

A photograph of two police officers in uniform. The officer on the left is a man with short brown hair, wearing a dark blue uniform with a name tag that reads "CAPT. STRAND". The officer on the right is a woman with short dark hair, wearing a dark blue uniform with a name tag that reads "BLAKE". Both officers are looking towards the camera. The background is a blurred crowd of people, suggesting an outdoor event or public gathering. A black text box is overlaid on the image, containing the title and subtitle.

Austin EMS Association (AEMSA)

Recent Successes and Upcoming Initiatives

TOPICS

- Medic Assaults
- Schedule Updates
- Workload Challenges

MEDIC ASSAULTS

MEDIC ASSAULTS

- Assault form
- Self Defense
- APD Response times

EMS1 Rewind

Our readers' favorite articles of the week



Dear EMS1 Member,

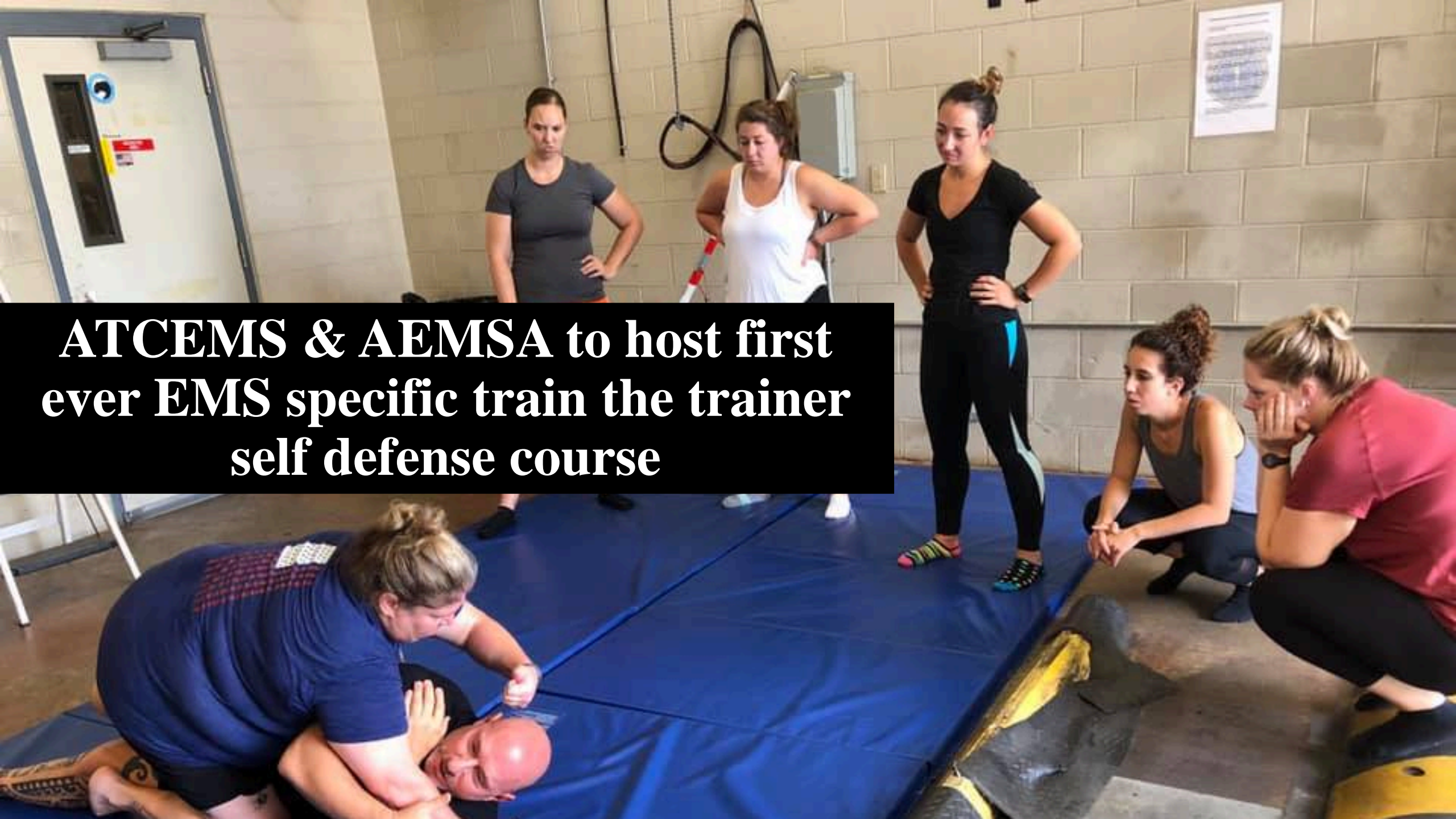
Did you miss any of our most read and commented on stories of this past week? Don't worry, we've compiled the best.

