

ARSC BOARD OF DIRECTORS MEETING
17 DEC 94
MINUTES

Meeting was called to order at 1042 by Dave Carter.

BUSINESS MEETING

Attendance: (People in bold were present)

AMRG - Keith Conover
AMRG - Charles Kollar
MSAR - Peter McCabe
MSAR - Darrel Hale
SMRG - Gary Mechtal
SMRG - Amy Rue
TSAR - Dave Carter
TSAR - Candi Capozzi

BRMRG - Audrey Wilson
BRMRG - Bob Koester
RSAR - Mark Pennington
RSAR -
SWVaMRG - Brian Ferguson
SWVaMRG - Tony Bordeaux (Operations meeting only)
*PVRG - Michael Vatalaro
*PVRG - Karen Vandersall

*Probationary Group

OTHERS: Mark Jones-TSAR, Marc Buursink-BRMRG/PVRG, Camille Birmingham-BRMRG, Steven Ward-SWVaMRG, Cindie Lambert-SWVaMRG

Minutes (Candi Capozzi) - The minutes for 22 Oct 1994, were distributed, reviewed and accepted with no corrections. ***Motion to accept (Yes 5 No 0 Obs 0)***

Officer and Committee Reports

Treasure's Report: (Read by Amy Rue for Patrick Turner):

Our income since last meeting zero. RSAR still has not paid their 1994 group or individual dues. Our debit since the last meeting has been 65.80 for two months of paging. Reminders have been sent out about 1995 dues. Group dues are \$45.00 per active group and \$75.00 per probationary group. Individual dues are a \$1.00 per member. The ARSC BOD needs to determine what exactly is a "member" for dues. Does this mean active or any member? Both dues with a current roster are due by 30 Jan 1995.

The proposed budget is attached to the minutes. The reason for the small amount of expenditure is that I have not taken out this year's "credit" for renewal of the radio license yet and ASRC Candi Capozzi has not given me any of her expenses yet. If anyone else has expenses that they have paid for in 1994, they need to get to me as soon as possible.

I am posting ASRC announcements every Monday on electronic mail. If you have any announcements you would like to go out, such as MSO classes or simulations, either call me at the Locker or e-mail me at ph8f@virginia.edu before noon on Monday.

Safety Report (Gary Mechtal): William Dixon is interested in the safety officer position and I would like to put a motion on the floor that he be voted in. Seconded by (Dave Carter): ***(Yes 6 No 0 Obs 0)***

Operations Report (Gary Mechtal): I have two reports to distribute one on drowsy drivers and the second on the Hantavirus that seems to have cropped up on the Appalachian Trail.

Communications Report (Steve Houck): Not Present

Medical Report (Amy Rue):

Medical Review - Neil Stallings, EMS Program Representative for the Office of EMS, had one major concern after inspecting our agency for a renewal of our EMS licence. According to him, he did not see a single patient care report. We must keep patient care reports on file for every patient contact that is made. It does not matter if all we do is to spend five minutes assessing the patient, or two hours with the patient during semi-tech evacuation, a report must be filled out and placed on file with the rest of the mission information. As well, if any group treats a patient either during training or as part of a preplanned standby a patient care report should be generated and a copy or the original should be sent to the ASRC corporate headquarters to be placed on file.

Starting January 1, 1995 we will start placing a copy in a patient care report file. The original would remain in the mission file. This would allow easier access to patient care information for state licensure inspections, quality assurance reviews, statistical review etc.

Reciprocity - There seems to be some confusion as to what this exactly means. Reciprocity is an administrative function. This means that you must send proof of your current certification to the state that you are seeking reciprocity in and get their card. I have some more comments but they will be held till the PA Protocol discussion.

Help - I need help for coordination and logistics, because Dr. Lindbeck is willing to give a seminar. I also need help getting Mutual Aid Agreements from the states that we practice in. (Mark Jones to do this)

Training Report (Candi Capozzi):

SNA - At this meeting we have to make a decision on what weekend in September 1995 that we are going to want the simulation in Shenandoah National Park. This is imperative so that the planning of this activity can be set in motion. Suggestion of scenarios and other items will be accepted and appreciated, in writing, but first the date.

FTM/FTL/IS Tests - It has been brought up many times that there are supposed to be standardized test for the ASRC in these categories. It has also been brought to my attention that only the FTL test has been approved. An IS test is required for re-cert yet no one seems to have a copy and none has been approved. I am working on that one. Now the FTL/FTM is a different problem, this problem was brought up to me the first meeting I was training officer, now I am being told that it is not my job that it was left to a training officer of past. FTM, everyone seems to have their own test and their own teaching ways. **Are we going to standardize or not?** If so we need to get it together and quit bickering. The Virginia part of the organization should be easy, we should be working on the same standards that are taught by the state we work for. The other states that is harder to say but I do not see why we cannot come to some agreement.

IC/IS Qualification Times - In August, we dropped a whole list of personnel from our IC/IS roster. I put a new one out only to find out that because groups are not providing me with up to date rosters that addresses and phone numbers are not right. Also one person questioned whether or not someone still had a year because of a grace period. Day before yesterday, I receive a phone call, this person is updating and publishing the IC/IS roster, OK.

Questions:

1. Where does the IC/IS roster fall, training officer or dispatch? (Don't care need to know, duplicating efforts)
2. The year grace period, was that a one time deal? (In August was told it was)
3. What guideline are we going to follow for requal times?

Because there now is a tracking system in place, i.e. me, I don't see why there should be a 1 year grace period and why we cannot go from board date plus exactly 2 years. We are usually boarding people in year around any way.

IC/IS Pin Numbers - A plan for standard IC/IS pin numbers will be presented by dispatch today, I hope that some agreement can be reached so that this system can be in place the beginning of next year.

EMT Standards - In the wake of the request to approve standards for our EMT's from another state. It has prompted me to do some research on what the National EMT community is going to be doing in the next couple of years. I contacted the Virginia State EMS Department and my research indicates that the EMT-B Curriculum in Virginia, Maryland and Pennsylvania is the Department of Transportation's EMT Curriculum with the only possible exception being the optional module on intubation. Virginia, Maryland and Pennsylvania have a reciprocal agreement to accept EMT-B certification across the state boundaries. EMT-P (National Registry) qualifications are recognized by all of these states. Additional, all states are to be required to teach the DOT standard EMT-B, I, and P curriculums by the year 1996.

Given this information it is not critical that the WEMSI be an ASRC standard but rather would serve the organization better as a supplementary qualification and certification similar to the Mantracker course i.e. optional. Further research is necessary to determine if the other ASRC member states also have reciprocal training agreements, since Virginia, Maryland and Pennsylvania are members of the Mid-Atlantic EMS council. Susan McHenry Virginia EMS Coordinator and Jeff Barbour an instructor for the PIMS council and the Commonwealth of Virginia can provide further information on this.

ADA Committee (Peter McCabe):

I have nothing to report, I have gathered some material and need to assemble it.

Reorganization Committee (Dave Carter):

We are going to have a meeting and start developing our COPIS. We have to do more high level thinking than we are doing now at the board level. Would BRMRG secure a place for this planning meeting for the Sunday after the February BOD meeting. Hopefully we all be in better condition than the last Sunday meeting we had.

Chairman's Report (Dave Carter):

Simulation - TSAR will hold a simulation at Seashore State Park sometime in March. This will be a full scale simulation that the park will control. Note that this is the only state park that has a SAR Plan. The Park system is looking at their SAR plan and Seashore has distributed it to the rest of the parks in Virginia.

SAR Coordinator Position - I had a long discussion with George Foresman and Virginia has a state hiring freeze in effect. He has put in a letter to the Governor to make Ralph's old position critical so that they can still fill it. He has also asked to see if members of the SAR committee can serve on the selection board for this position. George Foresman is also soliciting questions for the selection board. If you have any feed them to George at 310 Turner Road, Richmond, Virginia 23225-6491. The plan is to have someone in the position by 15 January 1995.

Strategic Planning Session - George Foresman is planning to have a Strategic Planning Session with the SAR committee in Feb/Mar timeframe. He is tired of going week to week and wants to plan.

Changes in SAR Coord Position - There have been some changes in the State SAR Coordinator position making it a little more political and adding more management stuff. They were hoping to hear something by Friday from the Governor, I did not hear anything. Otherwise Winnie will be functioning until the position is filled.

Old Business

Status of 501 (C)(3) (Bob Koester): None of the groups sent me the information that I asked for last meeting. I need the FIN numbers and a financial report.

(DC) Do a letter to each group telling them exactly what you want, when you want it and where you want it sent to.

Budget for 1995 (Patrick Turner):

Tabled to next meeting, due their only being one copy of the budget and no one has reviewed it. A copy will be sent out with the minutes.

Death Benefits and Compensation Issues (Dave Carter/Bob Koester):

(DC) George Foresman and Winnie Pennington think that they could make this happen. It seems that there are only five words in the current law that have to be changed.

(BK) The real magic words are public service. BRMRG was brought up to the Albemarle County Board and were given a charter retroactive to before the incident. You need to go to the county that handles your local group and tell them what you need and that it will cost them nothing.

(DC) Bob take the corporation (ASRC) along the same path as BRMRG took.

New Groups (Dave Carter)

We have been contacted by 3 new groups one of which is the Chesapeake Regional Search and Rescue Inc. out of Baltimore, Maryland and also by the Harrisonburg Tactical Team and the Bridgewater Tactical Team.

(Bob Koester) Bridgewater is a mostly local territory team. Harrisonburg would like to be more active in more searches and thought that the ASRC would be the way to get that.

(DC) Bridgewater is losing response area and wants to stay active. There is however a great deal of competitiveness and ill will between the 2 groups. The possibility of 11 groups opens many possibilities and other things that we have not resolved yet... The differences between affiliate and regular groups.

(Gary Mechtal) The intent of affiliate rules was to make an avenue to let groups that could do other things besides ground stuff into the ASRC, i.e. 4X4 groups, Dog groups, etc.

(DC) Do we call them up? What uniform do they wear? We have no policy. Reorganization is essential to these issues.

Mission File Space (Camille Birminham):

We are out of room in the mission paperwork files and there is no room in the locker for another filing cabinet. Recommendations are desperately needed. A Storage unit? An achiever? State or County Space? BRMRG is to come back with a researched recommendation as to what to do about this.

New Business

General Membership Meeting (Cindie Lambert):

SWVaMRG is hosting the 22 April 95 BOD and General Membership Meeting. This will be an all weekend activity in the Blacksburg, Virginia area. There will be competitions, a sleep seminar, and other seminars. Make plans to make up teams for a compass course. William Dixon has been asked to do a seminar on Planning Segments and Search Sectors.

There is an announcement attached to the minutes. Please make copies and spread it around.

(CK) Why not make this a 20 year celebration and invite the founders. Tom Patterson, Ray Cole, Gene Harrison, Keith Conover and _____.

PA Medical Policy (Dave Carter):

Originally these policy were submitted by Dr. Conover who wanted me to sign them so that they could be in place by 1 December. I was not happy with what I was reading and wanted to see what others thought so I wrote Keith Conover and said that I was sending a copy of the protocols to each group and the medical officer. And that we would discuss it here at this BOD meeting.

(CK) What are we discussing?

(BK) There are some problems. Lets start with the Purpose and Scope - it reads here that if we go to PA we have to follow this policy regardless of training. Later it reads "Training must be consistent with the WEMSI curriculum", which would lock us into only their courses. As far as the real protocols go there are not a great many differences. I marked those with highlighter. Even CQ's must follow this and they are not required to have any medical training. FTM's who only have to have Advanced First Aid, which 80% of this material is not covered in First Aid (for those that have it). The extra training that this would require is this large of a book (a 3 inch binder full of material is held up). If we use personnel trained with WEMSI to treat, then we cannot use any others.

(AR) These protocols are not an option - this is outside the scope of the EMT and not generally accepted practice. This is legally going out on a limb.

(GM) Consensus process is needed to put together a committee do this type of thing. When you go off in the corner and do something by yourself and then bring it in and expect the board to embrace them, this is what happens. Administratively the policy is no good. Functionally this is not good either.

(CK) Taking this aside there are a lot of things to look at and now I have had the time to think about this. The best thing to do is to make a motion to word it to change/and table it until further discussion.

Break 1220-1234

Motion for Protocol Policy (Amy Rue)

To table any further discussion concerning the adoption of WEMS Protocols Version 1.2 May, 1994 until the following three things have been accomplished:

1. George Lindbeck, MD ASRC Virginia Medical Director has the opportunity to review them and to offer a secondary medical opinion.
2. A letter is obtained from Kum S. Ham, Director of the PA EMS Systems indicating that he no longer believes that using these protocols and the personal wilderness medical kit would exceed an EMT's or Paramedic's scope of practice *or don't apply to persons who are already EMT's or Paramedics.*
3. An independent legal opinion has been sought, and a written opinion obtained by the ASRC BOD concerning the use of these protocols by ASRC medical personnel (First Aid, First Responders, EMT's, Wilderness EMT's, Paramedics and Wilderness Paramedics).

(GM) Disagrees that we should put the time and money into pursuing something that will only benefit or effect one state.

(DC) We have no history that there is a use for this stuff. Can we come up with protocols that apply to everyone in the conference.

(AR) That is what the Mutual Aid Agreements would do.

Seconded (Gary Mechtal)

* words in the motion in *italics* were added to the motion as amendments

Vote for the above motion as amended (**Yes 5 No 1 Obs 2**) motion carries

New Medical Officer (Amy Rue and Dave Carter):

Due to Amy Rue going active duty in the military we are in need of a new medical officer. This person will be needed by the February board meeting.

Operations Manual (Peter McCabe):

There are many concerns about the operations manual. I motion to adopt the manual as is and work to completion later.

(DC) Compromise - Operations Manual Committee can you set a date that the manual will be ready?

(GM) We can have it ready by the February Board.

Meetings via E-MAIL (Charles Kollar):

I would like to suggest that we could maybe do a couple of boards a year by E-MAIL.

(DC) Good idea - Please do a paper and tell us how to implement this. Feed all issues and questions to Charles Kollar.

Training (Peter McCabe):

There is an FTL test that is out and approved and all the group training officers have one. FTM is still in the works.

