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 Burningham-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 plt8f@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. If 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 yeararound 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 we 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 community 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 community 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.

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**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 F.I.N 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 III 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 Birmingham):**
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 where 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 bake 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. Let's 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.

(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 Buurscinc 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 into it.
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 newsletter 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 tests 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.

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 long 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 yeararound 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**

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<tr>
<td></td>
<td>Pager service (2 months)</td>
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<td>Phone service</td>
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<td></td>
<td><strong>Total</strong></td>
</tr>
<tr>
<td>July</td>
<td>Cindi Lambert (gas reimbursement)</td>
</tr>
<tr>
<td></td>
<td>John O'shea (gas reimbursement)</td>
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<td></td>
<td>Phone service</td>
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<tr>
<td>August</td>
<td>Phone Service</td>
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<tr>
<td></td>
<td>Dave Zader (gas reimbursement)</td>
</tr>
<tr>
<td></td>
<td>Aaron Wahus (t-shirts)</td>
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<tr>
<td></td>
<td>Aaron Wahus (t-shirt)</td>
</tr>
<tr>
<td></td>
<td>Greg Sazonov (showcase)</td>
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<td></td>
<td><strong>Total</strong></td>
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<tr>
<td>September</td>
<td>Kevin Brown (dividends)</td>
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<tr>
<td></td>
<td>Pager service</td>
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<td>Aaron Wahus (gas reimbursement)</td>
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<td></td>
<td>Phone service</td>
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<tr>
<td></td>
<td>Kinko's (photocopies)</td>
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<td><strong>Total</strong></td>
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<tr>
<td>October</td>
<td>Tony Bordeaux (gas reimbursement)</td>
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<td>Pager service</td>
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<td></td>
<td>Phone service</td>
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<tr>
<td></td>
<td>DMV (ID)</td>
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<td>Kinko's (photocopies)</td>
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<td>A-16 (group gear)</td>
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<tr>
<td>November</td>
<td>Group equipment</td>
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<td></td>
<td>Pager service</td>
</tr>
<tr>
<td></td>
<td>Todd Brinkman (gas reimbursement)</td>
</tr>
<tr>
<td></td>
<td>Greg Sazonov (radio equipment)</td>
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<td>Todd Brinkman (gas reimbursement)</td>
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<td></td>
<td>Phone service</td>
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<td></td>
<td>Steven Ward (gas reimbursement)</td>
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<tr>
<td>Description</td>
<td>Amount</td>
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<td>---------</td>
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<tr>
<td>DMV (ID) -</td>
<td>5.00</td>
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<td>Group equipment -</td>
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<td><strong>Total</strong></td>
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<td><strong>December (Statement not yet recived)</strong></td>
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<tr>
<td>Todd Brinkman (gas reimbursement) -</td>
<td>32.00</td>
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<td>Mike Kirk (radio equipment) -</td>
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<td><strong>Expenditure Total</strong></td>
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### Income

