

Emergency Medical Services: A Critical Condition in Transportation Safety –



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EMS Safety Foundation

A tragic emergency health care intervention outcome



What are the solutions?

- ▶ Training?
- ▶ Practice Policy?
- ▶ Transportation Systems Engineering?
- ▶ Automotive Engineering?
- ▶ Education of other road users???

EMS

- ▶ Emergency Medical Services (EMS) - an important and unique aspect of the transportation system, it encompasses public safety, public health and an emergency service.
- ▶ What are the system wide transportation safety issues and challenges faced by the Emergency Medical Services?

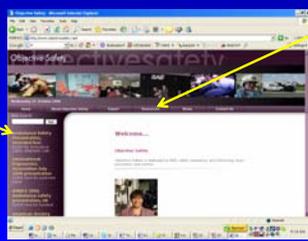
In a nutshell

- ▶ Comprehensive perspective on:
 - system wide data
 - the challenges
 - the cutting edge
 - the gaps in knowledge and application of transportation systems safety in the big picture of Emergency Medical Services transportation

Your Interactive Handout awaits you online...

- ▶ www.objectivesafety.net

<http://www.objectivesafety.net>

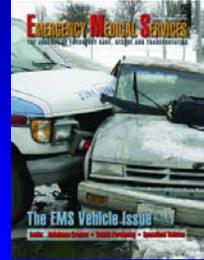


Transport related aspects of EMS

- ▶ dispatch of EMS vehicles
- ▶ transport policies and protocols
- ▶ vehicle fleets and vehicle design
- ▶ vehicle purchase standards
- ▶ Intelligent Transportation Systems technology
- ▶ driver training
- ▶ training simulation
- ▶ driver performance monitoring
- ▶ roadside and road design
- ▶ integrated traffic safety technologies
- ▶ scene safety and visibility
- ▶ safety data capture
- ▶ safety oversight

USA EMS

- ▶ EMS Systems - >15,000
- ▶ Personnel - ~1 million
(~30% FIT professional & 70% volunteer)
- ▶ Vehicles - ~50,000
(Type I, Type II, Type III, Freightliners, ?motorcycles)
- ▶ Transports - ~50 million
(to Emergency Depts ~ 50%, < 1/3 emergent)
- ▶ Cost - ~\$8 Billion annually
- ▶ Safety Oversight - ? Disparate



Transport oversight?

- ▶ In contrast to the bus and truck industries, which have comprehensive safety oversight, and transportation safety interventions, as well as transportation safety data capture via the Federal Motor Carrier Safety Administration (FMCSA) - EMS has been focused more as an acute health care delivery and emergency service and largely outside of much of the other transportation oversight infrastructure that exists.
- ▶ This is an opportunity for transportation planners, engineers, and system operators to see a comprehensive overview some of the multidisciplinary transportation challenges faced by Emergency Medical Services.

What is EMS?

- ▶ Emergency care, public health, public safety and patient transport
- ▶ Bridge between the community and the hospital
- ▶ Volunteer – professional
- ▶ Urban – rural
- ▶ Disaster response
- ▶ Majority of transports NOT critical or life threatening

Emergency Medical Service (EMS) vehicles - Ambulances

- ▶ What are the transport safety issues that pertain to this important public service and public safety industry?
- ▶ What do we know of the risks and hazards and how can we measure these ?
- ▶ How can the safety of this transport system be optimized?

EMS Definition

- ▶ An Emergency Medical Services system is –
 - * A coordinated arrangement of resources (including personnel, equipment, and facilities) which are organized to respond to medical emergencies, regardless of cause. (ASTM, 1998).
- ▶ EMS –
 - * The services provided to accident victims and patients suffering from severe acute illness and psychiatric emergencies.
 - * Detection and reporting of medical emergencies, initial care, transportation and care for patients in route to health care facilities, medical treatment for the acutely ill and severely injured within emergency departments, and the provision of linkages to continued care or rehabilitation services. (EMS Research Agenda 2001)

History of EMS

- ▶ EMS is a relatively new industry
- ▶ An unusual history of beginnings within the mortician industry.
 - * Early ambulances were hearses, once motorized usually a Cadillac, a vehicle in which an occupant could be transported in the recumbent position
- ▶ Over the past 100 years, the sophistication of EMS medical care has advanced dramatically
- ▶ EMS communications and transportation technology have not kept up with that pace

JEMS
Journal of Emergency Medical Services

Crashes Take Toll on EMS
By Edward Orsino

September was a bad month for EMS workers on North Carolina highways. After crossing the median of N.C. 103, 19-year-old Omar Lopez Varden hit Surry County Director of Emergency Services John Shelton and kept going. Authorities have charged Varden with fleeing hit and run, driving while impaired, having no operator's license and obstructing a lawful registration. A good Samaritan followed Varden until his car finally stopped and subdued the perpetrator until authorities could arrest him. Shelton was treated and released at NorthBain Hospital for neck problems.

