

EMS History

"The chain of human and physical resources that provide patient care in cases of sudden illness, injury or pregnancy, from the moment the event occurs, through the transfer to an appropriate medical facility."

Elements of Emergency Medical Services (EMS) can be traced back to as early as biblical times, with the story of the Good Samaritan. In that story a person was assaulted, robbed, and left for dead by the side of the road. Over the course of several hours many people walked by without helping or even stopping until finally a Samaritan stopped and helped by treating his wounds, assisted the man to an inn, and even paid for some long-term care at the inn. With that Emergency Medical Services were born.

EMS in America can be traced back to the Civil War. In 1884 all personnel had to be examined by medical officers to qualify for duty. Also, ambulances were assigned based on the size of the regiment. Each ambulance team was trained in patient care to better take care of the soldiers. In 1865 Cincinnati incorporated the first civilian ambulance. Then four years later in 1869 New York advertised a 30 second response time and provided Ambulance Surgeon and a quart of brandy for their patients.

During the World War I era signal boxes were used by soldiers to help medical teams find them. Medical teams also used electric, steam, and gasoline powered carriages for transporting the injured. It was also the first war that traction splints and other medical equipment were readily available. After the war was over civilian ambulances were equipped with radio dispatchers to better serve the community, surgeons started to do ride-along's.

The transition to what we know as the modern day EMS started during the 1950's and went on to the 1960's. It started as an off shoot business of 5 different types of companies; towing operators, medical equipment businesses, funeral homes, hospitals, and police and fire agencies. After 90 years of being unregulated funeral homes began patient care and provided fifty percent of the country's ambulances.

In 1960 John F. Kennedy declared that, "Traffic accidents constitute one of the greatest, perhaps the greatest, of the nation's public health problems". Then in 1966 Lynden B. Johnson using a president's Commission on Highway Safety/National Academy of Sciences declares the carnage "the neglected disease of modern society." Also in 1966, the National Highway Traffic Safety Act was adopted. This standardized EMS training, promoted state enrollment, encouraged community oversight, recommended radio communication, and stressed a single emergency number.

Other federal initiatives were put into effect that further helped define the EMS program. In 1972 the Health Services and Mental Health Administration became the lead agency for EMS. This agency was within the Department of Health, Education and Welfare (DHEW). Also the Physician Responder Program was implemented. This metamorphosed into "paramedic" programs, and lead to close physician supervision.

1973 brought about the EMS Systems Act. The DHEW established 300 EMS systems throughout the country. The Department of Transportation adapted a training curricula for EMT, EMT P, and first responder. Public Law 93-154 established new rules for EMS radio communications. General Services Administration also introduced ambulance specifications. The next step came in 1981 with the Consolidated Omnibus Budget Reconciliation Act. This allowed for four things; it consolidated funding into state preventive health block grants, it eliminated funding under EMSS act, also the compliance with federal guidelines were eliminated, lastly, the federal lead agency was abolished.

In 1996 the EMS Agenda for the Future was drafted. It interweaved the EMS with other social efforts. That same year the EMS Education Agenda for the Future was drafted. This agenda provided recommendations for Core content, Scope of practice and Certification.

EMS In Minnesota

The EMSRB activities include licensing ambulance services, approving EMS training programs, designating and funding regional organizations, funding training for rural emergency room teams, and administering grants and programs. It also broke Minnesota into eight districts: Metro-Deb Radi, Central, South Central, West Central, Northeast, Northwest, Southeast, and Southwest. Each district has a primary service area that allows the EMS company to have a monopoly. This is because it protects financial viability, decreases confusion, and maintains community control. Each area has a Medical Director that enforces district statutes like training standards, equipment standards, protocols, internal QI, drug protocols, and equipment protocols.

