

# State and Local

## Emergency care: What students should know

By Lucinda Orr  
Reporter

Emergency medical care could someday save your life or the life of someone you love.

There are a few things students should know in order to receive full benefit of the on-campus ambulance services provided by Texas A&M's Emergency Care Team:

### 1. What to do if an ambulance is needed, and how you can help in an emergency situation.

First of all, someone at the scene must realize there is a need for medical assistance. If the decision whether to call for help is influenced by concerns over costs, remember that on-campus service is free to students who have paid their health center fees. It is available 24 hours a day.

The service is not just for life-threatening emergencies. Emergency Care Team Lt. Sara Pogue said that even if the call is a minor one, team members want to help, and it is good training for them.

"If there is any doubt whether to call an ambulance, you should call an ambulance," she said.

At the emergency scene, someone should take charge. Team members said that if no one is present who is a medical professional, certified in first aid or otherwise officially capable, then the person who actually saw the accident is best qualified to take charge.

This person can coordinate an efficient emergency plan by remaining calm and delegating responsibility to bystanders. He should be specific in his directions. (Instead of screaming "Somebody go get help!", he should point at a particular person and say "You—go call an ambulance.")

After a brief assessment of the victim's injuries, whoever is designated to make the call should go to the nearest 260- or 845-exchange telephone and dial 9-911. Other campus phones require that you dial 845-1111. (Students not on campus should dial 911 for the Bryan or College Station ambulance.)

This general emergency call will activate lines at the ECT squad room, the Physical Plant and the University Police Department, so the

caller should immediately specify that he needs an ambulance.

The caller should not frantically recount the tale — the dispatcher will ask for the needed information. The caller will be asked to give his name and the phone number where he is, in case the dispatcher needs to call him back.

The caller should give the exact location of the scene, including any descriptive directions that will help the attendants find the patient. He might be more familiar with the building than the attendants and could say, for example, which entrance is closest to the elevator, and that the room is on the west end of the building. This can save valuable time that would be wasted if the attendants had to wander around searching for a room number.

Most importantly, the dispatcher will ask about the patient's condition: Is the victim breathing? Is he bleeding? Is he conscious? Is anything being done?

The caller should let the dispatcher determine when the call is completed, and then remain by the phone until the ambulance arrives.

At the scene, the person in charge should assign someone who will wait outside, flag down the ambulance and guide the attendants to the scene. If needed, another person should hold an elevator open to avoid an unnecessary wait.

When the attendants arrive at the scene to take over, after establishing patient contact they might want to talk to an observer to confirm or add to the information obtained from the patient.

The attendants will ask the patient which hospital he prefers, load him on a stretcher, transport him to either A.P. Beuter Health Center on campus, Humana Hospital in College Station or St. Joseph Hospital in Bryan, and turn him over to the chosen medical facility.

### 2. What to do if you are a motorist, bicyclist or pedestrian.

Recognize and yield to emergency vehicles. The ECT has three: a Type I (box) ambulance, a Type II (van) ambulance and a supervisor's vehicle, which is a white car with red lights.

The newly acquired supervisor's vehicle will be used to transport

## New ambulance to boost care team's response

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Patients can expect improved response to on-campus emergencies with the addition of a new ambulance to the A.P. Beuter Health Center.

The ambulance service is provided by Texas A&M's Emergency Care Team, an all-volunteer organization.

About 40 qualified Emergency Medical Service members make up the ECT.

The EMS members have titles ranging from "emergency care attendant" to "paramedic" — the minimum and maximum Texas certifications.

But even the most skilled members can't be effective with inferior equipment.

Two years ago, the ECT began trying to secure the \$85,000 needed for a new ambulance so the health center would not have to assume the cost. Lt. Sara Pogue, officer in charge of training, said organizations such as the Development Foundation, Aggie Mothers' Clubs and the Class of '88 were asked to help but could not.

This February, the ECT arranged to make use of donated equipment and money to lease an ambulance from the Transportation Center. After equipment installation and inspections, the new ambulance went into service June 25.

"The thing that's really got us most excited about the new ambulance is that it starts every time," Pogue said.

When on-campus emergency service began in 1980, the center used an old station wagon-type ambulance and a newer van-type unit. In 1982 it bought a truck that the Friendswood Volunteer Fire Department had modified for ambulance use.

Pogue said the team needed a new unit because the modified-truck vehicle was outdated and "on its last legs."

The new ambulance is bigger with more advanced equipment. The center-mounted stretcher allows for comfortable transport of two patients and two attendants in the back. A diesel engine will result in better maintenance. The ambulance is classified as a "24-hour ad-

vanced life-support system." This is just one step below the highest class, a "mobile intensive care unit," which requires an all-paramedic crew.

The new unit also has its own ABCOR (mobile ambulance-to-hospital phone) repeater, which provides a stronger transmission signal.

The radio system can be accessed by people in the back of the ambulance — not just the driver and front passenger.

The ambulance has strobes instead of revolving lights because the blinking action is more visible, especially at night.

Pogue said that with good equipment, people are more interested and more likely to volunteer.

The ECT averages two to three calls per day and has answered more than 400 so far this year. It handles all campus events including football games, intramurals and the firemen's training school.

"We cover everything from ankle injuries to full cardiac arrest," Pogue said.

The service is free for any student with paid health center fees who needs an ambulance while on campus.

paramedics who are on call — but not in the squad room — to the scene, a 24-hour service which will begin this fall. This car merits the same respect an ambulance does, if not more, because it will only be active in life-threatening situations.

Emergency vehicles operate on different levels of urgency. If an ambulance is on a relatively minor call it will act like regular traffic, but if it is en route to a life-threatening emergency, it will display lights and sirens.

Pogue said that policy dictates that lights and sirens are to be used only in life-threatening situations, not to show off.

