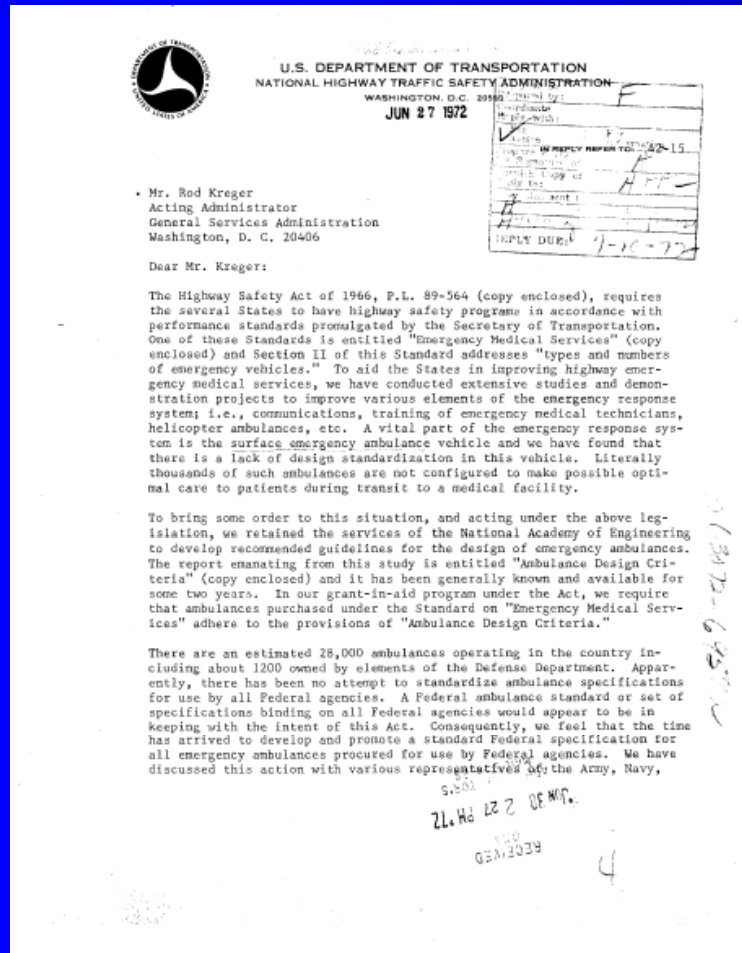


Federal Specification for the Star-of-Life Ambulance



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Why Was "K" Developed?



- DOT requested It in 1972
- It was estimated that there were 28,000 ambulances in service
- 1,200 were Federally owned

R.I.P. KKK

How states can help us respond to our battles on the street



This is a very direct editor's page—in words and purpose—because I want EMS managers; ambulance and equipment committees; and (most importantly) state directors and committees to understand the opportunity and responsibility they have to get us all on the track to a safer, more efficient and effective work environment.

I, along with many of my colleagues, have joined the war effort and intend to win the war. No, I'm not off to fight in Afghanistan or other distant battlefields. But I have enlisted as a soldier in the effort to conquer injustice and radical cultures here in the United States that are hurting civilians and EMS responders and, in many ways, holding people captive by not allowing them the freedom to move around their "community" to work in a safe environment.

Let me get right to the point. The federal ambulance specifications, affectionately known as the federal "KKK" specifications, have finally been allowed to die a peaceful death and make room for a safer, more flexible set of recommended standards for the design of ambulances in the U.S.

So R.I.P. KKK specs. I knew you, I respected you, I listened to you, but—in all honesty—I'm glad you're finally gone!

Like so many bosses, chiefs, leaders and legislators who have impeded necessary change and prevented you from making progress until they retired, got fired or died, the death of the KKK specs is creating the opportunity for more sensible (and current) thinking about how you design and work in ambulances.

When I was an EMS director and had \$30,000 state and federal grants to award to eligible agencies to assist in the procuring of new ambulances, I had to have them sign agreements that specified they would buy one that met the KKK specifications. This was so they wouldn't letter a bread truck as an ambulance, strap in a stretcher, slide in a few kits and offer themselves to the public as an ambulance service.

Young EMTs and medics are probably laughing at the thought of that, but the truth is, if you were around in the '60s and '70s you would have seen black Cadillacs and station wagons that transported the dead and the living. It was not uncommon for a funeral home to snap a red light into a pre-wired base on the roof of a hearse and send two "attendants" on an ambulance call.

When I started as an EMS director in Eastern Pennsylvania in 1976, 20% of the ambulances either had no radios or were equipped with CB radios, and they were dispatched by an answering service, police dispatcher or (I swear) a private home, bar room or furniture store "dispatch base."

Along came federal seed money, 100-watt and 100-channel radios, 9-1-1 centers and standards for EMTs, paramedics and, yes, of course, ambulances.

In order to advance and get grant funding, committees, often composed of reputable and interested physicians and well-intended state and federal officials, developed "standards" and "essential, minimum equipment lists" designed to make sure we were carrying the most appropriate equipment items, and in the correct minimum quantity.

Well, decades have passed with us being held captive by the KKK ambulance specifications and forced to build box ambulances that had deep cabinets and a silly "walk-through" passageway that were seldom used and usually cluttered with radios, clipboards, purses, helmets, safety vests, maps, flashlights and other stuff.

We also had to live for 30 years with a coffin-like structure called a "squad bench" that never really served a good purpose other than to unceremoniously accommodate a second supine position when we were short on units or overloaded with patients.

I can only remember two- or three-dozen times in my 40-year career when I had to have two patients in the back of one of my ambulances because of "circumstance beyond my control." I use that terminology

because no one in a proper (medical) frame of mind would transfer two critical patients in the same cramped, moving ambulance with only one or two EMTs or paramedics "caring" for them.

The reality is that we've done it, felt we could justify it and got away with the minimal care and comfort we could provide during a cramped, chaotic ride to a hospital.

Most importantly, most of us lucked out and didn't have a patient "crash" on us on the way to the hospital, or, worse yet, get "T-boned" while we were moving around, unsecured, in the back of the overloaded "box" like a bunch of mice at a feast in a dumpster.

So hooray for the death of the KKK specs, hooray for the death of the squad bench and hooray for the freedom I hope ambulance purchasers and manufacturers will now have to rethink and redesign a better battle cruiser for us soldiers of medicine, and help us build and work in a more sensible and efficient environment.

But, I'd be remiss if I didn't close this editorial without important words for today's EMS officials, committee members, spec writers and "essential equipment and ambulance specification" committees.

These leaders and advisors now need to take the time to rethink what they are mandating in the ambulances in their states and, consequently, on the ambulance designers and manufacturers.

If they specify that ambulances have to have 150 adult O₂ devices, four-dozen ice packs, 12 sheets and 24 triangular bandages and IV catheters (when we really only need 3-6 of each), we won't be able to build ambulances that have smaller, more efficient work areas, storage, and equipment brackets. We will become the new enemy that we have to fight in the war on inefficient, ineffective and overstocked ambulances.

Help us change and rearrange our ambulance space and seating locations by rethinking the quantity of "stuff" we have to carry with us to the battlefield. *JEMS*

Perhaps slightly inaccurate?

Change Notice 6

- Occupant weight to 175 lb
- Refined payload calculations
- Doors not closed indication
- Removed AMD test 002
- Added AMD test 026
- Reference made to DHS Guidebook
- SAE tests not included based on public input

Proposed Change Notice 7

- Reference to DHS Guidebook
- SAE J3026 Seating
- SAE J3027 Litter integrity
- SAE J3043 Equipment mounts

- Open for comment 4 April 2015
- Effective 1 July 2015