In Hendersonville, EMS providers needed rescue after a vehicle crashed into them, and the bus in which they were working on Spartanburg Highway. The crews were educating a motorist from her vehicle when a van barreled into the hot zone, causing the second accident.

The two victims from the initial accident and four rescuers were all taken to area hospitals. Firefighter Jose Drake and paramedic Curtis Dier were airlifted to Mission St. Joseph's Hospital in Asheville. Drake was treated and released, but Dier was admitted with two broken legs.

Firstly!

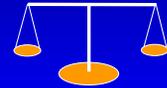
An accident ?

▶ or
a predictable and preventable event

This IS a transportation safety issue

- ▶ Systems engineering
 - Where do ambulance crashes occur?
 - What transportation safety engineering interventions
 - ITS –
 - Does opticom work effectively in this environment given the traffic density and emergency vehicle density?
 - Merit of emergency vehicles being fitted with early warning technologies
 - Proper design of emergency vehicle traffic flow
 - Fleet mix to match anticipated transport environmental challenges (ie police model – bicycle, motorcycle, horse, three wheeled, cruiser, van, truck)?

Balance of concerns and risk during transport



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

Goals

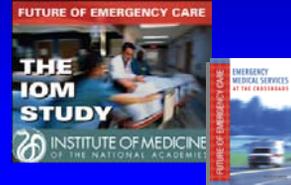
- ▶ Standards for safety
- ▶ Policy based on Science
- ▶ Databases to demonstrate outcome

the EMS transport process

- ▶ communications/dispatch
- ▶ the patient
- ▶ restraining device/seat
- ▶ transporting device/gurney
- ▶ paramedics/transport nurses, doctors & family
- ▶ patient monitoring equipment
- ▶ clinical care & interventions
- ▶ protective equipment
- ▶ the vehicle
- ▶ the driver/driving skill
- ▶ other road users
- ▶ the road



“Nation’s Emergency Care System is fragmented, unable to respond to disasters”,
says *Institute of Medicine*, June 14, 2006



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

EMS Transport Safety IS Complex AND Multidisciplinary



This is not acceptable

In the USA*

- ▶ ~ 5,000 crashes a year
- ▶ ~ One fatality each week
 - ~ 2/3 pedestrians or occupants of other car
 - Approximately 4 child fatalities per year
- ▶ ~10 serious injuries each day
- ▶ Cost estimates > \$500 million annually
- ▶ USA crash fatality rate/capita 35x higher than in Australia

Is it your services tragic year?

- ▶ ~ 50 fatalities a year
- ▶ 15,000 EMS services
- ▶ Each year one in 300 services experiences a fatality

Paramedic charged in crash that killed 2

By Tyler Fong, Rocky Mountain News
July 21, 2004

STERLING — A paramedic with MetroPublic Ambulance has been charged with careless driving in connection with an accident in May that killed two people and injured two others.

Chris Larusso, 22, of Westminster, was issued a summons for two counts of careless driving resulting in death and two counts of careless driving resulting in serious bodily injury.

All are misdemeanor charges and carry possible sentences of 10 days to a year in jail and fines of \$100 to \$1,000.

Larusso was driving an ambulance May 9 on Interstate 76, about 1.5 miles west of Sterling, when he reportedly rear-ended a semi-tractor truck.

Two passengers in the ambulance - nurse Karen Woods, 43, of Elizabeth, and ultrasound technician Vicky Thomas, 35, of Goodland, Kan. - were killed.

A patient, Kelsey Schickmayer, 43, of Burlington, was seriously injured, but hours after the accident, gave birth to a boy at Sterling Regional Medical Center.

Larusso and paramedic Dan Beza, 31, of Centennial, were treated for their injuries and released.

Safety oversight of what and by whom

- ▶ Vehicle Safety
- ▶ Vehicle Design
- ▶ Safety Equipment Design
- ▶ Vehicle and Safety Equipment Testing and Standard development
- ▶ Safety policies

A Simple Question...