(DC) Will you continue working on that test and have it ready for the February BOD.

(PM) I will try and work it into my schedule.

Training Officer (PVRG):

PVRG would like to put Mark Buursinc in for their training officer. Motion by (Karen Vandersall and Bob Koester)

Seconded by (Candi Capozzi) *(Yes 8 No 0 Obs 0)*

Announcements

MSAR - Jan 28th from 10AM to 2PM a meeting will take place titled "Providing Professional Volunteer Search & Rescue Services for Lost Persons in Maryland". This will take place at the Hampton Inn, exit 31-B off I-270 in Frederick, Maryland. Questions or Queries contact Peter McCabe, MSAR at 301-596-9994 (evenings)

(GM) SMRG will be holding a FTM in March and a MSO on 12/13 and 25/26 February.

There will be FTM/FTL/MSO/Tracking courses held at Camp Virginia Jaycees on 17-19 Feb and 3-5 Mar 95.

PVRG has put out their spring training schedule. Is there any interest in doing some sort of simulation in April.

(DC) Civil Air Patrol has adopted the Call-out Qualified course that TSAR and RSAR uses and will start teaching it soon and this course will be applied to all the personnel for basic level training, including pilots.

CAP has also adopted the ICS system and will put it in place 1 March. They will be needing help in setting up table tops for their local groups.

(DC) We will be conducting a FTM course in Maryland for the Civil Air Patrol in March.

Closed Business Meeting 1320

Operations Meeting

Process of Sending Letters (Gary Mechtal):

Our process of sending letters is a little confused. In the future that should become clearer. Some people should fall under operations and as soon as that gets resolved, this would be fixed.

I'm handing out two documents on child behavior

Pin Numbers (Camille Birmingham):

I had asked some time ago that the IC's and IS's be assigned separate numbers to enable dispatch to easily find one of them and to eliminate the use of the group number and their pin, eliminating a lot of confusion. Also a way to recognize individuals.

Motion: (Camille Birmingham) Seconded (Candi Capozzi)

That numbers 001 - 099 be used for Conference assets only across the ASRC and other all other group nets. (Yes 6 No 1 Obs 2) motion carries. Effective February 28th 1995. 2 different IS rosters were handed out. The first an updated version good through 2/28/95. The second version with the new pin numbers effective 2/28/95.

Pins to Identify States (Peter McCabe):

I would like to see pin number identifications for what state the mission is going on in. Peter to look in to.

Dispatch Duties (Gary Mechtal):

Does dispatch disseminate information and route requests to DES. Can we count on dispatch to do something for the IC? (CB) Yes but they may question why if it is out of the ordinary. We are always updating DES.

(DC) DES policy is for you (the IC) to call them directly. If that is your one phone call you can ask them to call ASRC dispatch to let them know what is going on.

Bike SAR SWVaMRG (Cindie Lambert):

We have put together another report, a news letter and a set of standards for this new item and are distributing them for review. Our goals are as follows:

1. Publish Standard Operating Procedures for Bike SAR teams by Feb BOD.
2. Develop training materials and written test for Bike SAR by June BOD.
3. Present a Bike SAR seminar during the General Membership weekend.
4. Conduct at least for Bike SAR trainings/experimental sessions by the end of Spring Semester.
5. Publish a revised edition of the Bike SAR Training Standards by December 1995.

Shenandoah Simulation (Candi Capozzi):

We must get this date nailed down.

(PM) Do we have another month we can do this in?

(CC) No we were not given any latitude by the park in that way.

Choices September 9-20, 16-17 and 23-24. *All agree with the latest date possible 23-24 September.*

Question on IC/IS Qualification Times (Candi Capozzi):

Just clarify for me and some of the other groups what is meant by board date plus 2 years.

(BK) Easy to clarify the first year does not count against you.

Nominations for IC (Dave Carter):

Mark Eggman - Withdrawn

Ruth Carter - Withdrawn

Announcement for IC's (Dave Carter):

Shift reports need to be called into DES during regular business hours, even if that means waiting till the next day.

Adjourn at 1453

MARYLAND SEARCH & RESCUE GROUP (ESAR 616) REPORT TO THE APPALACHIAN SEARCH & RESCUE CONFERENCE

December 13, 1994

New Trainees

The M/SAR (ESAR 616) COQ/FTM Fall-Winter training program has more than 20 trainees. Four training weekends have been completed. Regular training meetings are held Monday evenings. At this time, 12 COQ trainees are completing a 3-week long FTM testing and evaluation period. A second FTM training course will be initiated in late January, running till May.

Facilities and Equipment

No significant changes since last report. The M/SAR voice mail system at (410) 992-3945 is proving effective.

Medical Training

Twenty-three trainees are presently involved in a three weekend training program for the American Red Cross Emergency Response course (formerly Advanced First Aid). When the Emergency Response course test is given for this training, the Maryland Institute for Emergency Medical Services Systems will provide examiners so that trainees wishing to challenge (test) Maryland First Responder credentials can do so.

Affiliations

M/SAR is completing an arrangement with the Fifth District Volunteer Fire Department (Clarksville) of the Howard County Fire/Rescue to blend our lost person SAR operational capabilities into their program and provide cross training opportunities for personnel in their program, with the result that both programs will have a broadened and enhanced operational capability. This will be finalized in January 1995. This is not an urban SAR relationship as some may have erroneously concluded.

Networking

M/SAR has agreed to host an open meeting in Frederick for individuals and teams providing professional volunteer SAR services in Maryland for lost persons. The purpose of the meeting is to generally the state of lost person SAR in Maryland and consider the development of a state organization for training and mutual aid assistance (see attached). The meeting will be conducted on January 28, 1995.

The ASRC Resource Management System

Significant changes have been made in the development of the computer resource management system for use in ASRC incident command operations in lost person SAR missions. Briefly, a determination was made that use of present Macintosh equipment was no longer efficient for the desired goal of using FoxPro 2.6 as the relational data base, and that acquisition of new Apple power macintosh 7100 equipment was not cost efficient at this time. Accordingly, the computer working group team has switched to microcomputers. We now have a fully equipped 486dx 66 desk top unit and will be ordering a 486dx 2/50 lap top before December 31. A period of several months will be required to develop a learning curve on FoxPro 2.6, and transfer several packages to the new system. A minimum of two more lap top units will be acquired in 1995. Initial field testing should begin in Spring 1995 with table top modeling in summer 1995. Several reports concerning development of this system are being written with planned release to SAR-type publications.

Computer Mapping

M/SAR is working on refinement of computer mapping software that some folks in British Columbia have developed. This innovative uses computer mapping capabilities for graphically displaying search sectors and related search team information useful in incident

command operations. FAXing sections of topo maps from a central source to a local SAR incident, M/SAR will be able to receive and download graphic FAX files directly into its computers for local use. While desk top photocopiers will still be necessary to produce low priced copies of topo maps, individual teams and units may not have to individually maintain large inventories of relatively costly USGA topo maps. M/SAR anticipates this capability to become operational during the first quarter of 1995. Any unit with computers in its mobile operations capability will be able to use this system.

Maryland Institute for Emergency Medical Services Systems

In the coming weeks, M/SAR will be completing discussions with MIEMSS regarding use of their state-wide micro-wave radio repeater system for EMS services. ASRC will also have access to this system for SAR operations in Maryland when there is an established need to communicate with Maryland medical facilities from off-road sites.

TRAINING OFFICERS REPORT

17 DECEMBER 1994

Candi Capozzi

Shenandoah National Park Sept Simulation

At this meeting we have to make a decision on what weekend in September 1995 that we are going to want the simulation in Shenandoah National Park. This is imperative so that the planning of this activity can be set in motion. Suggestion of scenarios and other items will be accepted and appreciated, in writing, but first the date.

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Questions:

1. Where does the IC/IS roster fall, training officer or dispatch? (Don't care need to know, duplicating efforts)
2. The year grace period, was that a one time deal? (In August was told it was)
3. What guideline are we going to follow for requal times?
 - Going from the date boarded to 2 years from that month
 - Going from the date boarded to how ever it falls to approx 2 years
 - Example: Feb 93, Apr 93, Jun 93 board date = 1 Jan 95
 - Aug 93, Oct 93, Dec 93 board date = 1 Jan 96
 - Going from the date boarded plus 2 years
 - Example: Feb - Dec 93 board date = 1 Jan 96

Because there now is a tracking system in place, i.e. me, I don't see why there should be a 1 year grace period and why we cannot go from board date plus exactly 2 years. We are usually boarding people in yearound any way.

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Southwest Virginia Mountain Rescue Group

Budget for January 1994-December 8, 1994

Prepared: December 10, 1994

Prepared by: Tony Bordeaux

Brian Ferguson

Steven Ward

Tiffany Worthington

Credit Union of Virginia Tech (Checking account # 839100)

Beginning Balance = 5729.21 (as of January 1, 1994)

FIN 540721690

Expenditures

January

Phone service -	196.21
Phone service -	127.79
Pager service -	9.00
ASRC dues -	86.00
<u>Total</u>	<u>419.00</u>

February

Pager service -	9.00
Va. Search & Rescue Council -	10.00
University Union (photocopies) -	4.60
<u>Total</u>	<u>23.60</u>

March

Pager service -	9.00
Communications Plus (radio purchase) -	3000.00
John Punches (pager purchase) -	537.94
Dave Carter (patches) -	81.00
Phone service -	7.05
<u>Total</u>	<u>3634.99</u>

April

University Union (photocopies) -	2.90
DMV (ID) -	5.00
Pager service -	9.00
Cindie Lambert (photocopies) -	19.19
Phone service -	30.31
<u>Total</u>	<u>66.40</u>

May

Pager service -	9.00
<u>Total</u>	<u>9.00</u>

June

Phone service (May) -	79.93
Pager service (2 months) -	18.00
Phone service -	106.49
<u>Total</u>	<u>204.42</u>

July

Cindi Lambert (gas reimbursement) -	39.58 (has not cleared)
John O'shea (gas reimbursement) -	79.24
Phone service -	140.00
<u>Total</u>	<u>258.82</u>

August

Phone Service -	72.91
Dave Zader (gas reimbursement) -	67.48
Aaron Wahus (t-shirts) -	120.70
Aaron Wahus (t-shirt) -	8.00
Greg Sazonov (showcase) -	5.00
<u>Total</u>	<u>274.09</u>

September

Kevin Brown (dividends) -	60.81
Pager service -	9.00
Aaron Wahus (gas reimbursement) -	60.00
Phone service -	65.86
Kinko's (photocopies) -	57.09
<u>Total</u>	<u>252.76</u>

October

Tony Bordeaux (gas reimbursement) -	92.96
Pager service -	9.00
Phone service -	99.42
DMV (ID) -	5.00
Kinko's (photocopies) -	35.65
A-16 (group gear) -	735.57
<u>Total</u>	<u>977.60</u>

November

Group equipment -	73.15
Pager service -	9.00
Todd Brinkman (gas reimbursement) -	17.00
Greg Sazonov (radio equipment) -	68.72
Todd Brinkman (gas reimbursement) -	21.00
Phone service -	95.24 (has not cleared)
Steven Ward (gas reimbursement) -	10.01

DMV (ID) -	5.00 (has not cleared)
Group equipment -	102.49
<u>Total</u>	<u>401.61</u>

December (Statement not yet recieved)

Todd Brinkman (gas reimbursement) -	32.00
Mike Kirk (radio equipment) -	27.05
<u>Total</u>	<u>59.05</u>

<u>Expenditure Total</u>	6581.34
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Income

January

Interest -	12.24
<u>Total</u>	<u>12.24</u>

February

Interest -	12.45
Group transactions -	21.00
Group transactions -	58.00
<u>Total</u>	<u>91.45</u>

March

Interest -	3.39
Group transactions -	16.00
<u>Total</u>	<u>19.39</u>

April

Interest -	3.18
Group transactions -	5.00
<u>Total</u>	<u>8.18</u>

May

Interest -	3.02
<u>Total</u>	<u>3.02</u>

June

Interest -	2.83
<u>Total</u>	<u>2.83</u>

July

Interest -	2.18
<u>Total</u>	<u>2.18</u>

August

Interest -	1.63
<u>Total</u>	<u>1.63</u>

September

Interest -	5.96
Grant reimbursement - 1997.13	

Group transactions - 151.15
Total **2154.24**

October

Interest - 3.96
Total **3.96**

November

Interest - 4.00
Group transactions - 454.15
Total **458.15**

December (Statement not yet recieved)

Group transactions - 165.86
Group transactions - 132.87
Total **298.73**

Income Total (Total income for year + Beginning balance for year) = **+8785.21**

Grand total (Income total - Expenditure total) = **+2203.87**

Bank statement ending November 30, 1994 balance = **+2104.01**

Difference between Grand total and November bank statement = **+99.86**

Checks not cashed

Cindi Lambert (July) - 39.58
Phone service (November) - 95.24
DMV (ID) (November) - 5.00
Todd Brinkman (December) - 32.00
Mike Kirk (December) - **27.05**
Total = 198.87

Income not on November statement

Group transactions - 165.86
Group transactions - **132.87**
Total = 298.73

Difference between totals (298.73-198.87) = **+99.86**

Minutes of ASRC Incident Commander Meeting October 22, 1994 Charlottesville

Following the ASRC Board of Director's meeting on October 22, 1994 in Charlottesville, the ASRC incident commanders met to discuss current problems with ASRC SAR incident management and agency response. The decisions reached here are non-binding on the ASRC pending ASRC Board of Directors review and action.

Attendance: Dave Carter Bob Koester Greg Shea
 William Dixon Deming Herbert Gary Mechtel
 Chris Metzler (sitting in)

The meeting was closed to all but current and former ASRC ICs in order for participants to discuss as much detail as they felt necessary to resolve the problems below. Personal information will be kept confidential among the ICs and not appear in this report.

Incident Commander Availability -

Problem. Lack of volunteer IC availability is recognized as a problem. The Summer of 94 saw the departure of three of the ASRC's more active ICs. Lisa Hannon was died in a search-related accident in May. Bruce Hemmer and John Punches moved out of the area permanently in August. John's departure particularly leaves the southwestern part of VA with a much delayed IC response.