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<td>Group transactions</td>
<td>58.00</td>
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<td></td>
<td><strong>Total</strong></td>
<td><strong>91.45</strong></td>
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<td>March</td>
<td>Interest</td>
<td>3.39</td>
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<td>Group transactions</td>
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<td><strong>Total</strong></td>
<td><strong>19.39</strong></td>
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<td>April</td>
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<td><strong>8.18</strong></td>
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<td>May</td>
<td>Interest</td>
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<td>Interest</td>
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<td>July</td>
<td>Interest</td>
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<td><strong>Total</strong></td>
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<td>Interest</td>
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<td><strong>Total</strong></td>
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<tr>
<td>September</td>
<td>Interest</td>
<td>5.96</td>
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<td>Grant reimbursement -</td>
<td>1997.13</td>
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<td></td>
<td><strong>Total</strong></td>
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</table>
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 received)**
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 Puches 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 management 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 FTM 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 begining with "0" (*0* gets you a request for
the ID number to modify the message, etc.).
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 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 persona 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
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<th>PROJECT</th>
<th>Responsible individual or need</th>
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</thead>
<tbody>
<tr>
<td>Medical Committee Chairman&lt;br&gt;New chairperson needed by February 1, 1995.</td>
<td>Volunteer needed- preferably an ALS provider.</td>
</tr>
<tr>
<td>Patient care report development&lt;br&gt;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.</td>
<td>Robert Christie, SMRG</td>
</tr>
<tr>
<td>SAR EMS Seminar&lt;br&gt;One day seminar on topics related to our needs within SAR. Dr. Lindbeck has expressed an interest in teaching just such a thing.</td>
<td>Coordinator needed - Logistics - Camille Birmingham??&lt;br&gt;Advertisement - Registration -</td>
</tr>
<tr>
<td>Providers to be cleared as STs&lt;br&gt;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.</td>
<td>Amy L. Rue, SMRG</td>
</tr>
<tr>
<td>Update of group EMS information&lt;br&gt;A couple groups never did send in the EMS personnel and/or gear information as requested. Continued follow-up is necessary until complete.</td>
<td>Amy L. Rue, SMRG&lt;br&gt;Group Medical Officers</td>
</tr>
<tr>
<td>Update of the VA Protocols&lt;br&gt;It is time that a thorough review of the current VA protocols be made and that they be updated appropriately.</td>
<td>Amy L. Rue&lt;br&gt;Contact A. Rue asap if you are interested in participating in a review session.</td>
</tr>
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<td>ASRC Protocol Training&lt;br&gt;Either one session centrally located or regionalized sessions to review and train based upon the ASRC protocols.</td>
<td>Coordinator needed</td>
</tr>
<tr>
<td>Quality Improvement Review&lt;br&gt;Historical review of medical care provided by the ASRC.</td>
<td>Data collection needed&lt;br&gt;Coordinator needed</td>
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<td>Bruce Hemmer</td>
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<td>Catherine Herbert</td>
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<td>Allan Hershey</td>
<td>CT - 12/95</td>
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<td>Alan Jacobson</td>
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<td>Charles Lu</td>
<td>CT - 12/94</td>
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<td>Gary Morin</td>
<td>Para - 11/96</td>
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<tr>
<td>Richard Myers</td>
<td>Para - 09/96</td>
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<tr>
<td>Kevin Reynolds</td>
<td>CT - 10/95</td>
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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 drowsiness 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-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 scrump 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
T 17 Jan Business (nominations for officers)
W 18 Jan ICS, table top - overview of search operations, task writing, matsu, 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
Sa 28 Jan Semi-tech, pt packaging, litter 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 land nav, bivouac, semi-tech, pt pack, litter handling, b/d / 4 of 7 [sign up]
T 14 Feb Business (elections, nominations still open)
W 15 Feb Dogs {O'Shea}, Search skills, Water knot, Bowlie
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 - Guest Speaker - Dr. Warren
F 10 Mar - Su 10 Mar Spring Break
F/Su 17-19 Mar GSAR for those enrolled
W 22 Mar Legal aspects, Find scene protocol, Helo ops, Bowlie-on-a-coil
Sa 25 Mar Search skills, clue awareness / 5 of 7
W 29 Mar Critical Incident Stress - Guest Speaker
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 land nav, 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 class
F 05 May Exams Start -- 16 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?  Cindy Lambert  703-552-3628
209 #4 Tee St lambert@vt.edu
Blacksburgh 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.
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.

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
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 been $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.

[Signature]

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.
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 came 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

<table>
<thead>
<tr>
<th>Location</th>
<th>Number responding</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dismal Swamp, Va.</td>
<td>5</td>
</tr>
<tr>
<td>King William county, Va.</td>
<td>5</td>
</tr>
<tr>
<td>New Castle, Va.</td>
<td>16</td>
</tr>
<tr>
<td>Rockingham county, Va.</td>
<td>5</td>
</tr>
<tr>
<td>Montgomery county, Va.</td>
<td>35</td>
</tr>
<tr>
<td>Rockingham county, Va.</td>
<td>8</td>
</tr>
<tr>
<td><strong>Totals:</strong> 5 searches</td>
<td><strong>74 responding</strong></td>
</tr>
</tbody>
</table>

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.).
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.

