28th Current Concepts in Neonatal/Pediatric Transport, Salt Lake City, Utah 2006

Ambulance Transport Safety: Where is the State of the Art

Moving Sick Kids Safely - Optimizing Transport Safety ER

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The NTSB

34/ TAB

History and Mission

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- n Board deriver its authority from <u>Title 43 of the 1</u> U. Title 43 of the Code of Federal Repulsions tole Chapter 11 The rule

TIB a responsible for summing the government's database of sivel awares, accidents and also conducts special studies

Outline

- Look at the data on ambulance transport safety
- Highlight important predictable and preventable occupant risks and hazards during neonatal and pediatric transport Demonstrate what happens during an
- ambulance crash Review of guidelines, standards and
- innovation
- Outline practices and strategies to enhance occupant safety and reduce risks of crash-related injury



Key Issues

- Mythology + That Emerge ency Medical Service personnel are safe
- Injury Hazards Biohazard Chemical/Radiation Physical/Mechanical trauma THE BIG PROBLEM
- Motor Vehicle Crashes are the highest cause of death at work EMS has > 2X the mean national rate
- An R & D and Regulatory Gap

 Occupational Health and Safety
 the <u>workplace is in a whick</u> exposure data are scant
 Automotive Safety
 <u>a vehicle is the work place</u> 'exempt' from automotive research
 and regulation



Ideally Who, What and Where ?

- Occupational Health and Safety
 Epidemiology, Bio/Chem Hazards and Ergonomics
 Regulation and Research
 Automotive Safety
 Epidemiology, Engineering and Impact Biomechanics
 Regulation and Research
 CHO Instructory

- Regulation and second sec

 - Academia
 Independent and collaborative
 • R & D and evaluation of all of the above

Goals

- Standards for safety
- Policy based on Science
- Databases to demonstrate outcome



Peds Transports

- ~One in ten (~ 6 million) ambulance transports involves a child
- Only ~ 1.8 million are children <5 yrs
- ► Ambulances ≠ standard passenger vehicles
- Pediatric patients in ambulances ≠ children in passenger cars
- Standard automotive safety practices cannot be applied directly to ambulances

Kids are not little adults



Communication skills Fear Development

Behavior

Size and shape Biomechanics

Safety in Pediatric Ambulance Transport

▶ Is part of a SYSTEM







"Are our policies killing people?"

1991-2000, 302,969 Emergency vehicles were involved in MVCs - 1,565 involving fatalities*
In PA 1997-2001, ambulances were more likely than similar sized vehicles to be involved in*:
4 way intersection crashes (43% vs 23%, p=0.001)
Collisions at traffic signals (37% vs 18%, p=0.001)
MVCs with more people injured (76% vs 61%, p=0.001)

*Comparison of Crashes Involving Ambulances with those of similar sized vehicles – Adam Ray, Douglas Kupas, PEC Dec 2005;9:412-415

So.. The real world for an EMS vehicle approaching a red light

► You think they heard you...

- You know they must have seen you..
- And maybe they did
- But..
- There is NO way humanly possible that they could stop.....

This is not acceptable

One fatality each week#

- ~ 2/3 pedestrians or occupants of other car
 ~ 4 child fatalities per year (>2X airbags 2004-2005)
- ~10 serious injuries each day
- ► Cost estimates > \$500 million annually
- USA Crash fatality rate/capita 35x higher than in Australia



Predictable risks

- More often at intersections, & with another vehicle (p < 0.001)*
- Most serious & fatal injuries occurred in rear (OR 2.7 vs front) & to improperly restrained occupants (OR 2.5 vs restrained)*
- restrained) 82% of fatally injured EMS rear occupants unrestrained >74% of EMT occupational fatalities are MVC related*** Serious head injury in >65% of fatal occupant injuries# 70% of fatal crashes EMS crashes during Emergency Use# More likely to crash at an intersection with traffic lights (37% vs 18% p=0.001) & more people & injuries/crash than, similar sized vehicles##

