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IN EMERGENCY SERVICES

Maryland Modifies Air Medical Fly Guidelines

Acting swiftly in the wake of a recent fatal helicopter crash in the state, Maryland EMS officials now are requiring paramedics on certain calls to consult with the receiving trauma center prior to transporting a patient via helicopter.

According to a letter to all EMS providers from MIEMSS Executive Director Robert Bass, MD, effective October 9, "[A]ll scene medevac requests for trauma patients that have only category C or category D triage indicators will require medical consultation with the receiving trauma center for helicopter dispatch."

Bass explained that the new requirement is not intended to "imply or indicate concerns or criticisms" of existing helicopter triage protocols, but rather is intended to "provide an additional resource to EMS personnel responding to an incident."

This additional resource will discuss the "indications and potential benefits of helicopter transport" vs. other means of medical transportation and destination options. "Patients with mechanisms only and who are within a 30-minute drive time of a trauma center shall go by ground unless there are extenuating circumstances," Bass stressed in his letter.

An accompanying letter from Maryland EMS Medical Director Richard Alcorta, MD, FACEP, reiterated that for lesser-injured patients, "[T]he decision to utilize air transport should continue to be based upon whether air transport will provide a clinically significant reduction in transport time to a receiving trauma center."

Ambulance Safety Finally Gains National Attention

Researchers and experts in transportation safety will convene later this month in Washington, DC, for the first-ever Ambulance Transportation Safety Summit, sponsored by the Transportation Research Board (TRB) of the National Academies. The summit, which will be Webcast, will present the current state of ambulance safety research and assemble through the meeting proceedings a reference document of all currently available, but heretofore disparate, published scientific research on ambulance safety.

"I don't believe that this has ever happened anywhere in the world," said summit organizer Nadine Levick, MD, MPH, CEO of Objective Safety, a firm that specializes in ambulance safety research. "Our goal is to disseminate evidence-based, technical information on ambulance transport safety, and to define what we know, what we don't know and what we need to know."

Levick said that the summit will focus on five main areas: data capture, vehicle operations, vehicles, ergonomics and human factors, and standards. Each subject area will be presented by a leading expert in the field, including Levick, Raphael Grzebieta of the New South

Wales Injury Risk Management Research Center of the University of New South Wales in Australia, TRB Transportation Safety Coordinator Richard Pain, University of Maryland-Baltimore County Clinical Assistant Professor Kurt Krumperman and Phoenix Assistant Fire Marshal Kevin Roche, among others. Opening remarks will be presented by Washington, DC, Fire & EMS Medical Director James Augustine, MD, FACEP.

The summit will be the first exposure for many emergency services leaders to cutting edge ambulance safety research, Levick said, because most of the research is published in transportation engineering journals that are unfamiliar to fire and EMS managers. Also, journals published by the TRB, the Society of Automotive Engineers (SAE), and the International Technical Conference on the Enhanced Safety of Vehicles (ESV), part of the National Highway Traffic Safety Administration (NHTSA), are not indexed by Medline or other healthcare-related journal databases and, therefore, are not easily accessible to most fire and EMS researchers.

For many topics in ambulance safety,

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“The data exists,” Levick said. “It’s a matter of finding a way to access it and use it.” As an example, Levick pointed to a 1999 study published in the *International Journal of Crashworthiness* that showed that bench seat seatbelt systems and individual seat and harness seatbelt systems have a high probability of serious, if not life threatening, head, neck and chest injuries. Yet, she said, manufacturers of these harness-style seatbelts for ambulance use continue to promote them in trade journals, despite evidence of their danger, and end-users are none the wiser because they are not familiar with the research.

“Squad-bench occupants should wear the lap belt low over the pelvis and avoid using four- or five-point harnesses on side-facing seating,” Levick insisted. “Many serious crashes are frontal crashes, and such harnesses have been shown by the world’s leading automotive safety engineers to be highly hazardous when seated sideways.”

Levick and Pain were instrumental in organizing the forthcoming ambulance safety summit under the auspices of the TRB EMS Transportation Safety Subcommittee, which was formed in 2007 and met for the first time this year under Levick’s chairmanship. The next meeting of that group is slated for January 2009 during the next TRB annual symposium.

This is the first time that the TRB has focused on ambulance safety, which has essentially been ignored by most trans-

portation safety researchers because it is such a small part of the whole transportation industry. In this way, ambulance safety has suffered from much of the same oversight in the transportation industry as it has in the healthcare industry. However, that changed in 2005 when EMS became part of the state strategic highway safety plans mandated by the Safe, Accountable, Flexible, Efficient Transportation Equity Act: (SAFETEA-LU).

To participate in the ambulance safety summit on November 7, go to www.objectivesafety.net, where you will find the Webinar information. You must pre-register, and space is limited. If you miss the live event, proceedings will be disseminated via the TRB, and Levick said that the Web cast of the meeting and other materials will be available free online. 