Don't depend on fredericton ambulance

By ROLAND MORRISON

During the past summer, there was an incident in which a Marysville resident had to call for an ambulance to be taken to the hospital. To his shock and dismay there wasn't any ambulance available to make the call. One ambulance hadn't passed the Motor Vehicle test, and the other was away on a trip to Saint John. Although this incident did not have serious consequences, it did serve to focus attention on the inadequate ambulance coverage provided to the Greater Fredericton Community.

At the time of the incident, the Victoria Public Hospital had two ambulances – one, a 1961 International, and the other, a 1968 Mercury Meteor station wagon which had been converted for ambulance use. The International had been taken off the road for repairs, and after some work was done on it, it was decided that the vehicle wasn't worth repairing. Hence, it wasn't given a safety sticker. Fortunately, the city was able to rent a converted panel truck which arrived in six weeks time.

R.H. Stocker, the hospital administrator, explained that the purchasing and maintenance of the vehicles was the responsibility of the city. "Kerry Wolstenholme (Assistant Administrator in charge of ambulance service) and I are contractors with a committee of the City of Fredericton," he said in an interview. "The city buys and owns the vehicles and pays for the gas, garage, full maintenance and equipment expenses. It pays the drivers' salaries, and pays an element of the orderlies' salaries – half an orderly's salary I believe."

"This committee is in turn a sub-committee of the Fredericton District Cooperative Committee," he continued, "which is composed of the representatives of the different local areas, such as Fredericton, Marysville, Nashwaaksis, Silverwood, and Barkers Point. The mayor is chairman of this 'Ambulance Subcommittee.' The total cost of the service is born by this group. During the past nine months it has cost \$31,000. It costs roughly \$41,000 per year."

"When we use the ambulance, we bill the city. It collects from the individual user according to a set fee schedule. It costs an individual \$20 for the use of an ambulance. The bill that the city gets for the same trip is \$42.75. The difference they then bill out to the Cooperative Committee in proportion to the population in the different areas. The city of Fredericton pays about 55 percent, Marysville 10 percent, and Nashwaaksis 10 percent. They bill according to the actual number of patients from each area. The Provincial Government, through the Dept. of Municipal Affairs, covers areas outside these such as Garden Creek and New Maryland. It all boils down to the individual ratepayer who is paying the shot."

A driver, possessing a Chauffeur 1 licence, is on duty 24 hours a day, 365 days per year. In addition, a hospital orderly is on call to accompany the ambulance when it goes out on a call. Both driver and orderly are qualified in Saint John Ambulance first aid. On the average, the ambulance receives three calls per day.

When one ambulance is out, the hospital calls in the driver who is scheduled to take the next shift, and has him stand by with the reserve ambulance. This may take time, especially if for some reason this driver is unable to come in and another driver has to be contracted. This delay could be tragic if there is a need for an ambulance in the meantime. As Mr. Stocker says, "If the city wants better service, we need more drivers."

But drivers, though they are paid only \$350 per month, are expensive. "To keep one driver on duty 24 hours a day throughout the year, we have to pay the equivalent of 5.1 people," commented Stocker.

Also, there is the problem of how far back to keep a reserve. "Do we keep a reserve for the reserve?" asks Stocker. "It's up to the public. We would need nine people to have two sets of drivers." The hospital currently has four drivers.

The city now has another ambulance on order. It is a 1973 GMC C-10 window panel truck. The truck body is on the assembly line, and is soon to be converted by a special firm which does ambulance conversions. Delivery is expected by Christmas. This vehicle is rather sophisticated, and contains more equipment than the present ambulances. For instance, it is equipped to feed a patient intravenously, or to give him plasma. It will replace the rented panel rather than increase the number of ambulances in the city.

There are a lot of popular misconceptions concerning the ambulance service. One of the most prominent among them is the belief that anyone can call an ambulance. According to Mr. Stocker, only doctors, policemen, firemen, the mayor, city councillors, and other officials may request the dispatch of an ambulance. These people must identify themselves before the vehicle is sent out. In other cases, where the caller is a member of the staff, the ambulance will be sent out. Said Stocker, "We don't accept calls from any Joe. As a principle, we immediately instruct them to get in touch with a policeman or doctor." What happens if there is such official nearby?

Another misconception is that the ambulance will arrive five minutes or sooner after the caller puts down the telephone.

"If there is an accident in Marysville, we receive the call here, and the driver is told," said Stocker. "We then have to pet the orderly who is somewhere in the hospital, get both of them into the garage, start the ambulance and get going. Five minutes to do this is damn fast. With best conditions, it will take 15 minutes to get there. At the worst, it would take 35-40 minutes. At 8 or 8:30 in the morning, there are lines of heavy

traffic going across the bridge. It takes or five minutes just to clear the bridge the ambulance to cross. If people want ambulance right after they put down telephone, we will have to have five and ances stationed in five different local throughout the district. That would con additional \$200,000 per year."

A third misconception is that ambulpersonnel treat patients. Both driver a orderly are qualified in first aid, but a are not permitted to treat the patients of doctors can diagnose and treat. Some per suggest that medical students accompany ambulances, but again, they are not doctors



Fredericton's inadequate ambulance ser

and cannot do more than apply first aid. "What is very important at the scene an accident," says Stocker, "is knowing not to do. I know of two people w chances of survival were ruined by hand at the scene of an accident. In one case, person had a fractured vertebrae. He dumped into a car, and made to sit up the way to the hospital. He arrived to paralyzed. In the other case, a man was in the woods and he fractured his neck. was loaded on a speeder and hauled in the hospital. There was no attempt to moblize him. They could have tied him a tree or something. When he arrived he completely paralyzed - poor fellow and his chances of survival were nil."

"People at the scene of an accident crazy things," he continued. "They do realize that often it's much better to le

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