Currently Carter and Dixon and Herbert are most available midweek and weekends; Carter and Dixon almost anytime, Herbert on Tuesdays and Thursdays and weekends. Shea on weekends after he finishes moving into a new house on Nov 1st. Shea could possibly respond for urgent half day work in the Washington DC surrounding area. Koester and Mechtel are available outside 8-1700 weekday times. Though Mechtel frequently travels or is required to work extended hours for proposals. This will lead to burnout of weekday responders quickly. George Swett is recognized as working 48 on/48 off shift work for Arlington County Fire/Rescue. So his midweek availability is good.

Basically, only two people can be expected to cover all midweek responses. Since ASRC provides the VA state IC in many cases, this problem must be solved. Pennington and Conover schedules are unknown. Conover is in Pittsburg which severely limits a feasible response to VA incidents.

Solutions. The only real solution apparent is to increase the number of ICs. This is difficult for two reasons - first that current incident staff generally lack the mission staff experience to meet the ASRC IC training standards; second that the role of IC has become much more complex in the past several years. Those of us already practicing as ICs have been able to grow into the new demands of knowledge and mangement sophistication.

Promotion of Staff. However, IC candidates have no good way of preparing themselves for such a complex IC role. The fairly easily obtained IC skills are that of competent staff work which comes through MSO and PSO/SOS training, practice and teaching. The more difficult sought-after skills of the IC have to do with more personal behavior, political tact and maturity of judgement. We see that staff members have a hard time achieving the technical experience requirements. And they have almost no way of achieving the people skills if they don't naturally have them, except through more time, experience and attention to this kind of personal development.

Establish Mentor Relationships IC-IS. A mentor relationship was proposed whereby current ICs take the responsibility for constantly mentoring the development of both technical and personal skills in staff members. This approach seems to have been very effective in the past. The staff member and IC discuss in detail all aspects and decisions of an incident after the fact. However, the additional time demand of this mentoring process for the IC, given our already heavy loads of IS training and incident response, is seen as an obstacle to its effectiveness. Nevertheless, some ICs were willing to make the effort to try the mentor approach with one or two staff members. It is recognized that a staff member should benefit from mentor relationships with more than one IC. In groups like BRMRG, this should not be too difficult. However, in all other groups, geographical distance make this difficult if not impractical.

Involvement of CAP Mission Coordinators. VDES had begun an initiative to involve Civil Air Patrol mission coordinators in more traditional ground search efforts for missing persons. The arrangement with AFRCC Langley had been made to authorize single resource response of the CAP MC. The responsibility for involving CAP MC in incidents was take by the VDES SARDO function. However, with the departure of Ralph Wilfong, ASRC ICs and ASRC Alert Officers must continue to press for involvement of a CAP MC in every incident. As a review, in order for the CAP MC to be approved by VDES to be IC on ground search incidents, the existing CAP MCs need MSO, then 24 hours as Ops Chief and 12 hours of Plans chief. These requirements were jointly established in a meeting Feb-March 1994 well attended by VDES SAR Duty Officers, VA Wing CAP MCs, and ASRC ICs. There are a few current CAP MCs who have taken MSO. But most have not.

Proper Shift Changes -

Problem. The transition from one IC to another and from one staff to another has become a problem. Members of SAR groups outside the ASRC have complained that the general competence of staff work has diminished over the past year. Information seems to get lost, either not communicated or documents misplaced. In many cases this problem occurs because of the gap between availability of staff and ICs, one leaving before the other can arrive.

Solutions. More diligence and consistency in documentation is needed from staff members. ICs must ensure transitions happen as fully as possible by overlapping duty schedules when possible and checking on the quality of turnover briefing.

Field Promotions -

Problem. Some ICs really don't like promoting lesser trained ASRC members to positions which require more training and qualification (FTL, IS functions). The rest of the ICs agreed that this is not a desirable practice. However, it is necessary given limited resources. The VADES SAR training program has produced a number of local personnel across the Commonwealth who are at least SAR trained.

Solutions. The authority to permit field promotions rests with the IC. The IC needs to remind staff of that the IC must approve this activity on the incident. Staff should not assume this to be approved as a matter of standard operating procedure. In such cases where field promotions appear necessary and does not endanger the safety of the searchers or the subject, then the IC should make clear the terms and extent for which field promotions are approved (for example only: ASRC FTLs can serve as FTLs, after that FTLs should be appointed as non-SAR

trained local volunteers, NOT using ASRC COQs.)

In the case where ASRC is not responsible for the IC function, ASRC members serving as incident staff or staff support functions need to still respect the authority of the IC function for making these decisions. Documentation is advised in the unit log.

Virginia's requirement that an FTL be 18yrs or older is unanimously supported. In the case of a 17 year old person trained to the level of FTL (such as some members of ASRC/MSAR), IS should appoint the FTL to be the most trained person who is 18yrs or older, preferably a person who is already in a leadership position relative to the other members of the team (attendant in charge on a rescue squad crew).

END OF DOCUMENT

ALERT NUMBERS FOR THE ASRC

December 12, 1994

- DES** (VA EOC) - Richmond: 1-800-468-8892 (In Virginia Only)
804-674-2400
(Winnie Pennington, ext.2422 and Mark Pennington, ext. 2432)
- Uva MEDCOMM** - 804-924-9287
- ASRC PAGERS** - 804-972-7951
- 095** **AMRG** - Pennsylvania
 Primary: MEDSTAT 800-633-7828; Ask to page AMRG.
 Secondary: AMRG pagers at 412-640-1000
 Tertiary: Call down the roster.
- 098** **BRMRG** - Charlottesville: 804-924-3472/3473 (Locker)
 Primary: - Alert through ASRC pagers
 Secondary: - BRMRG New pagers at 804-972-7869
 Tertiary: - BRMRG Old pagers at 804-971-6048
 Finally: - Call down the roster.
 Cellular Phone - Roam access code + 804-981-2951
- 093** **MSAR** - Maryland
 Primary: Alert through ASRC pagers
 Secondary: BRMRG Old pagers at 804-971-6048
 Tertiary: Peter McCabe's pager 301-513-6955
 Finally: Call down alert roster
- 091** **PVRG** - College Park: 301-320-4299 (group training info line)
 Primary: Alert through ASRC pagers
 Secondary: PVRG pagers at 301-513-6995
 Tertiary: Call down roster.
- 094** **RSAR** - Richmond
 Primary: Alert through ASRC digital pagers
 Secondary: RSAR pagers at 804-351-1739
 Tertiary: Call down roster for IS or above
- 097** **SMRG** - Northern VA / D.C. / MD: 703-255-5034 (Office)
 Primary: Alert through ASRC pagers
 Secondary: SMRG pagers at 202-592-0125
 Tertiary: Call down roster for IS or above
- 096** **SWVaMRG** - Blacksburg: 703-951-2914 (Locker)
 Primary: Alert through ASRC pagers
 Secondary: SWVaMRG pager at 703-983-2325
 Tertiary: Call down roster
- 092** **TSAR** - Tidewater
 Primary: Alert through ASRC pagers
 Secondary: TSAR pagers at 804-629-3142
 Tertiary: Call down roster for FTL or above

* Pager net will not accept pager codes beginning with "0" ("0" gets you a request for the ID number to modify the message, etc.).

①

12/21 Dec

MOTION:

To table any further discussion concerning the adoption of WEMS Protocols Version 1.2 May, 1994 until the following three things have been accomplished:

1. George Lindbeck, MD ^{ASRC Wilderness Medical Director} has the opportunity to review them and to offer a secondary medical opinion.
2. A letter is obtained from Kum S. Ham, Director of the PA EMS Systems indicating that he no longer believes that using these protocols and the personal wilderness medical kit would exceed an EMT's or Paramedic's scope of practice. *or don't apply to persons who are already EMTs or Paramedics.*
3. An independent legal opinion has been sought, and a written opinion obtained by the ASRC BOD concerning the use of these protocols by ASRC medical personnel (First Aid, First Responders, EMTs, Wilderness EMTs, Paramedics and Wilderness Paramedics).

Moved: Amy L. Rue, SMRG

Seconded: *GM*

PASSED

EMS COMMITTEE NEEDS AND ONGOING PROJECTS

PROJECT

Responsible individual or need

Medical Committee Chairman

New chairperson needed by February 1, 1995.

Volunteer needed- preferably an ALS provider.

Patient care report development

He is working on developing a PCR suitable for use by ASRC members in the field. It will include the minimum data set as required by the Commonwealth.

Robert Christie, SMRG

SAR EMS Seminar

One day seminar on topics related to our needs within SAR. Dr. Lindbeck has expressed an interest in teaching just such a thing.

Coordinator needed -
Logistics - Camille Birmingham??
Advertisement -
Registration -

Providers to be cleared as STs

The information Dr. Lindbeck requested has been sent to him. Follow-up will be necessary to make sure he gets back to us in a timely manner.

Amy L. Rue, SMRG

Update of group EMS information

A couple groups never did send in the EMS personnel and/or gear information as requested. Continued follow-up is necessary until complete.

Amy L. Rue, SMRG
Group Medical Officers

Update of the VA Protocols

It is time that a thorough review of the current VA protocols be made and that they be updated appropriately.

Amy L. Rue
Contact A. Rue asap if you are interested in participating in a review session.

ASRC Protocol Training

Either one session centrally located or regionalized sessions to review and train based upon the ASRC protocols.

Coordinator needed

Quality Improvement Review

Historical review of medical care provided by the ASRC.

Data collection needed
Coordinator needed

NAME	CERTIFICATION	AGENCY
Camille Birmingham	ST - 6/96	Scottsville RS
Daniel Tang	ST - 3/96	Scottsville RS
Melissa K Brock	ST - 3/96	Blacksburg RS
Howard Fleenor	ST - 3/96	Blacksburg RS
Bruce Hemmer	ST - 6/95	Scottsville RS
Catherine Herbert	ST - 6/95	Western Albemarle
Allan Hershey	CT - 12/95	Charlot-Alberm RS
Alan Jacobson	ST - 4/95	Roanoke EMS
Judy Johnson	ST - 10/95	City of Chesapeake
Michael Kirk	ST - 3/96	Blacksburg RS
Charles Lu	CT - 12/94	Western Albermarle
Gary Morin	Para - 11/96	Fairfax County F&R
Richard Myers	Para - 09/96	Loudoun County FR
Kevin Reynolds	CT - 10/95	Newport News FD & EMS/Gloucester F&R

From: G. Mechtel
To: ASRC BOD
Date: December 17, 1994
Subject: New Safety Officer.
Version: ASRC Safety Report #7:

I recommend that William Dixon take over as the ASRC Safety Officer. William has agreed to take up the duties, and will do an excellent job of developing safety procedures for combating Drowsy Drivers and other safety issues. I have asked William to look into possible changes to our SOP, to determine if there is anything we can do to enhance the role of the On-scene Safety Officer Function.

From: G. Mechtel
To: ASRC BOD
Date: December 17, 1994
Subject: Drowsy Drivers
Version: ASRC Safety Report #5:

Please note the following, and pass this information along to your groups. More to come in the future as this research continues. This article was taken from the Baltimore Sun, dated Thursday, December 8, 1994.

Drowsy drivers blamed for many fatal crashes

Associated Press

WASHINGTON — Drowsy drivers may cause as many accidents as drunken drivers — 30 percent of fatal crashes in one study — and at least one American in every 20 has caused an accident by nodding off at the wheel, sleep researchers say.

Don't blame boring highways and long drives for drowsing and driving, said Dr. Thomas Roth, a researcher at Henry Ford Hospital in Detroit. Instead, he said yesterday, blame a stubborn unwillingness to submit to slumber and a hyperactive American lifestyle with inadequate time for sleep.

"Sleeplessness and its effects on performance is very much a part of the American landscape," said Dr. Roth, and this is showing up as thousands of automobile accidents and deaths. "The dangerous driver is the one who is sleepy but won't admit it."

Research presented at a conference on the problem of drowsy drivers showed that more than one-third of all fatal accidents in some locations can be attributed to sleepy drivers.

Dr. Allan I. Pack of the National Institutes of Health said at least 14 states don't even include drowsiness as a probable cause on accident reports. But specific studies paint a grim picture.

Dr. Pack said a New York state study showed that sleepiness was a factor in 82 percent of accidents in which the vehicle left the roadway. Up to 50 percent of all truck drivers admitted in a survey that they had fallen asleep at the wheel at some point. In another survey, 20 percent of U.S. drivers admitted that they had fallen asleep at some time while driving; a New York study put the rate at 25 percent.

There are 1.3 million single-

“The dangerous driver is the one who is sleepy but won't admit it.”

DR. THOMAS ROTH
Sleep researcher

vehicle crashes each year in the United States, he said, and more than one-fifth occur between midnight and 6 a.m., when sleepy drivers are most common. In two-thirds of the accidents, the driver made no attempt to brake or steer back onto the road, indicating that the driver was drowsy.

"At least one in 20 drivers in our society have had such accidents," he said. "These accidents have a high fatality rate, similar to those attributed to alcohol."

People who must work through the night and young people who habitually scrimp on sleep are the groups at highest risk of sleep accidents.

But a large percentage of Americans habitually go into a sleep debt by slumbering only four to five hours nightly. This directly affects reflexes, judgment and wakefulness.

"Five hours of sleep in one night is not too bad, but five nights of five hours of sleep is profoundly bad," Dr. Pack said.

Dr. Larry J. Findley, who conducted sleep research at the University of Virginia, said about 8 percent of all Americans have excessive drowsiness, usually due to sleep deprivation. Another 10 percent have a disorder that robs them of restful sleep.

What to do if you get sleepy at the wheel? Caffeine is not the solution, the experts say; instead, pull over and sleep.

From: G. Mechtel
Subj.: ASRC BOD Report on SMRG
Date: 12/17/94

To: ASRC BOD

Since the last meeting, SMRG participated on-scene in at least 3 ASRC missions, and had members on standby for 4 other incidents. Statistics include over 500 mission man-hrs, over 4000 mission miles traveled, and over 70 dispatch hours.

SMRG has provided training at some of the local outing stores.

SMRG has finished both an FTM and FTL course, however still testing has not been complete. Numerous CPR courses have been offered and another First Responder course has been given.

