POSTER 048.
Low-Back Injury Among Prehospital Care Personnel: A Descriptive Study
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Objectives: To determine the risk factors and describe the prevalence and characteristics for low-back injury in prehospital care personnel.

Methods: All National Registry EMTs were surveyed about low-back injury as part of their 1993 recertification process. Their responses to the survey instrument were compiled and evaluated using SAS version 6.09 on a VAX system.

Results: Out of 22,689 EMTs surveyed, 11,384 responded (50.2%). Of the respondents, 33.7% stated that they had experienced low-back pain (LBP) related to EMS activity. Almost a quarter (21.6%) of the respondents knew of a fellow EMT who had experienced LBP performing EMS duties, and 15.2% reported taking at least one sick day due to job-related LBP. However, only 9.4% reported filing a workers' compensation claim for LBP. There was no significant difference in low-back injury rates between those with or without safety in-service training (p = 0.339). Additionally, personnel subjected to pre-employment physicals had a higher incidence of low-back injury (36.03% vs 32.79%; p = 0.001). Males reported a higher incidence of LBP (35% vs 30%; p <0.001). Risk factors associated with increased work-related low-back injury included: higher level of certification (odds ratio [OR] = 2.08) and years certified (OR = 1.08). Factors associated with decreased risk of work-related LBP included: age (OR = 0.99), volunteer (OR = 0.77), and utilization of a risk manager (OR = 0.61).

Conclusion: Low-back pain is a more common occurrence among prehospital care personnel than may have been reported previously. Further study is required to limit injury and disability among prehospital care providers.

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POSTER 050.
A Survey Assessment of the Educational Impact of a Bystander Care Program for Rural Highway Crashes
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Purpose: To assess the lay public's knowledge of victim care at a crash scene and dissemination of a multimedia bystander care program.

Methods: Setting: Two rural Indiana counties. Participants: ≥16 years with valid driver's license; randomly selected from county telephone books. Interventions: A multimedia bystander educational program was disseminated by paramedics in the experimental county, while the other county served as a control. Pre- and post-telephone surveys were administered to assess attitudes and knowledge about critical bystander actions (start the breathing, stop the bleeding, and call for help) at the scene of the crash.

Results: Between November 1993 and February 1994, 378 subjects were enrolled—189 in each county. A total of 158 (44%) were lost to follow-up. On the post-telephone survey, subjects in both counties significantly (p <0.001) had increased their willingness to stop and knowledge of how to start the breathing and stop the bleeding. In the control county (without 9-1-1), subjects' knowledge of the correct emergency number increased 67% on the post-survey. Program dissemination occurred in 2% of the county residents.

Conclusions: Gaps existed in the lay public's knowledge and attitude about stopping and performing critical actions at a crash scene. The pre-/post-telephone survey motivated subjects to find out what to do at a crash scene and increased their willingness to stop. This raises the question of using pre/post telephone surveys, possibly accompanied by mailings as an educational strategy in disseminating injury-control information to the lay public.