Austin EMS Association (AEMSA)
Recent Successes and Upcoming Initiatives
TOPICS

• Medic Assaults

• Schedule Updates

• Workload Challenges
MEDIC ASSAULTS
MEDIC ASSAULTS

• Assault form

• Self Defense

• APD Response times
Dear EMS1 Member,

Did you miss any of our most read and commented on stories of this past week? Don't worry, we've compiled the best.

— The EMS1 Team

Texas EMS union calls for the creation of a 'medic in distress' dispatch code

The Austin-Travis County EMS union is calling for the creation of a police dispatch code that informs officers whenever a medic is in distress.
ATCEMS & AEMSA to host first ever EMS specific train the trainer self defense course
SCHEDULE UPDATES
OLD TO NEW SCHEDULE

- 6am
- 7am
- 9am
- 11am
- 4pm
- 6pm
- 7pm
- 8pm

- 9:30am
- 10am
- 9:30pm
- 10pm
WORKLOAD / CALL VOLUME
2x Alarm Activation
2x Altered Mentation
1x Cardiac Arrest
2x Chest Pain
1x Eye Injury
3x Fall
1x Gunshot Wound
2x Heart Problems
1x Hemorrhage
2x Overdose
1x Psychiatric
1x Respiratory
2x Seizure
3x Sick
2x Syncopal Episode
4x Traffic Injury
1x Unknown
1x Unconscious

8:00PM, 1/30/20
32 calls
45 ambulances
3:00AM, 1/31/20               13+ calls Central
EMS ASSOCIATION REQUESTS
1. WE NEED MORE AMBULANCES
CONVERT DEMAND 1, 3, 4, AND 5 TO 24 HOUR TRUCKS

ADD AN AMBULANCE AT MEDIC 1, 5, AND 33
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2. REFORM SICK TIME POLICY

REVERT TO 2 HOUR RULE

Notification will be given no later than 4:00 AM for day shift or 4:00 PM for night shift. Personnel assigned to EMS Communications or a work assignment with a “non-traditional” start time (Peak Load Units, Training, Special Events, etc.) will provide notification no later than two (2) hours prior to the scheduled start time.

Notification by personnel assigned to Field Operations will be given no later than 06:30 for morning shift start times or 18:30 for evening shift start times.

REVERT TO PREVIOUS OCP SICK POLICY

Sick Call on On-Call Assignment (OCP)
Personnel that call out sick on an OCP assignment date will be required to select another on-call assignment (OCP) date in coordination with the employee’s Commander of Record and the EMS Scheduling Supervisor.

The make-up OCP date will need to occur within the next 21 calendar days after the OCP sick call date and cannot be in conflict with the employee’s assigned work schedule or with any trades, extra-duty assignments or FYOC assignments.
Illness Documentation
The Department may require satisfactory “proof of illness” documentation in order to utilize sick leave not as a condition of returning to work. Proof of Illness is defined as a “Doctor’s Note” from their health care provider and does not include medical records or confidential information.

Proof of illness documentation will be required in the following circumstances:
- When sick leave is utilized after the employee has incurred an attendance violation for a period not to exceed 3 months.
- Use of sick leave immediately precedes or follows authorized shift trades or vacation leave.
- Any instance in which the department suspects potential misuse of leave.
3. RAMP-UP STATION TONES
RAMP-UP STATION TONES

Effect of station-specific alerting and ramp-up tones on firefighters' alarm time heart rates.
MacNeal JJ¹, Cone DC², Wistrom CL¹

Author information

Abstract
A number of long-term health effects are suffered by emergency responders, some influenced by psychological stress and fatigue. This study explored if stress and fatigue can be reduced by changing the method by which firefighters are alerted to emergency responses. Over several months, the method by which responders at a fire department were alerted was altered. Firefighter heart rates were measured first with standard alerting as a control (phase 1: all stations alerted simultaneously, with high-volume tones). The department then implemented station-specific (phase 2) and gradual volume ramp-up (phase 3) tone alerting, and heart rate increases were compared. The Fatigue Severity Score was used to examine firefighter fatigue, and the department administered a follow-up survey on personnel preferences. Individual heart rate increases (Δbpm) ranged from 2-48 bpm. Median increases were 7 bpm (IQR 4-11 bpm) during phase 1 (72.2% of alarms Δbpm<10), 7 bpm (IQR 5-12 bpm) during phase 2 (60.7% of alarms Δbpm<10), and 5 bpm (IQR 3-8 bpm) during phase 3 (82.7% of alarms Δbpm<10). The difference in medians was lower for phases 1 and 2 than for phase 3 (p = 0.0069), and more alarms in phase 3 resulted in increases of <10 bpm than in phase 2 (p = 0.0089). The Fatigue Severity Scale showed little variability: median scores 7 in phase 1, 8 in phase 2, and 7 in phase 3. Firefighters reported a strong preference for the "ramp-up" tones, and were roughly evenly divided between preferring alerting all stations simultaneously 24/7 (40% rating this 4 or 5 on a five-point Likert scale), station-specific alerting 24/7 (47.5%), or all stations during the day but station-specific at night (40%). Ramp-up tones were perceived as the best method to reduce stress during the day and overnight. Small but significant decreases in the amount of tachycardic response to station alerting are associated with simple alterations in alerting methods. Station-specific and ramp-up tones improve perceived working conditions for emergency responders.
4 & 5 REST PROMOTION

- No non-urgent pages after 10pm

- No change outs after Garage is closed (8pm) or in the rain, unless emergent
Austin EMS Association (AEMSA)

310 Comal St, Austin, TX 78701
info@austinemsa.org

Mission: The Association is the voice of its members that fights for, protects, and educates its members and the community through advocacy, collaboration with management, and social fellowship.

Vision: Through the unified voice of the AEMSA, we empower medics to advocate for a rewarding, safe, and healthy career with strong benefits and fosters the practice of progressive medicine.