— *The EMS1 Team*



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

The Austin-Travis County EMS union is calling for the creation of a police dispatch code that informs officers whenever a medic is in distress



ATCEMS & AEMSA to host first ever EMS specific train the trainer self defense course

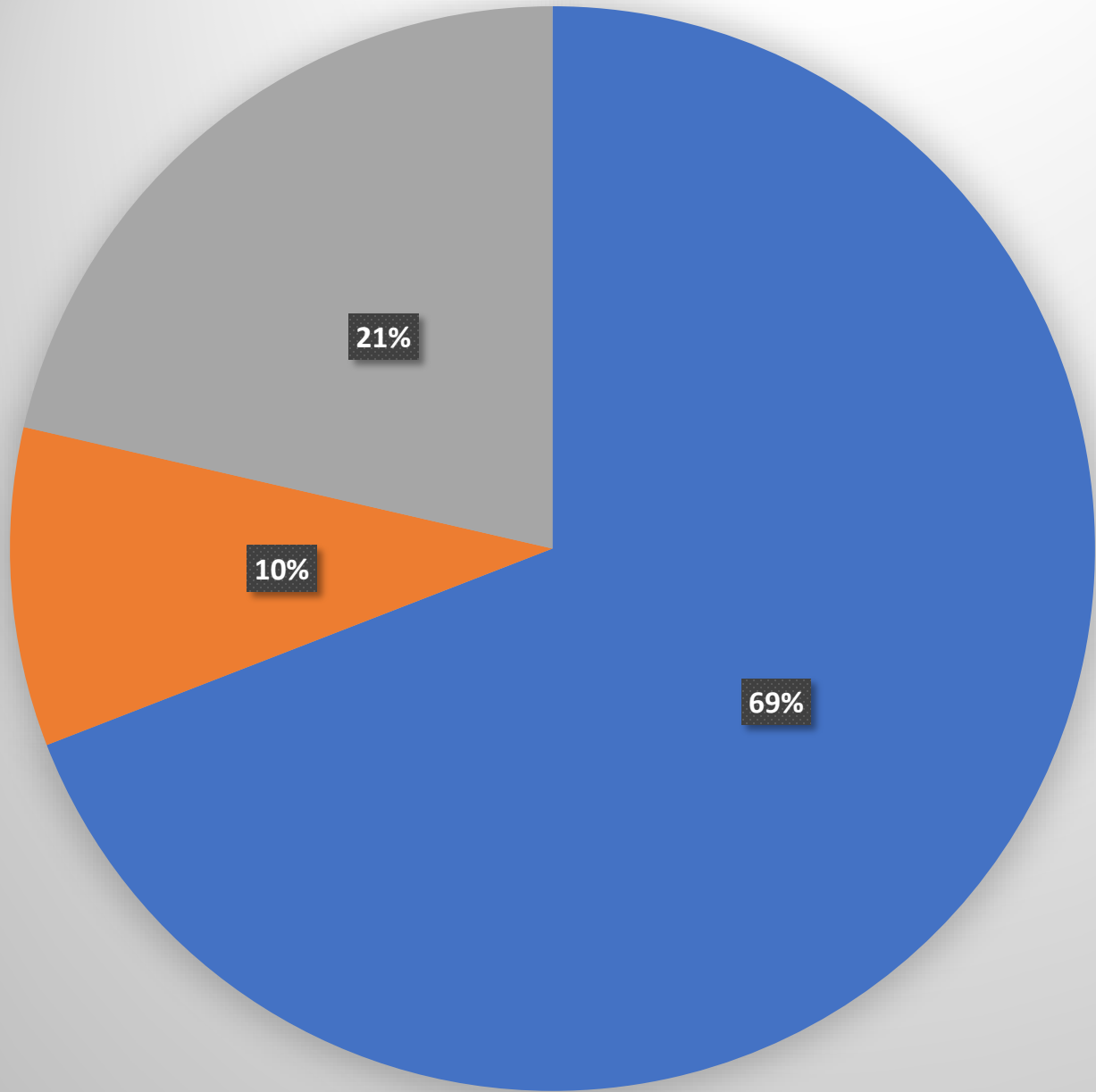
SCHEDULE UPDATES

OLD TO NEW SCHEDULE

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