SMRG will be providing a another 3-weekend FTM course, starting in March. SMRG will be providing a new MSO course this February (12/13 & 25/26). The intent is to capture local agencies and RA's in the course. Contact Todd L'Herrou for more data.

This year to date, SMRG has collected \$16.8K, and has spent \$11.6K

SMRG has purchased a new base radio, and is working to improve the equipment response to incidents. SMRG is working to upgrade our equipment packaging to ensure an easy transport and assembly of SMRG gear.

SMRG continues to grow in size and strength. We are having an awards party on 12/20/94 at PATC.

SMRG has the following items on the waiting for action from the ASRC BOD list:

- 1) Provide sustaining membership definitions.
- 2) Change the role of the GTO as concerning active membership.

SMRG requests the following during new business:

- 1) SMRG has identified a problem with the requesting of equipment. What equipment should SMRG respond to an incident? Where is this decision made? When is the decision propagated to the groups?

SWVaMRG Training Schedule - Spring 1995

17 Dec 94

M	16 Jan	Classes start
T	17 Jan	Business (<u>nominations</u> for officers)
W	18 Jan	ICS, table top - overview of search operations, task writing, matsen, b/d, one-way knot / 1 of 7
Sa	21 Jan	Land nav
W	25 Jan	Semi-tech, pt packaging, litter handling, Square & barrel knot 20:00 investigations, clue log / 2 of 7
Sa	28 Jan	Semi-tech, pt packaging, liter handling, Seat harness, prusik, b/d / 3 of 7; SARCo
W	01 Feb	CQ; Weather and lightening, Butterfly knot, Sheet bend {Sazonov} [concurrent]
Sa	04 Feb	Rappelling
W	08 Feb	Intro to land nav, 20:15 Advanced land nav, Tuat-line hitch
Sa	11 Feb	Testing; night landnav, bivouac, semi-tech, pt pack, litter handling, b/d / 4 of 7 [sign up]
T	14 Feb	Business (<u>elections</u>, nominations still open)
W	15 Feb	Dogs {O'Shea}, Search skills, Water knot, Bowline
F/Su	17-19	Feb GSAR for those enrolled
Sa	18 Feb	CPR -- in McBryde, 1000 - 1700, \$5 (ARC CPR-P) {Prue 232-1766, Kirk}
W	22 Feb	Basic single rope techniques[concurrent w/ 'more srt' {Zader}],hauling systems, family of 8s
Sa	25 Feb	Hauling systems; BOD
W	01 Mar	ARC Intro to Disaster {Kirk, ~ 2.5 hrs} (sign up)
Sa	04 Mar	Mast, DFing {Kirk}
T	07 Mar	Business
W	08 Mar	Relaxation techniques - <u>Guest Speaker</u> - Dr. Warren
F	10 Mar - Su 19 Mar	Spring Break
F/Su	17-19	Mar GSAR for those enrolled
W	22 Mar	Legal aspects, Find scene protocol, Helo ops, Bowline-on-a-coil
Sa	25 Mar	Search skills, clue awareness / 5 of 7
W	29 Mar	Critical Incident Stress - <u>Guest Speaker</u>
Sa	01 Apr	Find scene, extrication and patient evacuation - new officers take office / 6 of 7
W	05 Apr	FTL Workshop, Sheepshank, Frost knot, plans, staging, logistics / 7 of 7
Sa	08 Apr	Vertical
Su	09 Apr	CPR -- In McBryde, 1000 - 1700, \$5 (ARC CPR-P) {Prue, Kirk}
T	11 Apr	Business
W	12 Apr	Review
Sa	15 Apr	Testing; night landnav, bivouac, semi-tech, pt pack, litter handling [sign up]
W	19 Apr	CQ; ARC First Aid {Prue} [concurrent ~ 2.5 hrs]
S	22 Apr	BOD, General Membership - Hosted by SWVaMRG (See separate sheet for the weekends activities F - Su)
W	26 Apr	Caving {Sazonov}
Sa	29 Apr	SARCo
W	03 May	Business last day of classes
F	05 May	Exams Start -- 10 May last day of exams

Tuesdays and Wednesdays at 1900 in 219 McBryde. Saturdays at 1000 at the locker (with 10 essentials) unless stated otherwise. Wear uniforms for guest speakers. A SAR notebook is on 2 hr reserve in Newman Library - call number Per 563. GSAR manuals may be on 2 day reserve in the future. You may check out books in the SWVaMRG library.

Schedule subject to change. Training info/message: 703-231-4800 Ext 915 Locker: 703-951-2914

Questions? Cindie Lambert 703-552-3628
209 #4 Tee St lambert@vt.edu
Blacksburg VA 24060 703-828-4245 during holidays

Be sure to review the SWVaMRG Membership Requirements, SWVaMRG Training Requirements, and ASRC Training Standards (especially before testing) - YOU are responsible for making sure you meet your requirements - You WILL be held responsible for any info in the training standards.

BIKE SAR NEWS - 16 December 1994

Special Considerations for Bike Teams:

Bike Team Composition:

- Bike teams should be composed of 2 to 3 members.
 - At night 3 members are needed. This allows one person to ride in front and light the way, while the other two search.
- Bike teams should have at least one member that is FTM or above. ** The Bike SAR Training Standards differ from Sazonov's "Mountain Bikes In Search and Rescue (12/94)" in that CQs are allowed to become BQs. Anyone desiring to become BQ must have the maturity and skills to be part of a specialty team.
- Teams should be composed of riders of equal ability.
- Day tasks are recommended to last 1 -2.5 hours and cover a distance of 8 - 12 miles.
- Night tasks are recommended to last 1 - 2 hours and cover a distance of 5 - 10 miles.

A Note on Clothing:

- Team members must wear the correct clothing for the environment. In the summer this would mean shorts.
- Team members also get hot while riding in cold weather and must carry adequate clothing in case they should have to stop (eg for repair, waiting for evac team).

Fitness:

- Fitness is very important. Mountain biking is a sport requiring a high fitness level. Those who are not at the appropriate level will not be efficient bike team members.

Goals:

1. Publish Standard Operating Procedures for Bike SAR Teams by Feb BOD.
2. Develop training materials and written test for Bike SAR by June BOD.
3. Present a Bike SAR seminar during the General Membership weekend.
4. Conduct at least four Bike SAR trainings/experimental sessions by the end of Spring Semester.
5. Publish a revised edition of the Bike SAR Training Standards by December 1995.

Data Gathering:

SWVaMRG is collecting data on Bike SAR Operations in order to better understand the capabilities of bike teams.

- Conducting trainings/experiments to determine the following:
 - what search tactics are appropriate for bike teams
 - what PODs can be expected
 - necessary revisions to training standards and SOPs
 - any special safety considerations
 - appropriate size of bike tasks

- any other information that might be useful.
- Gathering information from missions
 - Collecting copies of debriefed TAFs for bike teams
 - Collecting written summaries by bike team members for each bike task.

AN INVITATION
FOR AN OPEN MEETING FOR INDIVIDUALS
AND TEAMS
PROVIDING PROFESSIONAL VOLUNTEER
SEARCH & RESCUE SERVICES FOR
LOST PERSONS IN MARYLAND

PURPOSE *The Status of Lost Person SAR In
Maryland And Considerations For
Development Of A State Organization For
Training and Mutual Aid Assistance*

PLACE *Hampton Inn
Exit 31-B
I-270
Frederick, Maryland*

DATE *Saturday, January 28, 1995*

TIME *1000 - 1400 Hours*

QUERIES *Peter McCabe
c/o Maryland Search & Rescue Group
(301) 596-9994 evenings*



APPALACHIAN SEARCH & RESCUE CONFERENCE, INC.

P.O. BOX 440
NEWCOMB STATION
CHARLOTTESVILLE, VIRGINIA 22904

17 December 1994 Treasurer's Report

Our income since the last meeting has been zero. Richmond Search and Rescue Group still has not paid their 1994 group or individual dues.

Our debit since the last meeting has be \$65.80 for two months of paging.

Reminders have been sent out about 1995 dues. Group due are \$45.00 per active group and \$75.00 per probationary group. Individual dues are \$1.00 per member. The ASRC BOD needs to determine what exactly is a "member" for dues. Does this mean active or any member? Both dues with a current roster are due by 30 Jan 1995.

The proposed budget is attached. The reason for the small amount of expenditure is that I have not taken out this year's "credit" for renewal of the radio license yet and ASRC Candi Capozzi has not given me any of her expenses yet. If anyone else has expenses that they have paid for in 1994, they need to get to me soon as possible.

Wish me luck on my finals today.

A handwritten signature in blue ink, appearing to read "Patrick Turner", with a long horizontal flourish extending to the right.

Patrick Turner
ASRC Treasurer

P.S. I am posting ASRC announcements every Monday on electronic mail. If you have any announcements you would like to go out, such as MSO classes or simulations, either call me at the Locker or e-mail me at plt8f@virginia.edu before noon on Monday.

17 December 1994



The Southwest Virginia Mountain Rescue Group will be hosting the 22 Apr 95 BOD and General Membership Meeting in Blacksburg. We realize this is some distance for some people so we will keep you informed of new information as it becomes available so you can plan accordingly. Housing will be available (couches and floors) or you may camp 15 min away (shower available at War Memorial Gym 0600-1700—subject to change, bring lock). Your host will contact you about directions, kitchen privledges (how much space is left in fridge), etc. Saturday night there will be an ORIENTEERING COMPETITION! If you would just like to play in the woods and do some land naving (in the real mountains of Virginia) a land nav course will be available. You will be done in time to pursue other activities (of course the only way to get directions to the other activities will be to find them during orienteering).

The schedule at this time is:

F 21 Apr Arrive in Blacksburg
S 22 Apr 10:30 BOD - Held in Squires Student Center
13:30 General Membership - Squires Student Center
18:30 Leave for Orienteering Competition/Night land nav (20-30 min drive)
17:30 Begin Orienteering Competition/Night land nav
-- -- Experience Blacksburg Night Life (list of appropriate places available (to those that find it))
S 23 Apr 10:00 TBA
11:00 Lunch break
12:00 Intro to Bike SAR - What it is, capabilities of bike teams, training requirements
13:00 TBA
14:00 TBA
15:30 TBA
16:30 End of activities

Questions ? Dave Zader 703-951-3161 Cindie Lambert 703-552-3628 Locker 703-951-2914

I will be attending: Name _____

Phones: _____

Address: _____

I will require housing: _____ camping: _____

Allergic to pets: _____ Would like same house as: _____

Arriving in Blacksburg: _____ Date _____ Time _____

Orienteering Competition? _____ Name of your team: _____ Members: _____

Just want to play in the woods _____

Mail to: SWVaMRG, 203 Progress St, Blacksburg VA 24060

Directions to SWVaMRG locker: 203 Progress St, Blacksburg 703-951-2914

I 81 South to Exit 118

R onto 460 W (take right at first light)

R onto 460 W Business

As you come into downtown Blacksburg there will be a stoplight at Washington St with an Exxon on L and Backstreets Restaurant on R.

R at next light onto Roanoke St.

L onto Church St. Cross Lee St.

R at tee intersection onto Jackson St.

Immediate L onto Progress St.

L into parking lot. There is a smaller parking lot on the L within this parking lot. The locker is at the far end of it, 2nd floor.

It will be Friday night and there will be no parking spaces. You will probably be able to park at the church at the intersection of Jackson and Progress.

There are an abundance of restaurants in walking distance of the locker and in short driving distance.

Krogers is open 24-hrs a day!

Squires Student Center is also walking distance from the locker (Carol Lee's is in between). Squires has a Hardee's in it.

From: G. Mechtel
Phone: w: 410-765-4934
Subj.: Incident Debrief for Howard County Search of 9/30 - 10/1/94
Date: 11/29/94

To: SMRG, ASRC

I have just returned from a debriefing session with the Howard County PD and FD. Peter McCabe and I both attended representing the ASRC. The incident was a search for a lost 4 yr old girl in Howard County Md., on 9/30 & 10/1 1994. (For training records purposes, note that I was the ASRC AR and the plans section chief). A frank discussion was held, and many interesting viewpoints expressed. I list these as follows:

- 1) The PD and FD were impressed with the SAR community response.
- 2) The initial SAR responder, who showed up on his own, was Cole Brown. The PD actually called around to check Cole out before they agreed to trust him as their advisor.
- 3) The PD was very concerned (initially) whether or not the child was lost. They had reasons to believe other events could have happened. The PD expressed their normal concerns about giving up control and about releasing information. Two critical issues existed for the PD: (a) disturbing evidence at a crime scene, and (b) rumor of a police investigation getting out.

I need to explain this a little more. First, we must ensure that we continue to stress to our people (as part of standard training) that they must be very careful when making a find (clue, subject, whatever) that they do not disturb the scene needlessly. Secondly, the PD's investigator mentioned that in cases of foul play, the perpetrator will often return in the guise of a volunteer searcher. Therefore, the PD is very careful not to let anyone know that an investigation is on-going, since this may cause the perpetrator to leave. Therefore, the investigator also indicated that in future cases he may want a list of the people to come to the incident to help in the investigation. Hence including in listing of the searcher affiliation: volunteers vs. SAR vs. Fire/Rescue vs. Police, is important.

4) Numerous people in the Howard County area have been involved in MSO/MSF. However, they seemed interested in calling us again in the future.

5) In general, the HoCoPD and HoCoFD were pleased with the multi-agency response and cooperation.

6) Patient behavior:

- a) The child went to sleep. Jeff Mitchell indicated that young children often do this to escape.
- b) The child was about 100' from one of the flag lines.
- c) The Md State Police helicopter operators believed (in retrospect) that they saw the child on their FLIR. However, at the time, they were not sure and thought that the image might have been a deer or some other animal.
- d) The child was about 300' off the nearest trail.
- e) The child heard a woman's voice calling for her during the night. The HoCoFD believes that the woman was a dog handler.
- f) The child had been taught by the mother not to respond to strangers.
- g) The child heard the helicopter during the night. The child was afraid of helicopters since the father often flew off on them. (He works for the DOD).
- h) The HoCoFD believes that numerous search teams were in the area: 1 dog team, the helo, and two separate ground teams.

