

suppressed in this study. The inherent limitation of all survey studies is that the data is based on participants answering all questions truthfully. Data regarding the true incidence of firearms among school youth and school-associated firearms-related injury and death may be unreliable and difficult to collect and interpret.<sup>4,6</sup> Consequently, the current recommendations support the implementation of a nationwide school-associated, firearm-related injury surveillance system.<sup>4,6</sup> Given the high degree of exposure to firearms-related injury, emergency physicians (EPs) are in a unique position to play a key role in this data gathering and reporting process. Mace et al.<sup>8</sup> expanded on the EP's roles in firearm injury prevention. These roles include (1) educating the public, (2) serving as a resource for community and government agencies, (3) increasing support of EMS activities in injury prevention, (4) working with government agencies and advocacy groups, (5) promoting legislative activity, (6) improving and expanding data collection and reporting, (7) encouraging research, (8) joining community coalitions, (9) screening for violence and drug/alcohol abuse, and (10) violence prevention. All 24 of the Orange County schools declined our offer for the opportunity to have an emergency medicine physician from the UCI Department of Emergency Medicine discuss with the students firearm injury prevention, firearm education and safety.

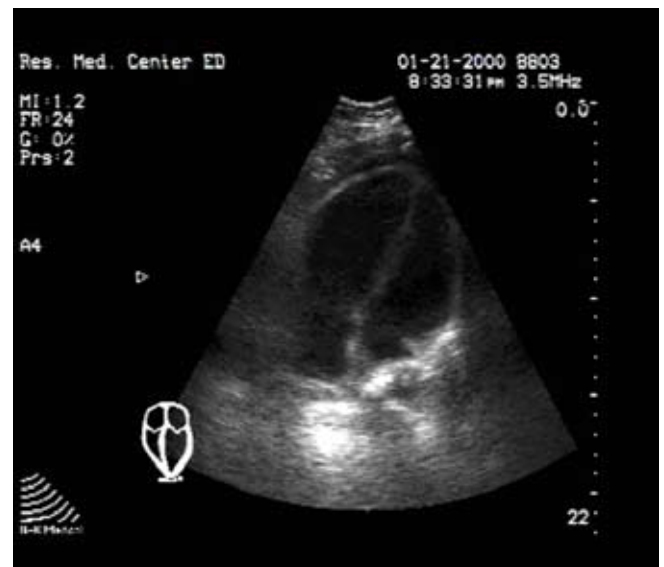
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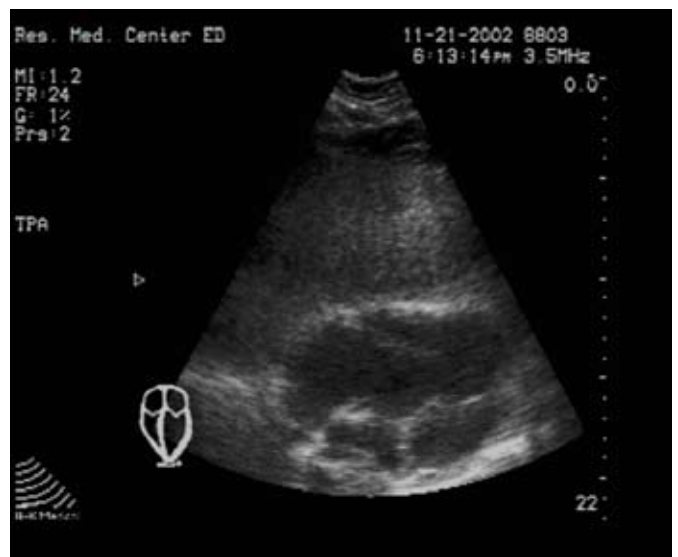
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## Corrections

Below are two images that appeared on page 9 in the Winter *CalJEM*, Vol. VII, Number 1, 2006, in "Ultrasound Guidance of Thrombolytic Therapy in Pulseless Electrical Activity: A Case Report" by M Lambert et al. The images are being reprinted here for clarity. We apologize for any inconvenience.



**Figure 1. Subcostal four-chamber view taken at time of initial cardiac arrest.**



**Figure 2. Apical four-chamber view taken at approximately 2 1/2 hours after cardiac arrest.**