- 9:30am
- 10am
- 9:30pm
- 10pm

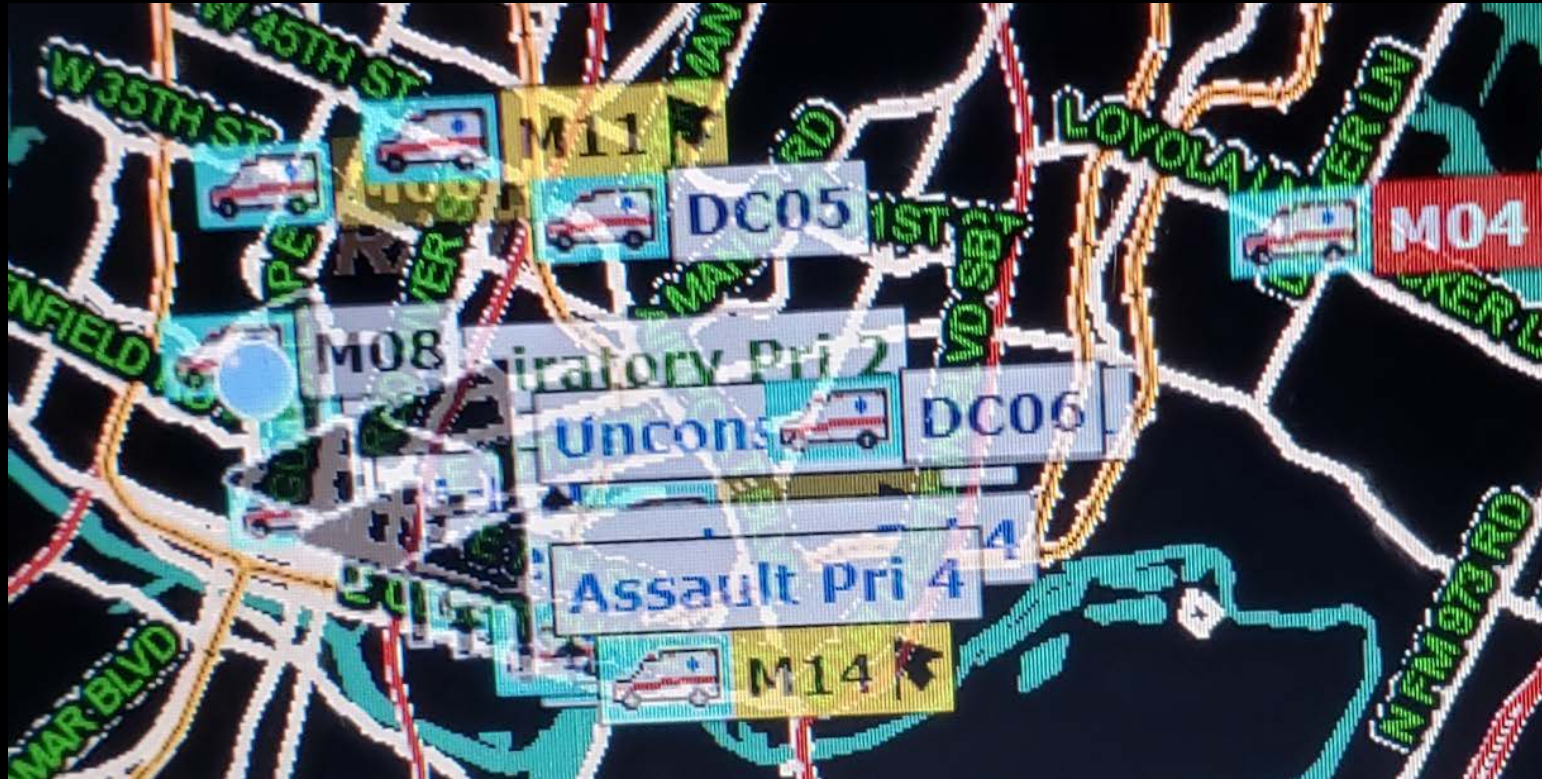


- Satisfied or Very Satisfied
- Neutral
- Dissatisfied or Very Dissatisfied

WORKLOAD / CALL VOLUME

3:00AM, 1/31/20

13+ calls Central



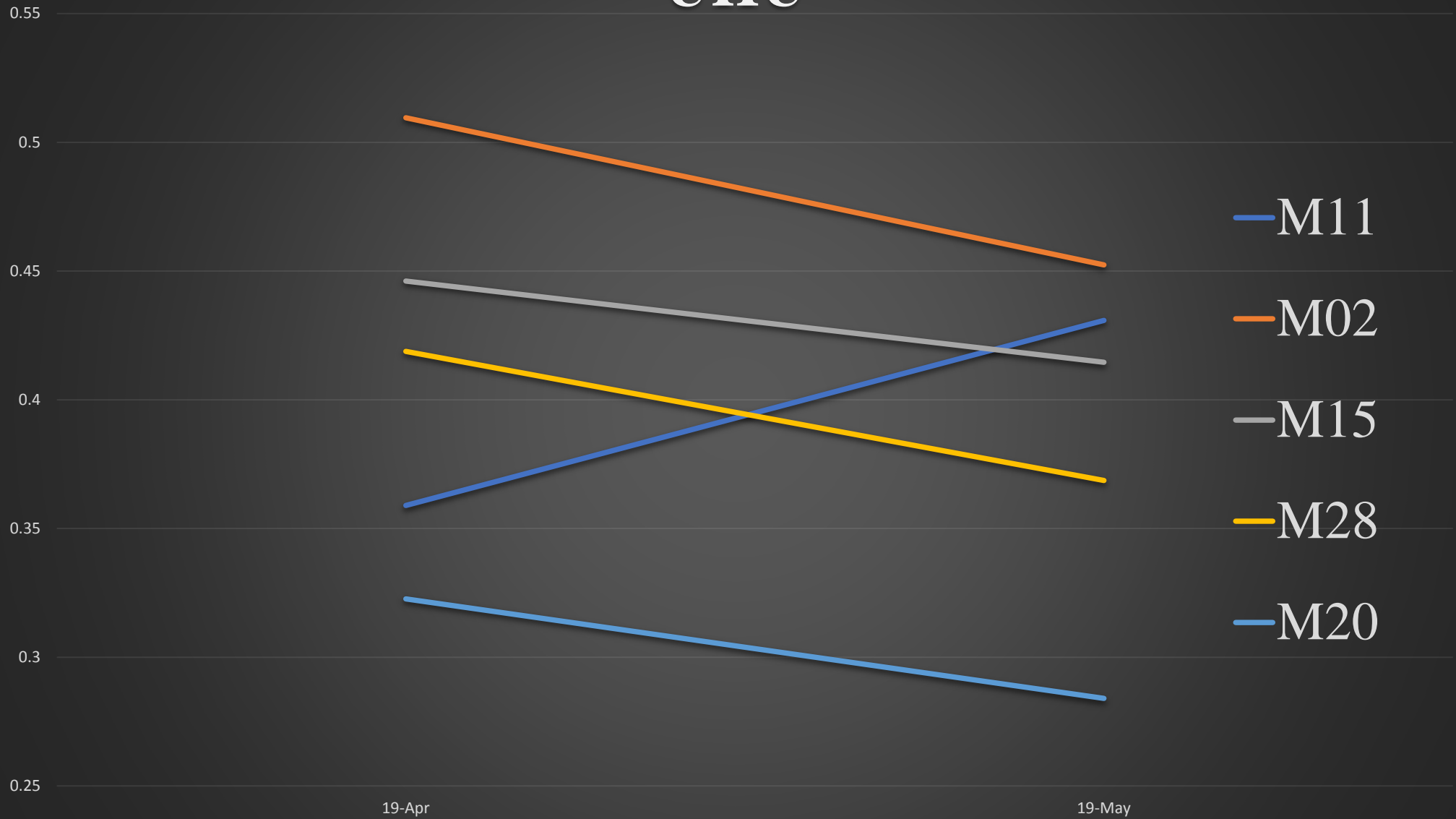
EMS ASSOCIATION REQUESTS

1. WE NEED MORE AMBULANCES

CONVERT DEMAND 1, 3, 4, AND 5
TO 24 HOUR TRUCKS

ADD AN AMBULANCE AT MEDIC
1, 5, AND 33

UHU



	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19
M01	0.4473	0.4995	0.4891	0.4775	0.4768	0.4613
M11	0.3423	0.3454	0.3590	0.4308	0.4841	0.4684
M02	0.4622	0.4819	0.5095	0.4524	0.4777	0.4620
M15	0.4495	0.4581	0.4461	0.4146	0.4261	0.4119
M28	0.3941	0.4249	0.4188	0.3687	0.3926	0.3799
M20	0.3157	0.3044	0.3227	0.2840		

2. REFORM SICK TIME POLICY

REVERT TO 2 HOUR RULE

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

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

REVERT TO PREVIOUS OCP SICK POLICY

Sick Call on On-Call Assignment (OCP)

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

The make-up OCP date will need to occur within the next 21 calendar days after the OCP sick call date and cannot be in conflict with the employee's assigned work schedule or with any trades, extra-duty assignments or FYOC assignments.

