeral homes

- CPR developed in 1960.
- Defibrillation developed

- White Paper in 1966:
  - What did it say?
  - How did it effect EMS?

- Many people came to understand the value of rapid treatment and transportation

– Golden hour: R. Adam Cowley M.D.

## Move to National Curricula

- 1971: first EMT curriculum
  - Last revised in 1994, due for update
- 1976: first Paramedic curriculum
  - Last revised in 1998 (scope of practice being created)
- 1985: first Intermediate curriculum
  - Last revised in 1999

## Federal Structure

- For a long time there was no federal structure
- Div. of EMS created in Health, Education and Welfare

- Budget cuts were made in the 1970s (Nixon administration)
- EMS Act of 1973 passed which changed how money was passed along to states.

- What was that change?
- What did it mean?

- What are 1200 monies?
- How can they be used?

- Leading agencies in EMS structure
  - NHTSA
  - EMSC

## Other Changes

- Universal access
- Increase in privatization
- Blueprint and the Agenda
  - Roadmaps to the future