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 FTM/FTL 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 yearround 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.
8 December 1994
Southwest Virginia Mountain Rescue Group
Operations Officer
Greg Sazonov
Prepared by:

MOUNTAIN BIKES IN SEARCH AND RESCUE
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 Woodrell 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


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 this 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
For Basic Bike Overhaul:

Maintenance and Repair book
Bike srand or header
The pressure gauge (for your type of valve)
Parts or vises
Spoke wrench

For wheel wrenches, 4.5", 6", and 7 mm
Hex (Allen) wrenches, 4", 5", 6", and 7 mm
"V" wrench set (immie or other tube wrench set)
8-10 mm and 11-13 mm "V" wrench set OR
Box wrenches (or box-open combinations), 8 to 14 mm
Screwdriver, 1/8" tip
Screwdriver, 1/4" tip
Adjustable wrench, 6"
6 mm Allen key
For Minor Adjustments (do not carry on bike for roadside repairs):

Tools

For Minor Adjustments (do not carry on bike for roadside repairs)

Tools
## Product Vendors List

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<thead>
<tr>
<th>Vendor Name</th>
<th>Address</th>
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<tr>
<td>Allsop</td>
<td>P.O.Box 9709, Bellingham, WA 98227</td>
<td>206-647-7420, Fax 206-733-4302</td>
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<tr>
<td>B</td>
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<tr>
<td>Bicycle Parts Pacific</td>
<td>2135 E. Main Street, Grand Junction, CO 81503</td>
<td>1-800-999-8277, Fax 303-214-3529</td>
</tr>
<tr>
<td>Bike Pro USA</td>
<td>3701 West Roanoke, Suite A, Phoenix, AZ 85009</td>
<td>1-800-338-7581, Fax 602-272-3536</td>
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<tr>
<td>Blackburn</td>
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<td>1-800-776-5677</td>
</tr>
<tr>
<td>Bratwear Div. of Flashwear</td>
<td>5006 E. 72nd Street, Tacoma, WA 98443</td>
<td>206-537-8220</td>
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<tr>
<td>Bright Light Technology</td>
<td>P.O.Box 200, Nelson, B.C. Canada V1L 5P9</td>
<td>604-352-6555, Fax 604-352-6066</td>
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<tr>
<td>Cannondale Corporation</td>
<td>9 Brookside Place, Georgetown, CT 06829</td>
<td>1-800-BIKE-USA</td>
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<tr>
<td>Control Tech Northwest</td>
<td>22001 Pacific Hwy So. #106, Seattle, WA 98198</td>
<td>206-824-8013, Fax 206-824-803D</td>
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<td>Derby Cycle Company of America</td>
<td>22710 72nd Ave. South, Kent, WA 98032</td>
<td>206-395-1100</td>
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<td>Flashwear</td>
<td>5006 E 72nd Street, Tacoma, WA 98443</td>
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<td>W.L. Gore &amp; Assoc., Inc. Gore-Tex Fabrics</td>
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<td>Gargoyles Performance Eyewear</td>
<td>19039 62nd Ave. South, Kent, WA 98032</td>
<td>206-251-5001, Fax 206-251-5735</td>
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<td>Giro Sport Design</td>
<td>2880 Research Park Drive, Soquel, CA 95073</td>
<td>1-800-969-4476</td>
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<td>Graber</td>
<td>C/O: Seattle Bike Supply 7620 S 192nd Street, Kent, WA 98032</td>
<td>1-800-283-2453</td>
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<td>J</td>
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<tr>
<td>Jamis Mt. Bikes</td>
<td>G. Ioannou Cycle Co. Inc. 151 Ludlow Ave., Northvale, NJ 07647</td>
<td>1-800-222-0570</td>
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<td>John's Pins Plus</td>
<td>8315 Lake City Way N.E. Suite 176, Seattle, WA 98115</td>
<td>206-523-5622, Fax 206-523-5377</td>
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<td>K</td>
<td>K &amp; W, Inc. 2433 Jones Ave. NE, Renton, WA 98056</td>
<td>206-255-4316</td>
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<tr>
<td>Kinco International Inc.</td>
<td>927 S.E. Marion Street, Portland, OR 97202-7031</td>
<td>1-800-547-8410, Fax 503-233-9501</td>
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<td>League of American Wheelmen</td>
<td>190 W. Ostend Street, Suite 120, Baltimore, MD 21230</td>
<td>1-800-288-BIKE, Fax 410-539-3496</td>
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<td>M</td>
<td>Mountain Cycle 2494 Victor Avenue, San Luis Obispo, CA 93401</td>
<td>805-545-8004, Fax 805-545-9790</td>
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<td>Mt. and City Biking</td>
<td>Challenge Publications 7950 Deering Ave., Canoga Park, CA 91304</td>
<td>1-800-760-8983</td>
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<td>N</td>
<td>New Eagle Communications 201 Railroad Street, Silver Lake, Kansas 66539</td>
<td>913-582-5823</td>
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<tr>
<td>NIGHTSUN</td>
<td>396 West Washington Blvd., # 600, Pasadena, CA 91103</td>
<td>818-791-0457, Fax 818-791-2462</td>
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</table>
§ 46.2-190. 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 a different lane, or riding off the roadway 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. (1951, c. 555; § 46.1-229.2:1; 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 lawn or head lights of a motor vehicle. High beams of head lights on a motor vehicle shall make the bicycle or moped visible in clear weather for 500 feet to the rear may be used in lieu of or in addition to the rear reflector. Such lights and reflector shall be of types approved by the Superintendent. (1950, §§ 46-268, 46-270; 1955, c. 541, § 46.1-268:1; 1981, c. 555; 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. (1950, § 46-283; 1959, c. 541, § 46.1-277; 1974, c. 347; 1981, c. 555; 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 § 46.2-290. (Code 1950, §§ 46-219.1; 1960, p. 882; 1958, c. 541; § 46.1-202; 1989, c. 727.)
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.
3. Bicyclists are more vulnerable than motorists, and should therefore be especially cautious in a lane if more limited.

