

History of Emergency Medical Services (EMS)



Earliest History in America

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

World War I

During World War I, signal boxes were used by injured soldiers to assist medical teams in locating them in the field of battle. Medical teams also used electric, steam, and gasoline powered carriages for transporting the injured. It was also the first war to utilize traction splints and other medical equipment. After the war, the transition to what we know as the modern day EMS started during the 1950s as an off shoot of 5 different types of businesses; towing operators, medical equipment companies, funeral homes, hospitals, and police / fire departments. After many years of being unregulated, funeral homes began patient care and provided nearly half of the country's ambulances. Sometimes it was the local police department that provided medical care. Often, the local fire department would "rescue" a patient from a car accident or other trauma and then convey them to the hospital. Medical doctors made house calls for many of the same situations that EMS commonly responds to today. While providers did the best that they could with what little training and support they had, in most cases, ambulances were inappropriately designed, ill-equipped, and staffed with inadequately trained personnel.

1900s

In 1960, President John F. Kennedy declared that "Traffic accidents constitute one of the greatest, perhaps the greatest, of the nation's public health problems." It was not until 1965 that the direction of EMS throughout the United States had the potential to improve. A publication of the National Academy of Sciences (NAS) titled "Accidental Death and Disability: the Neglected Diseases of Modern Society." was released and began to receive attention. That paper reported that in 1965, 52 million accidental injuries killed 107,000 Americans, temporarily disabled more than 10 million and permanently impaired 400,000-more at a cost of approximately \$18 billion. Accidental injury is "the neglected epidemic of modern society" and "the nation's most important

environmental health problem,” the paper concluded.

In 1966, President Lyndon B. Johnson and President’s Commission on Highway Safety/National Academy of Sciences declares the carnage “the neglected disease of modern society.” Soon after, the National Highway Traffic Safety Act was adopted which standardized EMS training, promoted state involvement, encouraged community oversight, recommended radio communication, and stressed a single emergency number.

In 1971, the television program “Emergency!” appeared, catching the attention of the country. The program suggested to the public that paramedics existed everywhere. In reality, they did not. Additionally, it portrayed paramedics as frequent lifesavers when they were part of an integrated EMS system. In reality, they did save lives, though not as often as the television show led views to believe. Still “Johnny Gage and Roy DeSoto” came into America’s living rooms every Saturday night to provide a first-hand look at what EMS was all about. The television show is credited with helping many areas of the country create new EMS programs in their local communities.

EMS Systems Act

1973 brought about the EMS Systems Act. The Department of Transportation adapted training curricula for EMT, EMT Paramedic, and first responder. Public Law 93-154 established new rules for EMS radio communications. General Services Administration also introduced ambulance specifications. The next step came in 1981 with the Consolidated Omnibus Budget Reconciliation Act which consolidated funding into state preventive health block grants, eliminated funding under EMS Act, reduced compliance with federal guidelines, and lastly, abolished the federal lead agency.

As EMS continued to progress, local and regional EMS services began working on their own to make improvements in their level of care. State and national publications, conventions and organizations were solidly in place and helping to push EMS along as a component of the healthcare team. In 1985, the National Research Council’s report entitled Injury in America: A Continuing Public Health Problem described deficiencies in the progress of addressing the problem of accidental death and disability. Development of trauma care systems became a renewed focus of attention with passage of the Trauma Care Systems Planning and Development Act of 1990. The concept of a trauma system is to address the needs of all injured patients and match them to the available resources. The act encouraged the establishment of inclusive trauma systems and called for the development of a model trauma care system plan, which was completed nationally in 1992.

In 1996 the EMS Agenda for the Future was drafted, which further connected EMS with the other medical professions. That same year, the EMS Education Agenda for the Future was drafted, which provided recommendations for Core content, Scope of practice and Certification of EMS professionals.

Modern Day

As a relative new-comer when compared to other emergency services such as fire or police departments, EMS has traveled a long way in a relatively short period of time. It has been nearly four decades since President Lyndon Johnson's Committee on Highway Traffic Safety recommended the creation of a national certification agency to establish uniform standards for training and examination of personnel active in the delivery of emergency ambulance service.

Since that time, pre-hospital emergency medical care has continually evolved and improved. The EMT has been acknowledged as a bona fide member of the health care team. Excellent training programs have been developed and a vital focus has been placed on continuing education. National standards have been established. Ambulance equipment essentials have been set. National accreditation of paramedic programs has been achieved, and professional associations for the EMT have been organized.

EMS today is still very much a work in progress. Changes continue to be made on almost annually, designed to improve the care that is provided and the quality of EMS delivered throughout York County and the Commonwealth of Virginia. At any given time, there are multiple projects underway that may serve to improve and enhance national, regional, and local EMS delivery.