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COLD CALLS



Myths Thawed

EMS Must Accommodate Deaf Medics

In response to a complaint from a deaf EMT, the Virginia state EMS office reached an agreement with the U.S. Department of Justice (DOJ) in June to provide sign-language interpreters when requested for its Emergency Medical Satellite Training (EMSAT) program. The claim was filed under the Americans with Disabilities Act (ADA), which prohibits public entities from discriminating against qualified individuals with disabilities in services, programs or activities. This is the first agreement the DOJ has reached regarding accessibility of state training programs to people with hearing impairments.

Under the agreement, the EMS office must provide an amplification device or a qualified interpreter when asked to do so by an EMT at least one week before the monthly EMSAT broadcast. EMTs and paramedics in Virginia use the broadcasts to obtain continuing education (CE) hours required for recertification. The EMS office also agreed to provide a written transcript on 72-hour notice for deaf or hard-of-hearing EMTs who want to get CE credit by watching EMS videos.

Scott Winston, Virginia's assistant director of EMS, stressed that the DOJ agreement applies only to EMSAT broadcasts and does not require the state to provide interpreters for anyone wanting to take an EMT course. "We don't have a blanket policy on individuals



Audrey Hill

becoming EMTs; it must be based on an individual's ability to perform the functions of an EMT with reasonable accommodation," he says. "To my knowledge, we have certified no deaf EMTs."

Terry Coy, video production specialist with the Virginia office of EMS, says the person who filed the complaint suffered a hearing loss after becoming a Virginia-certified EMT and volunteers with a first-responder group. "Since Virginia changed the rules so EMTs can recertify without testing, this EMT recertified without taking any test," he says.

Under the ADA, job applicants must be assessed individually and given the opportunity to show they can perform essential job functions without unreasonable accommodation. The DOJ says employers must not make automatic or categorical exclusions for people with disabilities.

In 1997, the DOJ reached an agreement with Nashville and Davidson County, Tenn. An experienced paramedic was hired after he had filed an ADA claim stating he was denied a paramedic position because of a hearing disability. The city and county also agreed to change their hiring policies.

In April, Prince George's County, Md., signed an agreement with the DOJ in a case involving two women—one deaf, one hard of hearing—who had been barred from volunteering as EMTs. One of those EMTs, Audrey Hill, says "The decision says that Prince George's County has to reevaluate me and look into reason-

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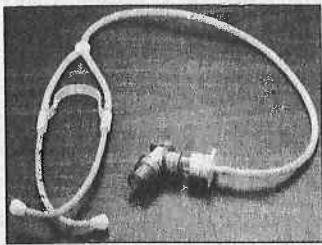
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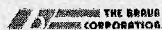
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EMS NEWS

able accommodations for me to function as an EMT." While awaiting that evaluation, she is in a nursing program.

Audrey's sister, Nicole Hill, also hard of hearing and certified as an EMT-basic in Alaska, was frustrated by being allowed to function only as the third EMT on a team and resigned from the volunteer fire department in February 1997.

"There are 23 known deaf/hard of hearing EMTs or firefighters all over the U.S.," reports Nicole. They have worked in the field from two to 36 years, averaging 11 years in emergency services. "About one quarter of them have no hearing at all, and the rest hear warning sounds and alarms with the use of hearing aids," she says. A few said their departments did not know about the severity of their hearing loss and feared they would lose their jobs if it was discovered.

"None of them had restrictions by the department, but they set limits on themselves for their own safety," reports Nicole. They palpate blood pressures, use amplified stethoscopes and place their hands on patients' chest to feel for breathing abnormalities. —M.A.G.

Columbus Paramedics Not Implicated in Student Death

In the wake of an Ohio State University student's death from meningitis, a 185-page report has revealed that the paramedics who answered three calls to the student's dorm room followed departmental policy, although the student later died.

On May 30, Terel Tinsley, 20, returned from a pool party and began to complain of chills, lower back pain, weakness, nausea and fever. Paramedics from the Columbus Division of Fire responded to the first call at approximately 6 p.m. Tinsley's chief complaint was nausea; he was coherent and refused hospital transport. At 10:30 p.m., another team answered the second call. Tinsley reported that he hurt all over, but still refused transport. The third call came just before 3 p.m. on May 31. The third team transported the disoriented Tinsley, who died from meningitis later that evening.

According to the paramedics who answered the first two calls, Tinsley did not present with common symptoms of meningitis. Rather, his symptoms led them to believe he was suffering from the flu. Paramedic Jim Evans—part of the second team—told investigators, "He [Tinsley] didn't have the telltale ... rash [and] did not complain one bit about a stiff neck [or] a headache." According to Ohio State's director of student health services, Dr. Ted Grace, "It's a difficult diagnosis to make," he said, "even for doctors. All [emergency department] doctors fear sending somebody out with a cold and having them come back with a stiff neck in a few hours."

Department Chief Stephen Woltz said, "There is no basis to find fault, but I can't say that I am entirely satisfied." Woltz did say that paramedics violated departmental policy by not having Tinsley sign a refusal form for transport to the hospital in both the first and second runs. Other oversights included not taking Tinsley's blood pressure on the second run nor recording a dosage of medication given on the third run. "I am somewhat concerned," Woltz admitted. "It doesn't seem we went above and beyond the basics." As a result, Woltz is looking into policy changes to ensure that paramedics go the extra mile in future calls. —DK