7) HoCoPD Captain Wayne Livesay is interested in our MSO course this Jan. and Feb. I gave him the dates. We need the flyer ASAP.

8) Jeff Mitchell will again teach his MSF course (4->6:30 pm, Mondays) starting in February.

Southwest Virginia Mountain Rescue Group
a member of the
Appalachian Search and Rescue Conference, Inc.

Report to the Board of Directors
Saturday 17 December 1994
Prepared by Tony Bordeaux

Searches

<u>Location</u>	<u>Number responding</u>
Dismal Swamp, Va.	5
King William county, Va.	5
New Castle, Va.	16
Rockingham county, Va.	5
Montgomery county, Va.	35
<u>Rockingham county, Va.</u>	<u>8</u>
Totals: 5 searches	74 responding

Membership

12 new actives
11 new COQ's
2 new FTM's
1 new FTL's

Medical Training Update

8 new first aid certification
4 accepted to pilot EMT-B class

ALERT NUMBERS FOR THE ASRC

December 12, 1994

- DES** (VA EOC) - Richmond: 1-800-468-8892 (In Virginia Only)
804-674-2400
(Winnie Pennington, ext.2422 and Mark Pennington, ext. 2432)
- UVa MEDCOMM** - 804-924-9287
- ASRC PAGERS** - 804-972-7951
- 095 AMRG** - Pennsylvania
Primary: MEDSTAT 800-633-7828; Ask to page AMRG.
Secondary: AMRG pagers at 412-640-1000*
Tertiary: Call down the roster.
- 098 BRMRG** - Charlottesville: 804-924-3472/3473 (Locker)
Primary: - Alert through ASRC pagers
Secondary: - BRMRG New pagers at 804-972-7869
Tertiary: - BRMRG Old pagers at 804-971-6048
Finally: - Call down the roster.
Cellular Phone - Roam access code + 804-981-2951
- 093 MSAR** - Maryland
Primary: Alert through ASRC pagers
Secondary: BRMRG Old pagers at 804-971-6048
Tertiary: Peter McCabe's pager 301-513-6955
Finally: Call down alert roster
- 091 PVRG** - College Park: 301-320-4299 (group training info line)
Primary: Alert through ASRC pagers
Secondary: PVRG pagers at 301-513-6995
Tertiary: Call down roster.
- 094 RSAR** - Richmond
Primary: Alert through ASRC digital pagers
Secondary: RSAR pagers at 804-351-1739
Tertiary: Call down roster for IS or above
- 097 SMRG** - Northern VA / D.C. / MD: 703-255-5034 (Office)
Primary: Alert through ASRC pagers
Secondary: SMRG pagers at 202-592-0125
Tertiary: Call down roster for IS or above
- 096 SWVaMRG** - Blacksburg: 703-951-2914 (Locker)
Primary: Alert through ASRC pagers
Secondary: SWVaMRG pager at 703-983-2325
Tertiary: Call down roster
- 092 TSAR** - Tidewater
Primary: Alert through ASRC pagers
Secondary: TSAR pagers at 804-629-3142
Tertiary: Call down roster for FTL or above

* Pager net will not accept pager codes beginning with "0" ("0" gets you a request for the ID number to modify the message, etc.).

TRAINING OFFICERS REPORT

17 DECEMBER 1994

Candi Capozzi

Shenandoah National Park Sept Simulation

23-24 Sept

At this meeting we have to make a decision on what weekend in September 1995 that we are going to want the simulation in Shenandoah National Park. This is imperative so that the planning of this activity can be set in motion. Suggestion of scenarios and other items will be accepted and appreciated, in writing, but first the date.

FTM/FTL/IS Tests

It has been brought up many times that there are supposed to be standardized test for the ASRC in these categories. It has also been brought to my attention that only the FTL test has been approved. An IS test is required for re-cert yet no one seems to have a copy and none has been approved. I am working on that one. Now the FTL/FTM is a different problem, this problem was brought up to me the first meeting I was training officer, now I am being told that it is not my job that it was left to a training officer of past. I want to say I don't care, but I do, I have already completed some research and have started to work very hard on this and I hate duplicating efforts. John Punches left me a copy of the FTL test that was scary, but since it had the SMRG name on it I did not think it was the standard test of the ASRC. FTM, everyone seems to have their own test and their own teaching ways. **Are we going to standardize or not?** If so we need to get it together and quit bickering. The Virginia part of the organization should be easy, we should be working on the same standards that are taught by the state we work for. The other states that is harder to say but I do not see why we cannot come to some agreement.

IC/IS Qualification Times

In August, we dropped a whole list of personnel from our IC/IS roster. I put a new one out only to find out that because groups are not providing me with up to date rosters that addresses and phone numbers are not right. Also one person questioned whether or not someone still had a year because of a grace period. Day before yesterday, I receive a phone call, this person is updating and publishing the IC/IS roster, OK. Questions:

1. Where does the IC/IS roster fall, training officer or dispatch? (Don't care need to know, duplicating efforts)
2. The year grace period, was that a one time deal? (In August was told it was)
3. What guideline are we going to follow for requal times?
 - Going from the date boarded to 2 years from that month
 - Going from the date boarded to how ever it falls to approx 2 years
 - Example: Feb 93, Apr 93, Jun 93 board date = 1 Jan 95
 - Aug 93, Oct 93, Dec 93 board date = 1 Jan 96
 - ~~Going from the date boarded plus 2 years~~
 - Example: Feb - Dec 93 board date = 1 Jan 96

Because there now is a tracking system in place, i.e. me, I don't see why there should be a 1 year grace period and why we cannot go from board date plus exactly 2 years. We are usually boarding people in yearound any way.

IC/IS Pin Numbers

A plan for standard IC/IS pin numbers will be presented by dispatch today, I hope that some agreement can be reached so that this system can be in place the beginning of next year.

EMT Standards

In the wake of the request to approve standards for our EMT's from another state. It has prompted me to do some research on what the National EMT community is going to be doing in the next couple of years. I contacted the Virginia State EMS Department and my research indicates that the EMT-B Curriculum in Virginia, Maryland and Pennsylvania is the Department of Transportation's EMT Curriculum with the only possible exception being the optional module on intubation. Virginia, Maryland and Pennsylvania have a reciprocal agreement to accept EMT-B certification across the state boundaries. EMT-P (National Registry) qualifications are recognized by all of these states. Additional, all states are to be required to teach the DOT standard EMT-B, I, and P curriculums by the year 1996.

Given this information it is not critical that the WEMSI be an ASRC standard but rather would serve the organization better as a supplementary qualification and certification similar to the Mantracker course i.e. optional. Further research is necessary to determine if the other ASRC member states also have reciprocal training agreements, since Virginia, Maryland and Pennsylvania are members of the Mid-Atlantic EMS council. Susan McHenry Virginia EMS Coordinator and Jeff Barbour an instructor for the PIMS council and the Commonwealth of Virginia can provide further information on this.

MOUNTAIN BIKES IN SEARCH AND RESCUE

Prepared by:
Greg Sazonov
Operations Officer
Southwest Virginia Mountain Rescue Group
8 December 1994

MOUNTAIN BIKES IN SEARCH AND RESCUE

Mountain bikes have helped police forces by being able to travel in places that patrol cars cannot. They are also faster than a person traveling on foot. These abilities make a mountain bike a valuable tool for wilderness and urban search and rescue (SAR) operations that the Appalachian Search and Rescue Conference (ASRC) does. I have written this paper to give Incident Commanders and others an outline of the capabilities and limitations of the bike team. I have also listed gear that a member would need in order to ride safely on missions and trainings. The Virginia Tech Police Department has been a tremendous help and I would like to give them a special thanks.

BIKE TEAM ROLE

A bike team will not be able to do all that a field team can do nor will they be able to do all a motor vehicle can. The bike role at any mission is limited to hasty and containment tasks. Bikes are able to travel on trails and roads much quicker than a foot team. Because of this, a trail or road can be patrolled repeatedly. Bikes patrolling in opposite directions will give more coverage than a team going only one way at a time. If a subject were evasive, a motor vehicle can be heard and avoided. A bike is harder to hear and many police bike units use this advantage when approaching suspicious subjects. A motor vehicle can have lights and sirens on it. If attraction is desired by the bike team, a small strobe light could be attached to the bike frame or rider.

The bikes would certainly be quicker than foot travel on trails, but some clues may go unnoticed as the rider must also concentrate on the bike and trail. The bikes

would most likely not be able to go cross-country either. The only exception to this is an area that is in field or meadow.

Another important function of bikes is in helping with disaster operations. Bikes would be able to navigate quickly through debris and evaluate areas for damage. A first-aid crew put on bikes would be able to reach patients and stabilize them quicker than a foot team could. This application of bikes is really only for large-scale disasters such as hurricanes. During the winter of 1993, two ice-storms hit Blacksburg. These knocked out power to about 300,000 people. Trees littered the streets making many impassable. Southwest Virginia Mountain Rescue Group (SWVaMRG) aided the American Red Cross and the town of Blacksburg by doing damage survey and some small brush/debris removal. Disasters do happen and had this been anything other than an ice storm, bikes would have been used extensively. Many of our members were able to ride as it was.

TASK LENGTH FOR BIKES

The length of a task for a bike team is dependent on the time of day and weather. During the day a task should be 1 to 2.5 hours long or 8 to 12 miles. At night 1 to 2 hours or 5 to 10 miles is a good length. Day time is the best for tasks because of the better light conditions and rider alertness. If teams ride at night, a decreased probability of detection should be expected. With inclement weather slower times and decreased probability of detection should be expected (Czaja, 1994). There are some places where bike travel is not allowed and these must be identified at a mission. The Appalachian Trail, for example, only allows foot traffic. Wilderness areas in the National Forest also do not allow bike traffic. Managers of the area may

be willing to allow bike travel in case of emergencies.

The bikes will need to be transported by a car or truck with a rack unless there is room in the vehicle. If a bike were to break down in the field during a task the rider would be expected to complete any repairs and continue with the task. These repairs should not take any more time than a normal rest break. With more extensive damage to the bike, the rider would walk the bike out to a road for pick-up. This would certainly delay the completion of the task the team was doing.

QUALIFICATIONS

The riders should be a field team member (FTM) as set out by the ASRC in the training guidelines and be able to ride with their ten essentials. Members must prove themselves capable of riding and maintaining their bikes. This is a sticky item and as of now this is how I feel it should be handled. The rider may practice in their area and be allowed to ride with the ASRC once they have become FTM's and feel comfortable on their bikes. I think it is best to leave a decision to ride up to the member. If they feel comfortable riding in the mountains then they should ride. Another possibility is to have individuals from each group identified as bike team members. When an FTM wishes to ride on missions, the bike team member and the group training officer would be the ones to decide if that individual was ready to ride (Lambert, 1994). Appendix 1 explains the physiological concepts behind how the body operates. This may be interesting to those that want to know why their legs burn when they exercise too hard.

EQUIPMENT FOR BIKES

I have included a list of essential gear for the bike rider to carry. This can be found in Appendix 2. The Virginia Tech Police Department (VTPD) has a recommended list of tools the bike should have on it. These are found in Appendix 3. The VTPD also supplied me with a list of vendors that sell mountain biking equipment. This is in Appendix 4.

LAWS THAT APPLY TO BIKES IN VIRGINIA

It is law in Virginia that bikes must have a light on the front after dark that can be seen 500 feet away. The VTPD recommends at least a 5 watt light. All bikes must have a rear reflector as well. Virginia motor vehicle codes say that bikes must be operated as motor vehicles. In other words, the laws that apply to automobile traffic also apply to bikes. The bike must obey all traffic signals and patterns. Any deviation from these laws is inexcusable and will result in the loss of riding status for that member. Any measure to prevent injuries should be taken. The requirement for safety equipment have the above as a base from which to add to so that future ideas can be incorporated into the program. Bike members must then keep up with current rules and regulations that apply and implement these in our program. A complete listing of laws that apply to bikes can be found in Appendix 5. Appendix 6 has some basic rules that are a little easier to read than the laws. Appendix 7 has some key ideas for bicyclists. These are also written so they are easy to understand.

THE VTPD PROGRAM

The VTPD has been referred to many times. They have two officers assigned to bikes on the Virginia Tech campus. Officer Larry Wooddell was very helpful in giving guidance to our program. The VTPD bike team has each bike equipped with a saddlebag which has two rear reflectors on it. There are two reflectors on the pedals which can be seen from behind. Finally, both the rider and the bike have strobes facing the rear. The rider has a white one and the bike has a red one. The bikes have a 20 watt light in the front. This is really the least we should have. The officers also wear a traffic safety vest with scotchlite on it.

PRE-TASK REQUIREMENTS

Before a bike goes out the member must check out the bike to ensure it is operational. The tires must be properly inflated and free from damage that could cause the bike to fail. Patched tubes or other repairs that are accepted by the bike community as permanent are fine. The brakes must grab evenly or be adjusted. Both water bottles must be full and secured in baskets that are designed for the purpose. All of the tools and parts must be stored properly in a pouch designed for this purpose. The lighting system and reflectors are to be in place and clear from mud, etc. if the ride will take place anytime from dusk to dawn or if the rider will need to bivouac. The helmet must be sound and undamaged as well. Riding glasses will need to be cleaned before a ride. These "musts" will help insure a safer ride and task. Appendix 8 explains how to adjust the bike for comfort. These suggestions are important because if the bike is not properly adjusted the rider will be using more energy than is necessary. This can result in early fatigue and possible accidents.

BIKE SAR DEBRIEF FROM BURNS SEARCH

On December 6, 1994, an elderly white male was reported missing from a retirement community in Blacksburg, VA. The ASRC was notified and SWVaMRG members were there in about 15 minutes. Hasty and containment tasks were drawn up and the bike team was put into its first operational mission. There were three tasks given to bikes and these were performed flawlessly. The trail system at the community was easy to ride. This allowed the chance for members to look into the woods more than on other trails that are narrower. The riders decided that teams of three would be best for future missions. This will allow one member to ride in the lead. The other two will ride on either side to the rear and scan the woods. The front bike will just concentrate on riding the trail or road. The rear bikes will search and use their peripheral vision to watch the light of the front bike. This method was used on the search and worked well (McCaskill, 1994). The bike team found the first major clue. One of the members noticed a problem with his wheel and stopped to inspect it. He found human excrement on the side of it. This was later tracked back to a point that fell in line with the subjects wandering. This is a pretty funny story if you ever get to hear it from David Zader or Ed Czaja. Apparently Dave was on all fours trying to find where he had run it over. This clue and others helped lead searchers to the area that the subject would eventually be found.