Kahn CA, Pirralo RG, Kuhn EM, Prehosp Emerg Care 2001 "Becker, Zakobnia, Levick, LJ, Miller, Acc Anal Prev 2003 "Magure, Huntrig, Smith, Levick, Annals Emerg Med Dec 2 WHOSH, 2005 #WHOSH, 2005 #WHOSH, 2005

We should use the best safety practices demonstrated Development of an Effective Ambulance Patient Restraint Development and Application of a Dynamic Testing Procedure for Ambulance Paediatric Patient Restraint Systems 1 it of ambulance anics of the patient comp Barris 190 iá

What do we know now??

Intersection crashes are the most lethal There are documented hazards, some which can be avoided

be avoided Occupant and equipment restraint with standard belts is offective. (over the shoulder harnesses for patients should be used, with the gurney in the upright position where medically feasible) Some vehicle design features are beneficial -automotive grade padding in head strike areas, seats that can slide toward the patient Electronic Driver employing in the sustance Electronic Driver monitoring/feedback systems appear to be highly effective Head protection??

Balance of concerns and risk during transport



- Response and transport time
- Clinical care provision
- Occupant safety/protection
- Public Safety

Concerns

- Consequences can be predictable & likely preventable Costs of these adverse events are high in loss of life, financial burden and negative impact on delivery of EMS
- care Much uncertainty as to what is safe and what is unsafe occupant protection practice
- Other high speed vehicles (eg. racing cars) have a different safety paradigm
- Design of interventions to mitigate injury is predicated on a valid testing model
- Complex both engineering and public health issues



Multidisciplinary collaboration and the way forward

- Development of interdisciplinary teams
- healthcare professionals
- safety engineering expertise regulatory bodies
- manufacturers
- Safer practices save lives, time and money

Protective devices/concepts

- In the event of a crash
- Vehicle crashworthiness
 Seat/seat belt systems
 Equipment lock downs
 Padding
 Head protection

To prevent a crash

- Driver feedback
 Driver feedback
 Driver monitoring
 Driver training
 Vehicle and other technologies
 Tiered dispatch
 Appropriate policies

Crash Occupant Protection

collision speed

- direction of impact
- vehicle stiffness and mass
- compartment size & projectiles intelligent vehicle technology
- passive protection
- head protection
- occupant restraint/belts

Safety for emergency transport

Policy that reflects SCIENCE

Global EMS Vehicle Safety Standards v Specifications and Guidelines

- EMS Safety and Performance Standards

 Australia & New Zealand 4535
 Common European Community (CEN) EN1789
 (International Joint Commission on Medical Transport)

 Non EMS Specific USA Standards

 [Aviation FAA/CAA/LAS
 [Draft 215 fleet vehicles]

 USA Other

 Purchase Specification: KKK & NTEA AMD
 Guideline: EMSC Dos and Donts, and (CAAS and CAMTS)



Trai El	nsport Safety MSC/NHTSA 1	Guidelines fact sheet
EVEC	The Do's and Don'ts of Transporting Ambulance	g Children in an ^{Don'ts}
Appointed is set office space. There are not a set of the set of the set of the second where it is the ora- adimetric additional of the well periodic of the word. The Elements for difference the addression in DB, regard, Christers Conte- regard, Christers Conte-	DO drive cautiously at safe speeds observing traffic laws.	X DO NOT drive at unsafe high speeds with rapid acceleration, decelerations, and turns.
	* DO tightly secure all monitoring devices and other equipment	×DO NOT leave monitoring devices and other equipment unsecured in moving EMS vehicles.
	 DO ensure available restraint systems are used by EMTs and other occupants, including the patient. 	*DO NOT allow parents, caregivers, EMTs or other passengers to be unrestrained during transport.
	 DO transport children who are not patients, properly restrained, in an alternate passenger vehicle, whenever possible. 	XDO NOT have the childinfart held in the parent, caregiver, or EMT's arms or lap during transport.
	 DO encourage utilization of the DOT NHTSA Emergency Vehicle Operating Course (EVOC), National Standard Curriculum. 	X DO NOT allow emergency whicles to be operated by persons who have not completed the DOT EVDC or equivalent.
http://ww http://ww	vw.ems-c.org ww.nhtsa.dot.gov	