SICK NOTE POLICY

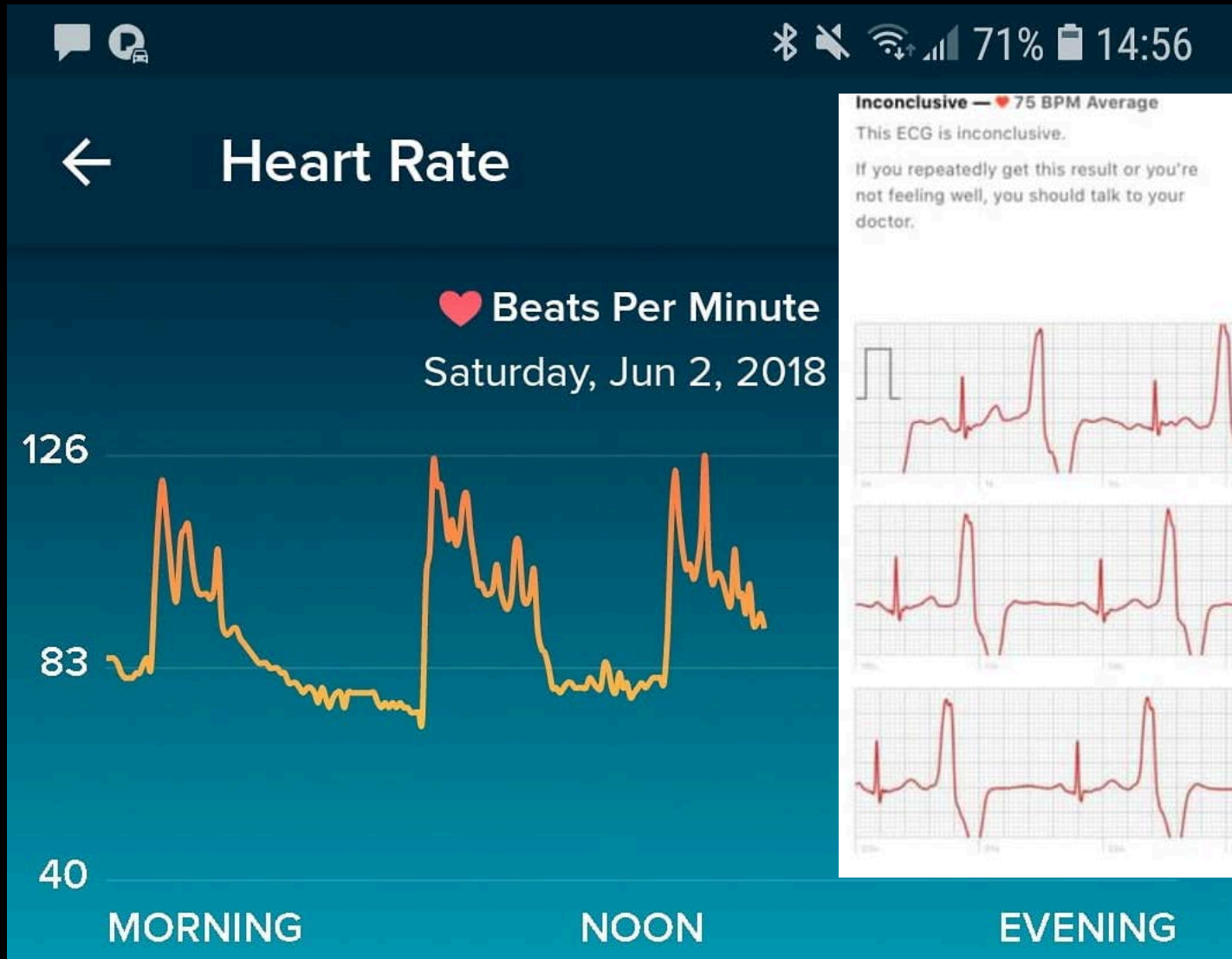
Illness Documentation

The Department may require satisfactory “proof of illness” documentation in order to utilize sick leave not as a condition of returning to work. Proof of Illness is defined as a “Doctor’s Note” from their health care provider and does not include medical records or confidential information

Proof of illness documentation will be required in the following circumstances:

- When sick leave is utilized after the employee has incurred an attendance violation for a period not to exceed 3 months.
- Use of sick leave immediately precedes or follows authorized shift trades or vacation leave.
- Any instance in which the department suspects potential misuse of leave.

3. RAMP-UP STATION TONES



RAMP-UP STATION TONES

Effect of station-specific alerting and ramp-up tones on firefighters' alarm time heart rates.

MacNeal JJ¹, Cone DC², Wistrom CL¹.

Author information

Abstract

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

4 & 5 REST PROMOTION

- No non-urgent pages after 10pm
- No change outs after Garage is closed (8pm) or in the rain, unless emergent



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

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