I've written this paper to help members of the Appalachian Search and Rescue Conference and other SAR organizations understand the possible role of bikes in our operations. I believe that at each mission bikes are used feedback should be given that will help to strengthen the program. Any comments on this program or life in

general can be mailed to

**Southwest Virginia Mountain Rescue Group
Attn: Greg Sazonov/ Operations Officer
Re: Bike SAR
203 Progress St.
Blacksburg, VA 24060**

(703) 951-2914

My home phone is (703) 953-1385. I would encourage any interested members, no matter what their position, to give Ed Czaja a call. His phone number for this year is (703) 951-3872. He is really the man running the show and would greatly appreciate any advice or help offered.

References

Czaja, Ed. Personal Interview. 20 October 1994.

Lambert, Cindy. Personal Interview. 8 December 1994.

McCaskill, Doug. Personal Interview. 7 December 1994.

Wooddell, Larry, Officer Virginia Tech Police Department. Personal Interview. 12 October 1994.

THE CYCLIST'S "ENGINE" AND POWER PRODUCTION

Power for cycling is generated primarily by the large muscles of the hips, legs, and feet. Individual muscles are active in different parts of each crank revolution, and some of them actually work against each other. The bicycle must be properly adjusted to minimized unnecessary work.

The muscles produce power by a complex series of chemical reactions, which energize molecular ratchet-like structures in the muscle fibers, causing them to contract.

Based upon their consumption of oxygen, the muscle fibers are divided into two categories . They are:

Aerobic (Red) Fiber: These operate when oxygen is available or when light to moderate force is needed. The red fibers will function as long as glucose is available. The end product of the metabolized glucose is water, carbon dioxide and heat. These fibers are used for endurance activities.

Anaerobic (White) Fibers: These operate in the absence of oxygen and used primarily when large forces are needed. They can operate for only a short time and must then be replenished by rest. The end product is lactic acid and heat. These fibers are primarily used during sprinting.

Cycling is primarily an endurance activity, although occasional short bursts of power may be desired or needed. This has several implications:

- (1) Cyclists generally want to produce the maximum power that they can sustain comfortably and indefinitely. To do this, they must keep the muscle forces small enough to be able to generate all power with the aerobic fibers, saving the anaerobic fibers for the few times when large forces may be required.
- (2) At any given time, the power generated by a cyclist is proportional to both the force effectively applied to the pedals and the pedaling cadence. Thus, in order to generate high power for long distances, experienced cyclists use low pedal forces and high pedaling cadence . That is, they "spin" rather than "crank."

Spinning usually refers to pedal cadence in the range from 75 to 100 RPM or higher. Cranking usually means a cadence of 60 RPM or less. Spinning takes practice, and is made much easier if toe clips and straps are used to secure the feet to the pedals.

For an individual cyclist, there will be an optimal cadence at which the least amount of oxygen per minute is used to produce a given power. Cyclists of average build in good condition can comfortably produce 0.2 to 0.3 horsepower for an extended ride.

Multispeed bicycles, especially models with ten or more gears, allow the cyclist to always maintain a cadence very close to optimal, regardless of the conditions of wind or grade. The cyclist merely shifts gears until one is found in which optimal cadence and comfortable pedal forces can be maintained.

Appendix 2

Equipment for bike SAR members:

- mountain bike**
- bike helmet (SNELL/ANSI approved)**
- lighting system for bike**
- riding glasses**
- air pump**
- repair kit for bike**
- spare tire tube**
- two water bottles on bike**
- riding gloves**
- 10 essentials**
- reflectors for bike**
- traffic vest with reflective tape**

TOOLS

For Minor Adjustments (* = Carry on bike for roadside repairs)

* Patch kit
 * Tire levers
 * Tire pump (for your type of valve)
 * Spare tube
 * Adjustable wrench, 6"
 * Screwdriver, 1/4" np
 * Screwdriver, 1/8" np
 * Box wrenches (or box-open combinations), 8 to 14 mm:
 8-9-10 mm and 11-13-14 mm "Y" wrench set, OR
 "Ignition wrench" set (metric) or other flat wrench set
 * Hex (Allen) wrenches, 4, 5, 6, and 7 mm
 Cone wrenches, 13, 14, 15, 16 mm
 Spoke wrench
 Pliers or vise-grips
 The pressure gauge (for your type of valve)
 Bike stand or hanger
 Maintenance and repair book

For Basic Bike Overhaul:

Chain rivet extractor
 Crank remover (for your crank)
 Bottom bracket pin tool and locking wrench (for your bottom bracket)
 Freewheel remover (for your freewheel)
 Freewheel sprocket looseners
 Headset wrench (for your headset)
 Cable cutters
 Third hand or fourth hand brake tool
 Wheel truing stand
 Bench vise

Expendables:

Grease
 Dry or liquid lubricant
 Solvent (paint thinner)
 Brake cables
 Derailleur cables
 Caps for cable ends
 Bearings

Product Vendors List

A

Allsop
P.O.Box 9709
Bellingham, WA.98227
206-647-7420
Fax 206-733-4302

B

Bicycle Parts Pacific
2135 E. Main Street
Grand Junction, CO. 81503
1-800-999-8277
Fax 303-214-3529

Bike Pro USA
3701 West Roanoke, Suite A
Phoenix, AZ. 85009
1-800-338-7581
Fax 602-272-3536

Blackburn
1-800-776-5677

Bratwear Div. of Flashwear
5006 E. 72nd Street
Tacoma, WA.98443
206-537-8220

Bright Light Technology
P.O.Box 200
Nelson, B.C. Canada V1L 5P9
604-352-6555
Fax 604-352-6066

C

Cannondale Corporation
9 Brookside Place
Georgetown, CT 06829
1-800-BIKE-USA

Control Tech Northwest
22001 Pacific Hwy So. #106
Seattle, Wa. 98198
206-824-8013
Fax 206-824-8083D

Derby Cycle Company of America
22710 72nd Ave. South
Kent, WA. 98032
206-395-1100

F

Flashwear
5006 E 72nd Street
Tacoma, Wa. 98443
206-537-8220
Fax 206-536-7196

G

W.L.Gore & Assoc., Inc.
Gore-Tex Fabrics
297 Blue Ball Road
Elkton, MD. 21921
410-392-3700

Gargoyles Performance Eyewear
19039 62nd Ave. South
Kent, Wa. 98032
206-251-5001
Fax 206-251-5735

Gatorz Sports Optiks
C/O: Sunglass Factory
5401 Linda Vista Rd. Suite 407
San Diego, CA.92110
619-297-5900
Fax 619-297-1607

Giro Sport Design
2880 Research Park Drive
Soquel, Ca. 95073
1-800-969-4476

Grabner
C/O: Seattle Bike Supply
7620 S 192nd Street
Kent, Wa. 98032
1-800-283-2453

J

Jamis Mt. Bikes
G. Joannou Cycle Co. Inc.
151 Ludlow Ave.
Northvale, NJ. 07647
1-800-222-0570

J. Marcel Enterprises
5920 M.L.K. Jr. Way South
Seattle, Wa. 98118
206-722-1412
Fax 206-722-1521

John's Plns Plus
8315 Lake City Way N.E. Suite 176
Seattle, WA. 98115
206-523-6622
Fax 206-523-5377

K

K & W, Inc.
2433 Jones Ave. NE
Renton, Wa. 98056
206-255-4316

Kinco International Inc.
927 S.E. Marion Street
Portland, OR. 97202-7031
1-800-547-8410
Fax 503-233-9501

L

Lumitech Inc.,
Box 5414
Destin, FL. 32540-5414
1-800-858-4875
1-904-654-3376

League of American Wheelmen
190 W. Ostend Street
Suite 120
Baltimore, MD.21230
1-800-288-BIKE
Fax 410-539-3496

M

Mountain Cycle
2494 Victor Avenue
San Luis Obispo, CA. 93401
805-545-8004
Fax 805-545-9790

Mt. and City Biking
Challenge Publications
7950 Deering Ave.
Canoga Park, CA. 91304
1-800-760-8983

N

New Eagle Communications
201 Railroad Street
Silver Lake, Kansas.66539
913-582-5823

NIGHTSUN
396 West Washington Blvd.
600
Pasadena, CA. 91103
818-791-0457
Fax 818-791-2462

§ 46.2-800. Riding bicycles or mopeds; riding or driving animals. — Every person riding a bicycle, moped or an animal or driving an animal on a highway shall be subject to the provisions of this chapter and shall have all of the rights and duties applicable to the driver of a vehicle, unless the context of the provision clearly indicates otherwise. (Code 1950, § 46-183; 1958, c. 541, § 46.1-171; 1960, c. 456; 1981, c. 585; 1989, c. 727.)

§ 46.2-903. Riding or driving vehicles other than bicycles on sidewalks. — No person shall ride or drive any vehicle other than a bicycle on the sidewalks of any county, city, or town of the Commonwealth. (Code 1950, § 33-293; 1958, c. 541, § 46.1-229; 1964, c. 522; 1973, c. 156; 1974, c. 541; 1975, c. 187; 1978, c. 605; 1981, c. 585; 1989, c. 727.)

§ 46.2-904. Operation of bicycles on sidewalks and crosswalks. — The governing body of any county, city, or town may by ordinance prohibit the riding of bicycles on designated sidewalks or crosswalks, including those of any church, school, recreational facility, or any business property open to the public where such activity is prohibited. Signs indicating such prohibition shall be conspicuously posted in general areas where bicycle riding is prohibited.

A person riding a bicycle on a sidewalk, or across a roadway on a crosswalk, shall yield the right-of-way to any pedestrian and shall give an audible signal before overtaking and passing any pedestrian.

No person shall ride a bicycle on a sidewalk, or across a roadway on a crosswalk, where such use of bicycles is prohibited by official traffic control devices.

A person riding a bicycle on a sidewalk, or across a roadway on a crosswalk, shall have all the rights and duties of a pedestrian under the same circumstances. (1981, c. 585, § 46.1-229.01; 1984, c. 124; 1989, c. 727.)

§ 46.2-905. Riding bicycles and mopeds on roadways and bicycle paths. — Any person operating a bicycle or moped on a roadway shall ride as close as practicable to the right curb or edge of the roadway, except under any of the following circumstances:

1. When overtaking and passing another vehicle proceeding in the same direction;
2. When preparing for a left turn at an intersection or into a private road or driveway; and
3. When reasonably necessary to avoid conditions including, but not limited to, fixed or moving objects, parked or moving vehicles, pedestrians, animals, surface hazards, or substandard width lanes that make it unsafe to continue along the right curb or edge.

For purposes of this section, a "substandard width lane" is a lane too narrow for a bicycle or moped and another vehicle to pass safely side by side within the lane.

Persons riding bicycles on a highway shall not ride two or more abreast except on paths or parts of highways set aside for the exclusive use of bicycles.

The governing body of any locality may by ordinance provide that wherever a usable path for bicycles has been provided adjacent to a roadway, bicycle riders shall use such path and shall not use the roadway. (1974, c. 347, § 46.1-229.1; 1980, c. 130; 1981, c. 585; 1989, c. 727.)

§ 46.2-906. Carrying articles on bicycles and mopeds. — No person operating a bicycle or moped on a highway shall carry any package, bundle, or article which prevents the driver from keeping at least one hand on the handlebars. (1974, c. 347, § 46.1-229.2; 1981, c. 585; 1989, c. 727.)

§ 46.2-907. Overtaking and passing vehicles. — A person riding a bicycle or moped may overtake and pass another vehicle on either the left or right side, staying in the same lane as the overtaken vehicle, or changing to different lane, or riding off the roadway as necessary to pass with safety.

A person riding a bicycle or moped may overtake and pass another vehicle only under conditions which permit the movement to be made with safety.

A person riding a bicycle or moped shall not travel between two lanes of traffic moving in the same direction, except where one lane is a separate turn lane or a mandatory turn lane.

Except as otherwise provided in this section, a person riding a bicycle or moped shall comply with all rules applicable to the driver of a motor vehicle when overtaking and passing. (1981, c. 585, § 46.1-229.2; 1989, c. 727.)

§ 46.2-908. Registration of bicycle serial numbers. — Any person who owns a bicycle may register its serial number with the local law-enforcement agency of the political subdivision in which such person resides. (1975, c. 17, § 46.1-66.1; 1989, c. 727.)

§ 46.2-1015. Lights on bicycles and mopeds. — Every bicycle and moped when in use between sunset and sunrise shall be equipped with a white light on the front which shall be visible in clear weather from a distance of at least 500 feet to the front and with a red reflector on the rear. Such reflector shall be of a type approved by the Superintendent and shall be visible in clear weather from fifty feet to 300 feet to the rear when directly in front of lawful high beams of head lights on a motor vehicle. A red light visible in clear weather for 500 feet to the rear may be used in lieu of or in addition to the reflector. Such lights and reflector shall be of types approved by the Superintendent. (Code 1950, §§ 46-263, 46-270; 1958, c. 541, § 46.1-26; 1981, c. 585; 1989, c. 727.)

§ 46.2-1066. Brakes. — Every motor vehicle when driven on a highway shall be equipped with brakes adequate to control the movements of and to stop and hold such vehicle. The brakes shall be maintained in good working order and shall conform to the provisions of this article.

Every bicycle and moped when operated on a highway shall be equipped with a brake which will enable the operator to make the braked wheels skid on dry, level, clean pavement. (Code 1950, § 46-283; 1958, c. 541, § 46.1-277; 1974, c. 347; 1981, c. 585; 1989, c. 727.)

§ 46.2-1078. Unlawful to operate motor vehicle, moped, or bicycle while using earphones. — It shall be unlawful for any person to operate a motor vehicle, moped, or bicycle on the highways in the Commonwealth while using earphones on or in both ears.

