

History of the Star of Life

(compiled from various sources)



Just as pharmacists have the mortar and pestle and doctors have the caduceus, Emergency Medical Technicians have a symbol, its use is encouraged both by the American Medical Association and the Advisory Council within the Department of Health, Education and Welfare. The symbol applies to all emergency medical goods and services which are funded under the DOT/EMS program.

We see the "Star of Life" constantly, whether it be on ambulances or uniforms. But, how many realize what this symbol represents and how it was born? Not too many, judging from the random survey I conducted after having realized I had no idea myself.

Designed by Leo R. Schwartz, Chief of the EMS Branch, National Highway Traffic Safety Administration (NHTSA), the "Star of Life" was created after the American National Red Cross complained in 1973 that they objected to the common use of an Omaha orange cross on a square background of reflectorized white which clearly imitated the Red Cross symbol. NHTSA investigated and felt the complaint was justified.

The newly designed, six barred cross, was adapted from the Medical Identification Symbol of the American Medical Association and was registered as a certification mark on February 1, 1977 with the Commissioner of Patents and Trade-marks in the name of the National Highway Traffic Safety and Administration. The trademark will remain in effect for twenty years from this date.

Each of the bars of the blue "Star of Life" represents the six system function of the EMS, as illustrated below: The capital letter "R" enclosed in the circle on the right represents the fact that the symbol is a "registered" certification.

The snake and staff in the center of the symbol portray the staff Asclepius who, according to Greek mythology, was the son of Apollo (god of light, truth and prophecy). Supposedly Asclepius learned the art of healing from the centaur Cheron; but Zeus - king of the gods, was fearful that because of the Asclepius knowledge, all men might be rendered immortal. Rather than have this occur,

Zeus slew Asclepius with a thunderbolt. Later, Asclepius was worshipped as a god and people slept in his temples, as it was rumored that he effected cures of prescribed remedies to the sick during their dreams. Eventually, Zeus restored Asclepius to life, making him a god.

Asclepius was usually shown in a standing position, dressed in a long cloak, holding a staff with a serpent coiled around it. The staff has since come to represent medicine's only symbol. In the Caduceus, used by physicians and the Military Medical Corp., the staff is winged and has two serpents intertwined. Even though this does not hold any medical relevance in origin, it represents the magic wand of the Greek deity, Hermes, messenger of the gods.

The staff with the single serpent is the symbol for Medicine and Health and the winged staff is the symbol for peace. The Staff with the single serpent represents the time when Asclepius had a very difficult patient that he could not cure, so he consulted a snake for advice and the patient survived. The snake had coiled around Asclepius's staff in order to be head to head with him as an equal when talking. The Winged staff came about when Mercury saw two serpents fighting, and unable to stop them any other way placed his staff between them causing them to coil up his winged staff.

The Bible, in Numbers 21:9, makes reference to a serpent on a staff: Moses accordingly made a bronze serpent and mounted it on a pole and whenever anyone who had been bitten by a serpent looked at the bronze serpent, he recovered.

Who may use the "Star of Life" symbol? NHTSA has exclusive rights to monitor its use throughout the United States. Its use on emergency medical vehicles certifies that such vehicles meet the U.S. Department of Transportation standards and certify that the emergency medical care personnel who use it have been trained to meet these standards. Its use on road maps and highway signs indicates the location or access to qualified emergency care services. No other use of the symbol is allowed, except as listed below:

States and Federal agencies which have emergency medical services involvement are authorized to permit use of the "Star of Life" symbol summarized as follows:

1. As a means of identification for medical equipment and supplies for installation and use in the Emergency Medical Care Vehicle-Ambulance.
2. To point to the location of qualified medical care services and access to such facilities.
3. For use on shoulder patches worn only by personnel who have satisfactorily completed DOT training courses or approved equivalents, and for persons who by title and function administer, directly supervise, or participate in all or part of National, State, or community EMS programs.

4. On EMS personnel items - badges, plaques, buckles, etc.
5. Books, pamphlets, manuals, reports or other printed material having direct EMS application. The "Star of Life" symbol may be worn by administrative personnel, project directors and staff, councils and advisory groups. If shoulder patches are worn, they should be plain blue "Star of Life" on a white square or round background. The function, identifying letters or words should be printed on bars and attached across the bottom separately. The edges of the basic patch and functional bars are to be embroidered.

The six bars of the Star of Life represent the six phases of an EMS response and they are:

Detection: Citizens must first recognize that an emergency exists and must know how to contact the EMS system in their community. This can be by several different methods such as dialing 9-1-1, using a seven digit local emergency number, or using amateur radios, or highway call boxes.

Reporting: Callers are asked specific information so that the proper resources can respond. In an ideal system, certified Emergency Medical Dispatchers (EMDs) ask a pre-defined set of questions. If someone were having a heart attack, then they would look under the heart attack algorithm for appropriate questions to ask and also give appropriate pre-arrival instructions (such as CPR). In this phase, dispatchers also become a link between the scene and the responding units and can provide additional information as it becomes available.

Response: This is the response of the EMS resources to the scene. This may be a tiered response with First Responders and EMTs responding initially and backed up by paramedics shortly thereafter. It may mean that a fire engine and crew are also dispatched to help with lifting and moving the patient or Rescue for getting them out of a smashed automobile.

On Scene Care: A lot of types of care can be provided on the scene, versus waiting until the patient arrives at the hospital. Standing orders and radio or cellular contact with the emergency physician has broadened the range of on-scene care that can be provided. A long algorithm of procedures and drugs may be used before the patient is removed from the scene. When the EMS system was just getting started, all patients were transported to a hospital. Today, in certain instances such as cardiac arrest, or when a patient is not seriously ill or injured, not all patients are transported from the scene to a hospital.

Care in Transit: Patients were once transported in hearses or station wagons, with nobody taking care of them in the back. With the advent of federal regulations and the maturing of EMS, specially designed trucks now carry mobile oxygen, suction, patient monitoring and communications equipment, as well as

special drugs (ALS only) for emergency care of patients. Station wagons and hearses have been replaced with various types of ambulances you see today.

Transfer to Definitive Care: Up until the passage of the Trauma Care Systems Planning and Development Act of 1990, a patient might be seen in the emergency room (ER) by a physician trained in a certain kind of specialty, such as a cardiologist or a surgeon. They usually did not have the training necessary to address the many types of injuries and illnesses that present themselves in an ER. Today, there are board certified emergency medical care physicians waiting to help patients. Nurses now receive certification in emergency care and specialized training in trauma. Hospitals may hold special levels of designation in trauma care. This means they have additional specific equipment, rooms and physicians available for the most traumatically injured patients. There are specialized burn centers to handle burn patients and special children's hospitals that handle only pediatric patients. Definitive care has come a long way, as has EMS, in a relatively short time.