2. Bikes are narrower; therefore, cyclists are required to share lanes with motorists.

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

Differences between Bicyclists and Motorists

1. Close attention simultaneously to traffic in opposite directions from his/her post.
2. Trauma rules at human abilities and psychology. A diver is never required to pay occur mostly at intersections.

Bike/car accidents are similar to car-car accidents in that both types of accidents If this were not the case then confusion, chaos and accidents would result.

All Drivers Must Follow One Set of Traffic Rules

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

Roadway.

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

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

The public roads are available to everyone for the purpose of travel.

Appendix 7.
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.
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 may also 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
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.
Subject: Which protocols do EMTs follow out of state?

Text item 1: Text Item

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 S. Alter 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 be 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.
Potomac Valley Rescue Group
REPORT TO THE ASRC BOD
December, 17, 1994

Missions Attended (since last report)

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Current Membership (breakdown by training level)

- IS: 2
- FTL: 2
- FTM: 10
- CQ: 23
- 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 PSC 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 Budget for 1995

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**Total Income** 1065.00 1994 thru 12-17 660.00

**Total 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
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<th>Activity</th>
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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 Cappozzi
MINUTES: Candi Cappozzi
REPORTS: All reports must be in writing:
Treasurer: Patrick Turner
Operations: Gary Mechtal
Safety: Gary Mechtal
Communications: Steve Houck
Medical: Amy Rue
Training: Candi Cappozzi

ADA Committee: Peter McCabe
Re-Organization Committee: Dave Carter

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