For the purpose of this section, "earphones" shall mean any device worn on or in both ears which converts electrical energy to sound waves or which impairs or hinders the person's ability to hear; but shall not include any prosthetic device which aids the hard of hearing, nor does it include the driver of any emergency vehicle as defined in § 46.2-920. (Code 1950, § 46-219.1; 1950, p. 882; 1958, c. 541, § 46.1-202.1; 1989, c. 727.)

BASIC RULES OF CYCLING IN TRAFFIC

Appendix 6.

BASIC RULE

Your bicycle is recognized as a LEGAL VEHICLE of the road; therefore, DRIVE your bike as you would any vehicle.

OBEY ALL TRAFFIC LAWS. Even though the bicycle is very maneuverable this does not mean that the cyclist can violate traffic laws with impunity.

LANE POSITION RULE

Ride just to the right of the motorized traffic when the lane is wide enough to safely share. When lanes are too narrow to safely share, ride in the center of the lane or just to the right of the center (the right hand tire track).

HIGH SPEED RULE

If the cyclist can keep up with the flow of traffic, use the entire lane (take the lane).

TURN LANE RULE - INTERSECTIONS

Normally ride in the right most lane that goes to your destination.

In single-destination lanes, ride on the right-hand side of the lane.

In multiple-destination lanes ride in the side of the lane appropriate for your destination and current traffic conditions.

THE PUBLIC ROADS ARE AVAILABLE TO EVERYONE FOR THE PURPOSE OF TRAVEL

Bicyclists' right and responsibilities are found in the State Vehicle Codes.

1. Bicyclists have the rights and responsibilities of drivers, when riding on the roadway.

2. Bicyclists are unique. They may be either drivers or pedestrians, but cannot be both at the same time.

ALL DRIVERS MUST FOLLOW ONE SET OF TRAFFIC RULES

If this were not the case then confusion, chaos and accidents would result.

1. Bike/car accidents are similar to car/car accidents in that both types of accidents occur mostly at intersections.

2. Traffic rules fit human abilities and psychology. A driver is never required to pay close attention simultaneously to traffic in opposite directions from his/her position

DIFFERENCES BETWEEN BICYCLISTS AND MOTORISTS

1. Bikes are usually slower, therefore they must stay to the right.

2. Bikes are narrower, therefore cyclists are required to share lanes with motorists at times. Cyclists may take a variety of positions within a lane, depending on whether they are going straight, turning right, or turning left. Motorists' position in a lane is more limited.

3. Bicyclists are more vulnerable than motorists, and should therefore be especially careful to follow the rules of the road and be visible and predictable. Bicyclists are also advised to wear a helmet and be able to execute quick turn or emergency maneuvers if the situation warrants such action.

ADJUSTING YOUR BICYCLE FOR COMFORT & EFFICIENCY

FRAME SIZE:

Frame size (measured in either inches or centimeters) is the distance from the top of the seat tube to the center of the bottom bracket measured along the seat tube. Regardless of the type of frame desired, sizing must be done on a diamond frame. Straddle the top tube with your stocking feet flat on the floor and lift the front wheel. There should be 1-2 inches clearance between the front wheel and the floor; if not then the bike is too large.

Please Note: This is a rough estimate that works better for men than women. Women must pay particular attention to top tube length because they generally have longer legs and shorter torsos.

SIMPLE ADJUSTMENTS: (These are starting points. Refine the adjustments for comfort)

Seat Height: With the ball of the foot on the pedal there should be a slight flex in the knee when the pedal is at the very bottom of the pedal stroke. If the hips rock when pedaling then the seat is too high.

Seat Angle: The nose of the saddle should be level with or slightly above the rear of the saddle.

Seat Positioning, Forward or Backward: Adjust saddle position so that when the pedals are horizontal, your forward knee is directly above the pedal spindle.

Handlebar Height: Should generally be about one inch below the saddle.

Handlebar Angle: Adjust for comfort in the top or "up" position. Top of handlebar, when viewed from the side, should be approximately level.

Brake Positioning: Adjust for comfortable reach to apply brakes in forward position and comfortable hand position on brake hoods, if desired.

ADJUSTMENTS REQUIRING PURCHASE OF NEW COMPONENTS

Handlebar stem: Length forward of the steering axis should be determined on the basis of riding comfort when riding on the tops or the drops.

Saddle: Different types are available for men and women, touring and racing.

Handlebars: Different types and styles are available.

Crank: Different lengths, chainring combinations and crank set-ups are available.

From: G. Mechtel
To: ASRC BOD
Date: December 17, 1994
Subject: Hantavirus on the AT in Virginia.
Version: ASRC Safety Report #6:

Please note the following ATC memo, and pass this information along to your groups. More to come in the future as this research continues. This article indicates that a hiker was apparently infected with Hantavirus, most likely while in Virginia along the AT. Hantavirus has been in the recent national press as a rodent vectored disease that is often fatal.

SMRG T-YI

APPALACHIAN TRAIL CONFERENCE

799 Washington Street (at Jackson)
P.O. Box 807
Harpers Ferry, W.Va. 25425-0807
Telephone: (304) 535-6331
Facsimile: (304) 535-2667



CC: STEELE
HILTZ
OGORZALEK
T. JOHNSON
HEID?
TANKHAUSER
SMRG

Memo to: A.T. Partners
From: Dave Startzell
Re: Confirmed case of hantavirus in A.T. hiker
Date: November 21, 1994

This is to inform you that the Appalachian Trail Conference (ATC) and the National Park Service Appalachian Trail Project Office (ATPO) have been advised by the Centers for Disease Control and Prevention (CDC) that CDC recently confirmed that an individual was infected by the hantavirus, apparently during a 1993 hike on the Appalachian Trail. Based on CDC's analysis, the infection is likely to have been contracted in Virginia. Although the hiker has recovered from the illness, the Virginia Department of Health is issuing a press announcement concerning the case this afternoon, Monday, November 21. A copy of that press release is attached for your information.

As noted in the release, hantavirus infection is quite rare but causes severe respiratory disease and is often fatal. Moreover, because the initial symptoms are similar to flu symptoms (e.g., fever, headache, abdominal, joint and lower back pain, nausea, and vomiting), the infection is not easily diagnosed. Symptoms typically appear about two weeks after exposure, but can emerge as early as three days or as late as six weeks after exposure. The most common form of the virus in the U.S., hantavirus pulmonary syndrome, causes a build-up of fluid in the lungs and an inability to breathe. In some cases, other organs, such as the liver and/or pancreas also may be affected. At present, there is no specific treatment for hantavirus disease. Early intensive hospital care is currently the only known beneficial course of action.

The virus is found in animal urine, saliva and droppings and can become airborne. The main source of transmission is believed to be wild rodents, especially deer mice. Breathing the virus is the most common way of becoming infected, although it is possible to contract the virus by touching the mouth or nose after coming into contact with contaminated materials or being bitten by an infected rodent.

Hantavirus disease first received widespread public attention following an outbreak of the disease in 1993 in the "four corners" area of Arizona, New Mexico, Colorado, and Utah. Of the 96 confirmed cases reported to date, 90 of them have occurred in states west of the Mississippi.

Although there does not appear to be any indication that hantavirus disease is more likely to occur along the Appalachian Trail than in any other area where infected rodents may live, because the recent case will be one of the first cases to be identified in the eastern United States, and because the Virginia Department of Health advisory identifies the individual who contracted the disease as an Appalachian Trail hiker, it is likely that the advisory will stimulate considerable media attention in the coming days and perhaps weeks. For this reason, we wanted you to be aware of the issue.

ATC and ATPO officials are working closely with National Park Service, U.S. Forest Service, and state public health officials and with officials at the Centers for Disease Control and

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New England Region
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Brian T. Fitzgerald
Peter Jensen
John M. Morgan
F. Peter Rentz
Christine Wolfe

Mid-Atlantic Region
David N. Barr
Phil Barringer
Robert Butt
Jane Daniels
Paul DeCoste
M. Virginia Musser

Southern Region
David K. Dirlam
William Foot
James Hutchings
Parthena M. Martin
Marianne Skeen
Paul R. Worsham

David N. Startzell
Executive Director

November 22, 1994

Prevention. It is possible that public-health officials may recommend advisory postings at certain Appalachian Trail shelter sites and trailheads. If that is the case, we will provide you with appropriate posting language that we develop in consultation with public-health officials. Before or after any such postings, those officials also may want to initiate sampling procedures to assess the incidence of infected-rodent populations in shelter or other camping areas, both on and off the Trail. At present, these actions are likely to be limited to portions of Virginia although CDC also is planning to disseminate hantavirus information materials to other eastern state and county health officials.

Because ATC and ATPO representatives are cooperating with public-health officials in response to this recent discovery, if you are contacted by representatives of the press, you may wish to refer them to either Don King at ATPO (304-535-6278) or Brian King at ATC (304-535-6331/2200). However, it should be understood that the "lead agency" in this case is the Virginia Department of Health and, secondarily, the Centers for Disease Control and Prevention.

[235] From: Keith Conover <kconover+@pitt.edu> at INTERNET 12/9/94 4:12PM (1331
1 bytes: 234 ln)

To: whd4y@uva.pcmail.virginia.edu at INTERNET

: Peter McCabe at WDCF01, adodds@rdc.noaa.gov at INTERNET,
mark.beluscak@modemnet.com at INTERNET, shen@camis.stanford.edu at INTERNET,
thomasb@fmis.facmgt.pitt.edu at INTERNET, checker+@pitt.edu at INTERNET,
brmrg@virginia.edu at INTERNET, bwagner+@pitt.edu at INTERNET,
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dzierski+@pitt.edu at INTERNET, harrison@mitre.org at INTERNET,
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applebjb@ttown.apci.com at INTERNET, 71321.1514@compuserve.com at INTERNET,
lindell@medcolpa.edu at INTERNET, rosent16@pilot.msu.edu at INTERNET,
d_ramsey@fre.fsu.umd.edu at INTERNET, 75537.2201@compuserve.com at INTERNET,
SMRG@sparky.nimh.nih.gov at INTERNET, swvamrg@vt.edu at INTERNET

Subject: Which protocols do EMTs follow out of state?

----- Message Contents -----

Text item 1: Text Item

Received: by ccmil from pop.pitt.edu

From kconover+@pitt.edu

X-Envelope-From: kconover+@pitt.edu

Received: from unixd3.cis.pitt.edu by pop.pitt.edu with SMTP id AA00742

(5.65c/IDA-1.4.4.5 for <peter_mccabe@ed.gov>); Fri, 9 Dec 1994 16:03:41 -0500

Date: Fri, 9 Dec 1994 16:03:40 -0500 (EST)

From: Keith Conover <kconover+@pitt.edu>

Subject: Which protocols do EMTs follow out of state?

To: William Dixon <whd4y@uva.pcmail.virginia.edu>

Re: WEMSI -- Art Dodds <adodds@rdc.noaa.gov>,

Mark Beluscak <mark.beluscak@modemnet.com>,

Bern Shen <shen@camis.stanford.edu>,

Betty Thomas <thomasb@fmis.facmgt.pitt.edu>,

Brian Check <checker+@pitt.edu>, brmrg <brmrg@virginia.edu>,

Robert Wagner <bwagner+@pitt.edu>,

Chuck Kollar <chuck@kollar.pgh.pa.us>, Don Scelza <das@fore.com>,

David Dzieriski <dzierski+@pitt.edu>,

Gene Harrison <harrison@mitre.org>, Greg Larkin <glarkin+@pitt.edu>,

Jack Grandey <grandeye@jefflin.tju.edu>,

"John B. Appleby" <applebjb@ttown.apci.com>,

John Massa <71321.1514@compuserve.com>,

David Lindell <lindell@medcolpa.edu>,

Marc Rosenthal <rosent16@pilot.msu.edu>,

David Ramsey <d_ramsey@fre.fsu.umd.edu>,

Peter McCabe <peter_mccabe@ed.gov>,

Sam Chewning <75537.2201@compuserve.com>,

Shenandoah Mtn Rescue <SMRG@sparky.nimh.nih.gov>,

SWVMRG <swvamrg@vt.edu>

Message-Id: <Pine.3.89.9412091642.D15761-0100000@unixd3.cis.pitt.edu>

Mime-Version: 1.0

Content-Type: TEXT/PLAIN; charset=US-ASCII

William--

Thanks for your email question about medical direction for ASRC EMTs in
various states. Your question is about which procedures and treatment
protocols EMTs should follow: protocols for the state in which they are
certified as EMTs, or protocols in the state in which they are
operating. This is actually a complicated question without a simple
answer.

I'll take a few paragraphs to lay out some background; please share with others as you wish. I'll also cross-post this to the other ASRC Groups. To check on the accuracy of this summary, I'll send it to lawyers Harry Oster of the Atlantic EMS Council, Andy Appel of the Wilderness EMS Institute, and Kenneth Brody of the Pennsylvania Department of Health. I'll post any corrections or additions they have, and will at some point develop this discussion into a more detailed description of regional wilderness scope of practice, but in the interests of timeliness, here is my understanding:

MEDICAL PRACTICE ACTS

First, consider the practice of medicine. Each state has a Medical Practice Act that restricts the practice of medicine to those who are licensed by the state. There are two primary reasons for licensing physicians from the state's view: 1) it provides money for the state in the form of licensing fees (a form of tax), and 2) it provides the state's citizens some protection from quacks by establishing criteria for licensing. From the physicians' viewpoint, it both elevates the profession to a higher level and restricts entry to those who meet the criteria, allowing more prestige, higher fees, and some protection against incompetents in their midst. Again, controlling the practice of medicine is entirely a state prerogative, and the federal government basically isn't involved at all. This means that the privilege to practice medicine ends at the state line.

DELEGATED PRACTICE

From the earliest time, physicians didn't want to do everything themselves. They wanted to delegate certain tasks (applying leeches, drawing blood, administering medications) to others. States have universally allowed this "delegated practice" in their Medical Practice Acts. So, a physician could tell an office medical technician to give a vaccination, or tell an office orthopedic technician to apply a cast, and it was OK (not a violation of the Medical Practice Act). However, the physician has to directly order the "technician" (the generic term used in most Medical Practice Acts), and accept responsibility for the technician's work quality.