Benefit of Safety

Any cost of addressing these issues is dwarfed in contrast to the huge burden of not doing so - in financial costs let alone the personal, societal, ethical and litigation costs

USA EMS Risk/Hazards

- Predictable risks
- Serious occupational hazard
- Predictable fatal injuries

This is about you and your safety

What safety practices do you use?? • Seat belts ?

- EVOC training ?
- Equipment lock down ?
- Helmets ?
- "Black Box" technology ?
- Tiered dispatch ?

The 'workplace'









head protection?







Creating a Safety Culture

within a company must start with upper management's commitment to safety

- Awareness
- ▶ Training
- ► Incentive

Safety process

- Identify hazards
- ► Raise awareness of safety issues
- Create a safety attitude
- Promote Teamwork
- Provide motivation
- Accomplish established goals

Dynamic Safety Testing

- requires sophisticated, expensive equipment
- measurably demonstrates forces generated during collision
- accepted international standard for vehicle restraint systems















New concepts out there now

- Black Boxes
- Tiered dispatch
- Helmets
- Enhanced ambulance vehicle design
 Cross disciplinary ambulance transport safety task force established



'Black Box' performance:		
I – blind data, no growts II – growts & tones ON unidentified data capture III – identified data		



Results

- A dramatic improvement in driver
- performance in every measured area Crews accepted "big-brother" without
- complaint
- Sustained improvement in safety proxies over a 15 month period, with no inservice or retraining after the initial introduction period.
- No change in response times
 Fewer crashes and less severe crashes
- QA Proof we didn't stop at McDonald's













Other successful models



Important Principles !

1. Ambulances are NOT standard passenger vehicles

Important Principles !

2. Pediatric patients in ambulances have needs which differ from children in passenger cars

Important Principles !

3. Design, performance and practice policy should be based on properly conducted science

Very Important Principle

Ambulance transport safety is part of a SYSTEM, the overall balance of risk involves the safety of all occupants and the public

Very Important Principles !

- A culture of safety
- **Drive cautiously**
- Wear your belts & restrain all occupants
- Secure all equipment
- Integrate scientific data into your policies and procedures

- Unrestrained occupants and equipment are a potential injury risk to all occupants

PREDICTABLE PREVENTABLE and **NO 'ACCIDENT'**

Conclusion

- Major advances in EMS transport safety research, infrastructure and practice over the past 5 years

- past 5 years New technologies for vehicle design, occupant PPE and equipment restraint and driver performance are now available Development of substantive safety standards is a necessity and a reality Enhanced cross disciplinary collaboration in development of safety initiatives now exist EMS is still way behind the state of the art in vehicle safety and occupant protection

Conclusions

- Prevention is key the transport environment includes predictable and preventable risks.
- Every member of a transport program must play a role to actively manage risk and to avoid taking unnecessary risk.
- Pediatric transport in ambulances ≠ passenger
- Focus on safety of ALL aspects of the ambulance environment safer patient transport practices exist & should be used
- Basic but important Unrestrained occupants and equipment are a potential injury risk to all occupants

Conclusions

- New safety developments are underway: be ready to integrate them into your practice
- practice There is a need for a defined pathway for translation of problem identification to resolution and policy implementation The absence of any national infrastructure for safety oversight in patient transport is not an acceptable situation situation

And above all WE NEED DATA

And....

It is no longer acceptable for EMS to be functioning outside of automotive safety and PPE safety standards for prevention of and protection of EMS providers and the public from injury

Electronic Info:

Electronic Handout of today's presentation

"Ambulance Safety: Where is the State of the Art?" Webinar June 14, 2005 Recorded online - Free access via the internet

Comprehensive Reference List on EMS Safety