"When you see lights and sirens, we mean business," she said. Delaying a lights-and-sirens ambulance is endangering somebody's life — maybe the life of someone you love.

ECT member Cheryl Seils said that when ambulance drivers are trained, they are told that there are four types of drivers, and "three of the four are trying to kill you."

Driver 1 pulls over to the right

and stops. This is the correct procedure. It is what the ambulance driver expects.

Driver 2 pulls over to the left and stops. Left is where the ambulance is trying to go so as not to be boxed in against the curb, so Driver 2 is in the way.

Gil Richardson, who is an ECT driver, can tell several "war stories" starring Driver 2 that have happened to him and other ambulance drivers.

He remembered one incident when the ambulance was stuck in traffic because no one would pull over. Finally the two lanes moved to each side, forming a center path for the ambulance. Driver 2 up ahead saw the open lane and pulled out right in front of the ambulance, almost causing a collision.

Driver 3 weaves back and forth, getting in everybody's way. The ambulance driver cannot predict his behavior and though needing to go faster, he is probably safer staying behind Driver 3.

Driver 4 comes to a screeching

halt, so that the ambulance has to maneuver around him.

Drivers 2, 3 and 4 should know that the traffic violation "failing to yield to an emergency vehicle" is a Class C misdemeanor carrying a maximum fine of \$200.

Bicycles and mopeds are traffic just like anybody else, and they too must yield to emergency vehicles.

Pogue said she recently encountered a bicyclist who thought he owned the road.

"I was pulling out of the parking lot next to Heaton Hall, and I had paused to check traffic at the parking lot exit, ready to pull out into the street," she said. "This guy on a bicycle rode right in front of me, as if he had the right of way. When I honked the horn at him, he flipped me off. I thought, 'Man, this an ambulance.' People don't respect emergencies as they should."

One driver said that bicyclists often will get in the way while trying to beat an ambulance around a curve.

Pedestrians are also culprits of ambulance delay.

Richardson recalls one time when he was on a lights-and-sirens call.

"A lady walked in front of me into the crosswalk with her two children, and stopped in the middle of the street to show them the ambulance," he said. "I could not believe it."

Ideally, motorists, bicyclists and pedestrians would respect emergency vehicles and cooperate to help them reach their destinations as quickly and safely as possible.

### 3. Available programs provided by the ECT.

An organization or intramural team that is having an event on campus and would like to have an ambulance present can contact the ECT to obtain that service.

Educational programs such as courses in CPR and Standard First Aid are offered periodically, depending on demand (no advertisements are run).

Those interested in the Team or its programs may call 845-4321 or 845-1525, the ECT squad room's non-emergency numbers.

## Fields criticizes steel company negotiations

WASHINGTON (AP) — Rep. Jack Fields accused USX Corp. on Thursday of being greedy and anti-competitive for negotiating with Iraq over the sale of steelmaking equipment from its closed Texas Works plant when two domestic companies are prepared to make comparable offers.

Fields said he was appealing to President Reagan and a host of top administration officials to stop the sale of equipment from the plant in Baytown that at its peak employed 2,000 workers.

The sale raises national security concerns as well as questions about whether USX, formerly US Steel Corp., was attempting to "unlawfully eliminate competition in the do-

mestic steel industry," said Fields, R-Humble.

USX spokesman Ernie Glenn said from Pittsburgh the company would not respond to Fields' allegations, other than to confirm that USX was negotiating with the Iraqi ministry of industry over the sale of the equipment in Baytown.

Fields said he has asked the Justice Department to investigate and has sought support against the sale from Defense Secretary Frank Carlucci and Commerce Secretary William Verity.

Fields said two companies are interested in the plant and he believes they are prepared to offer as good a deal to USX as the Iraqi government. He identified those firms as

Major Financial Services Corp. of Tallahassee, Fla., and Birmingham Steel Corp. of Birmingham, Ala.

Major Financial was formed by John Stocks, who with his family has an estimated net worth of \$120 million, to purchase Texas Works, Fields said. Birmingham Steel currently operates six steel minimills across the nation and had a net income of \$24 million in fiscal year 1988.

Fields said he believes USX is attempting to limit domestic competition by exporting steel-making capacity with the sale of Texas Works equipment overseas.

"Once in Iraq, the plant could be used to manufacture armored steel, which is used for tanks and

other military applications," Fields said. "We must address the question of whether or not this loss in steel capacity would affect the United States' ability to manufacture adequate military hardware in times of war."

Fields said Iraq cannot be considered a friend of the United States, in part because it attacked the USS Stark last year in the Persian Gulf.

The plant is 20 years old, and the buildings and land are not a part of the negotiations, officials said. Fields said 750 jobs could be created by the sale of the plant to a domestic company.

The plant was idled in the midst of a contract dispute on Aug. 1, 1986, and USX announced earlier this year it was permanently closing the plant.

## Committee's draft of report calls tax system 'unstable'

AUSTIN (AP) — The Select Committee on Tax Equity on Thursday began reviewing a preliminary report that compares Texas' tax system to "a building in need of repair."

The draft report prepared by the committee's staff said, "Some of the structure is still sound; much of it is not" and called the system unstable and unbalanced.

The committee, which has been working for more than a year, will take another look at the proposed report to the Legislature on Sept. 22 and perhaps come up with a final version. Rep. Stan Schlueter, chairman

of the House Ways and Means Committee, said the paper is too extreme in its assessment of the present system.

"You just can't paint (with) a broad brush and say the whole system's unstable," said Schlueter, D-Killeen. "I think it's too strong."

But Rep. Dan Morales, vice chairman of the Ways and Means Committee, said the statement prepared by the staff is accurate and sound.

"Our existing tax structure is still essentially a 1961 tax structure."

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