NURSING AND EMS

After a while, nursing became a profession, with standardized training. Nurses, too demanded licensure, for the same reasons as physicians. Physicians agreed, too, because it gave them a big benefit. Just like the industrial revolution allowed us to build things with uniformly manufactured interchangeable parts, registered nurses became (somewhat) interchangeable. This meant the physician didn't have to take total responsibility for the nurse's training; a R.N. could be assumed to meet certain minimum standards. As part of this process, state laws laid out what R.N.s could and couldn't do. Similar state laws for Physician's Assistants, Nurse Practitioners, and other "technicians" also evolved.

As EMS developed, paramedics and later EMTs were placed in a similar

interchangeable parts" category by state laws. However, as with nursing and to a lesser extent medicine, the state laws vary.

MEDICAL CONTROL

Some prehospital personnel just provide first aid. Most states don't see first aid as the practice of medicine and don't regulate it.

Some (let's use the new term "out of hospital" from now on) out-of-hospital personnel clearly practice medicine: paramedics. Paramedics can only practice medicine at the direction of a physician. This can be "on-line command"/"direct medical control" where this paramedic and physician are talking over the radio, or "off-line command"/"indirect medical control" where a physician medical director provides protocols and standing orders, and reviews the performance of paramedics. To provide the interchangeable paramedic and physician parts, state laws provide specific authorization for this kind of delegated practice.

Do EMTs practice medicine? With the new EMT-Basic Curriculum, which includes medication administration (epinephrine, nitroglycerine, and albuterol), the answer is clearly yes. Under the old Curriculum, some states, deliberately or by ignoring the issue, classed EMT-Basics with first aiders and let them practice without medical direction. However, the trend is clearly away from EMTs as "first aiders."

MUTUAL AID

What happens when a paramedic or an EMT goes across state lines? Well, basically, the EMT or paramedic has no right to practice medicine at all in the other state unless specifically granted by that state. And, indeed, many states have established reciprocity arrangements for both EMTs and Paramedics. The Atlantic EMS Council consists of PA, NJ, RI, DE, DC, MD, VA, and WV. It has reciprocity for EMT and paramedic between all members. However, unfortunately this reciprocity doesn't apply to the physicians who are providing medical control. This means you, as an EMT or paramedic, can practice your limited kind of medicine in a "foreign" state only under the medical direction of a medical control physician from the "foreign" state.

The Atlantic EMS Council is now working on a new cooperative agreement that will cover medical direction between the states, and at the February meeting, Wilderness EMS Institute staff will present the needs of the wilderness community and see if the new agreement can provide for wilderness EMS mutual aid between various states.

EMS LIMITATIONS

Pennsylvania's Act 45 (Emergency Medical Services act) can only be definitively construed to apply to emergency care given on or near ambulances or other EMS vehicles, per discussions with the Pennsylvania Department of Health's lawyers. This does not permit the Pennsylvania Dept. of Health to manage or regulate what we think of as wilderness EMS.

Therefore, the Wilderness EMS Institute (WEMSI) has instituted a pilot

Program of "delegated practice" wherein out-of-hospital providers act as generic Pennsylvania Medical Practice Act "technicians" rather than as EMTs or paramedics. These providers are called "Wilderness Medics" to differentiate them from EMTs and paramedics (though all the pilot Wilderness Medics are trained as and function as paramedics when on the street). This is, we hope, a temporary measure, and we are working with the Pennsylvania Emergency Health Services to see if we can incorporate wilderness EMS within the state EMS system, probably by modification of the state EMS law to specifically include wilderness and backcountry patients in the definition of EMS.

Surprisingly, this limitation of Pennsylvania EMS can be interpreted to mean that an EMT or paramedic in the Pennsylvania backcountry is outside the EMS scope of practice. Certainly, the existing EMS protocols and medication limitations prevent "street" EMTs and paramedics from administering care meeting national wilderness EMS standards when in the backcountry.

Luckily, WEMSI has established a set of clinical standards for how backcountry medical care at the EMT-Basic level should be performed: the WEMSI WEMS Protocols. These specifically state that they may be taken as orders from the WEMSI Medical Director. Thus, someone with EMT-Basic training in the Pennsylvania backcountry, while being outside the scope of practice of a "street" EMT, could follow the WEMSI Protocols and be assured that (1) the patient is getting appropriate care, and (2) the EMT is functioning as a generic "technician" of the WEMSI Medical Director, and thus not practicing medicine without a license.

The status of EMTs and paramedics in the backcountry of other states is not known to me. Probably, we need a legal opinion from each state. Andy Appel, the Legal Advisor for WEMSI, plans to compile such data, and I'll forward it as it becomes available. However, there are national and regional clinical standards for the treatment of patients in the backcountry. These standards are in part reflected in the Position Statements of the Wilderness Medical Society, and the Rural Affairs Committee NAEMSP. Clinical guidelines for delayed/prolonged transport:

BOTTOM LINE

=====

At present, your EMT or paramedic from any Atlantic EMS Council state is good in any other state. However, you need to follow the protocols of that state when you're in it.

The very bottom line, though, is that when in doubt, do the very best for your patient that you can. Providing bad care because you're afraid of the legal consequences is an almost sure way to get in both medical and legal trouble. Providing good care even if you're not sure it's "legal" is the best way to care for your patient and keep yourself clear of the court system.

Just about any lawyer will tell you the same; lawyers are always giving me this advice in medical-legal seminars. A good example is a child who comes to the Emergency Department with a significant injury. In some legal sense, I can't treat a minor without the parent's permission. However, if I delay Emergency Department care pending the parent's permission, I'm taking a big medical and legal risk. I don't even ask if we have parental permission until after I see the child and figure out if the child needs treatment. Unless the medical treatment I'm

contemplating is clearly elective or can wait without any detriment to the child at all, I go ahead and do it: suturing a wound, giving an antibiotic, whatever. Only later do I worry about parental permission. Once what the lawyers tell me to do what I want to do anyway, it's very satisfying.

If in the field and you have a choice between what is right and what you think is legal, choose what's right and you'll probably do better in court, if it ever comes to that, than if you did what's "legal."

I hope this is of some help. I'm sure the lawyers will have corrections and amplifications, and I'll make sure you get them. Thank you.

[Handwritten signature]

Potomac Valley Rescue Group
REPORT TO THE ASRC BOD
December, 17, 1994

Missions Attended (since last report)

Date	Location	Attendance
29 Oct.	King William, Co. Va.	2
5 Nov.	Craig Co., Va.	3
22 Nov.	Rockingham Co., Va.	5
6 Dec.	Blacksburg, Va.	4
10 Dec.	Rockingham, Va.	4

Current Membership (breakdown by training level)

IS	2
FTL	2
FTM	10
CQ	33
Trainee	3

Training Report

We would like to propose Marc Buursink as our new training officer. Twenty new members joined PVRG and progressed to CQ this fall. Two of our members attended the FTL class offered by the Va. DES and will shortly become ASRC FTL's. One other FTM is awaiting testing to become FTL. Two members attended the Va. DES PSO class. Several of our CQ's have progressed most of the way towards FTM and will most likely attain FTM by Feb. 1995.

Fundraising Report

Currently PVRG is undertaking an aggressive fundraising effort to raise the necessary money to buy equipment still required of ASRC full member groups. Other efforts include solicitations for equipment donations from local merchants. PVRG is also working on acquiring operational vehicles to transport more members to searches.

ASRC

ASRC Budget for 1995

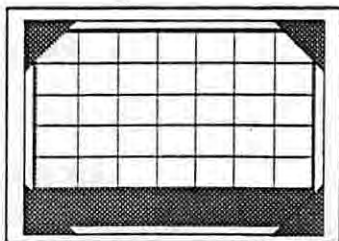
	1993	1994 thru 12-17	1995
INCOME			
Dues			
-Group	345.00	345.00	390.00
-Individual	165.00	268.00	270.00
Donations	555.00	25.00	0.00
Total	1065.00	638.00	660.00
EXPENSES			
Communications	1535.00	0.00	400.00
Legal	25.00	25.00	25.00
Pagers	369.03	286.94	394.80
Secretary			
-Copying	379.19	168.97	250.00
-Postage	248.16	0.00	50.00
-Other	31.69	0.00	0.00
Treasurer			
-Bank Fees	98.55	101.48	0.00
-Other	38.54	0.00	20.00
Office Supplies	94.52	0.00	20.00
Alert/Dispatch	0.00	0.00	20.00
Training	0.00	0.00	20.00
Appalachian Search	0.00	0.00	20.00
Medical	0.00	0.00	15.00
Total	2822.68	582.39	1234.80
Income	1065.00	638.00	660.00
Expenses	2822.68	582.39	1234.80
DEBT	<1757.68>	55.61	<574.80>

Amount in our Bank Account as of 12/15/94: \$1030.04

Pager rates have gone up in the past few months. I checking with Metrocall to insure they are not overbilling us as they have done before. I included Alert/Dispatch through Medical to help cover the officer's expenses. This might help get people involved more at the conference level if they knew they did not have to pay their own expenses.

Patrick Turner
ASRC Treasurer

1994 VIRGINIA SEARCH AND RESCUE ACTIVITIES CALENDAR



DATE	ACTIVITY (SPONSOR)	LOCATION
14-16 JAN	SAR TRAINING EXERCISE (CAP)	WILLIAMSBURG
14-16 JAN AND 28-30 JAN	MANAGING SEARCH OPERATIONS (ASRC)	COLUMBIA, MD
22-23 JAN	SEARCH OPERATIONS FOR STAFF (ASRC)	CHARLOTTESVILLE
29 JAN	SAR COUNCIL	RICHMOND
4-6 FEB	SAR 1ST RESPONDER (DES)	GRUNDY
15 FEB	SAR ORIENTATION (DES)	FREDERICKSBURG
18-20 FEB AND 11-13 MAR	GSAR INSTITUTE - FTM, FTL, MSO (DES)	ROANOKE
22 FEB	SAR ORIENTATION (DES)	FREDERICKSBURG
25-27 MAR AND 29 APR, 1 MAY	PRACTICAL SAR OPERATIONS (ASRC)	NEWPORT NEWS
26-27 MAR	VA SAR SCHOOL (CAP)	TBA
9-10 APRIL	DISASTER RELIEF EVALUATION (CAP)	SHEN. VALLEY
15-17 APRIL	INCIDENT COMMANDER'S WORKSHOP (DES)	GRAVES MTN LODGE
16-17 APRIL	MISSION INFORMATION OFFICER WORKSHOP (CAP)	ROANOKE
22-24 APRIL AND 6-8 MAY	FIELD TEAM MEMBER (CAP)	SHEN. VALLEY
26-30 APRIL	NATIONAL SAR SCHOOL (USAF)	ATLANTA
27-29 APRIL	STATE/DOD JOINT NAT. DISASTER EX. (DES)	RICHMOND
30 APRIL	SAR COUNCIL	RICHMOND
14-15 MAY	SEARCH SIMULATION (ASRC)	CHIPPOKES

(CONTINUED ON BACK)

20-22 MAY	MIDDLE EAST REGION SAR COLLEGE (CAP)	FT. PICKETT
1-4 JUNE	NASAR CONFERENCE	SAN DIEGO
10-12 JUNE	MIDDLE EAST REGION CONFERENCE (CAP)	RICHMOND
11-12 JUNE	INTRODUCTION TO SEARCH & RESCUE	SOUTH BOSTON
22-24 JULY AND 19-21 AUG	PRACTICAL SEARCH OPERATIONS (CAP)	RICHMOND
30 JULY	SAR COUNCIL	RICHMOND
30-31 JULY	USAF SAR EVALUATION (CAP)	RICHMOND
30 JULY - 6 AUG	PJOC (USAF)	WOODSTOCK
20-21 AUG	VA SAR SCHOOL (CAP)	TBA
9-11 SEPT	SAR ISR RESPONDER (DES)	VIRGINIA BEACH
10-11 SEPT	VERTICAL RESCUE SIMULATION (ASRC)	SENECA ROCKS
17-18 SEPT	SARCAP (SAR SIMULATION) (CAP)	LEESBURG
23-25 SEPT AND 7-9 OCT	FIELD TEAM MEMBER, FIELD TEAM LEADER (CAP)	RICHMOND
15-16 OCT	VA SAR SCHOOL (CAP)	TBA
29 OCT	SAR COUNCIL	RICHMOND
11-13 NOV	VA WING CONFERENCE (CAP)	TBA
18-20 NOV AND 9-11 DEC	GSAR INSTITUTE (DES)	ROANOKE
3-4 DEC	VA SAR SCHOOL (CAP)	TBA

13 JUNE 94 - LISTINGS ARE SUBJECT TO CHANGE

CHANGES SINCE THE LAST ISSUE ARE LISTED IN BOLD ITALIC PRINT

FOR MORE INFORMATION CONTACT THE SPONSORING ORGANIZATION OR CALL THE SEARCH AND RESCUE OFFICE AT (804) 674-2422 OR 2421

BOARD OF DIRECTORS MEETING

17 December 1994

RULES: Only BOD representatives may speak
Do not repeat what others have said during discussions
Limit yourself to three minutes or Chairman will

Roll Call: Candi Capozzi

MINUTES: Candi Capozzi

REPORTS: All reports must be in writing:

Treasurer: Patrick Turner

ADA Committee: Peter McCabe

Operations: Gary Mechtal

Re-Organization Committee: Dave Carter

Safety: Gary Mechtal

Communications: Steve Houck

Medical: Amy Rue

Training: Candi Capozzi

BUSINESS MEETING:

OLD BUSINESS:

501c 3 certification = Bob Koester

Budget for 1994 = Patrick Turner

Death Benefits/Compensation issues = Dave Carter/Bob Koester

Reorganization = Dave Carter

New groups = Dave Carter

From floor

NEW BUSINESS:

PA Medical Protocols = Keith Conover

1995 General Membership Meeting = Dave Carter

Operations Manual = Peter McCabe

From Floor

OPERATIONS MEETING:

OLD BUSINESS:

Operations Manual = Gary Mechtel

Radio Protocols = Steve Houck

NEW BUSINESS:

New BOD certifications/appointments

IC Meeting Discussions/outcomes = Gary Mechtel

LESSONS LEARNED FROM RECENT MISSION:

Assignment of staff = Dave Carter