WINGS, WHEELS & ROTORS

A Simple Question

Why have all these recent disasters, every week, both air and ground, in their strength of a nation for those "to have such" quality, safety, reliability and support? And how does it not to know that these ground EMS incidents, reported by those quarters of those who had had nothing at all to do with the transport, but were only those who had happened to be in the wrong place at the wrong time? Or are EMS, where those involved in the transport knowingly take on the

The NTSB

History and Mission

The National Transportation Safety Board is an independent Federal agency charged by Congress with investigating every civil aviation accident in the United States and significant accidents in the other modes of transportation - railroad, highway, marine and pipeline - and issuing safety recommendations aimed at preventing future accidents. The Safety Board determines the probable cause of:

- all U.S. civil aviation accidents and certain public-use seaircraft accidents;
- selected highway accidents;
- railroad accidents involving passenger trains or any train accident that results in at least one fatality or major property damage;
- major marine accidents and any marine accident involving a public and a navigable vessel;
- pipeline accidents involving a facility or substantial property damage;
- selected transportation accidents that involve problems of a recurring nature.

The Board is responsible for examining the government's Administration of civil aviation accidents and also conducts special studies of transportation safety issues of national significance. The NTSB provides assistance to serve as U.S. Accident Investigation and

TRANSPORTATION RESEARCH BOARD OF THE NATIONAL ACADEMIES

Active Projects

(all due late 2006)

- ▶ Commercial Motor Vehicle Driver Training Curricula and Delivery Methods and Their Effectiveness
- ▶ Commercial Motor Vehicle Carrier Safety Management Certification
- ▶ The Role of Safety Culture in Preventing Commercial Vehicle Crashes
- ▶ The Impact of Behavior-Based Safety Techniques on Commercial Motor Vehicle Drivers
- ▶ Health and Wellness Programs for Commercial Motor Vehicle Drivers

Commercial Truck and Bus Safety

Speakers I

Effective Commercial Truck and Bus Safety Management Techniques

A Guide for Long Haulers

VOLUME 15

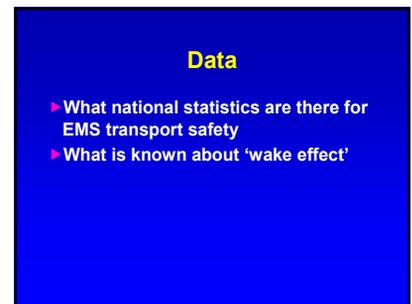
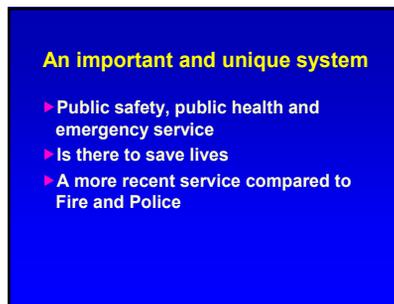
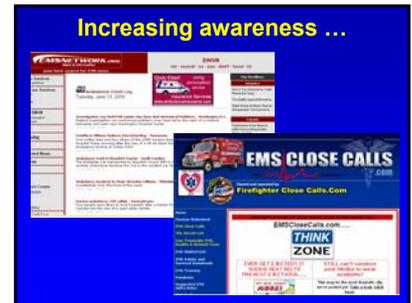
NCHRP REPORT 500

NATIONAL CENTER FOR HIGHWAY TRAFFIC SAFETY RESEARCH

Volume 15: A Guide for Enhancing Rural Emergency Medical Services

What about FMCSA's Mission

- ▶ Office of Research and Analysis is committed to reducing the large truck-related fatality rate from 2.8 per 100 million truck-miles in 1996 to 1.65 by 2008.
- Mission
- ▶ The mission of FMCSA's Office of Research and Analysis is to reduce the number and severity of commercial motor vehicle (CMV) crashes and enhance the efficiency of CMV operations by:
 - Conducting systematic studies directed toward fuller scientific discovery, knowledge, or understanding
 - Adopting, testing, and deploying innovative driver, carrier, vehicle, and roadside best practices and technologies
 - By expanding the knowledge and portfolio of deployable technology, the research and technology program will help FMCSA reduce crashes, injuries, and fatalities and will deliver a program that contributes to a safe and secure commercial transportation system.



EMS Best Practice, Sept 2006

Personnel Not Buckling up

...to a survey reported an alarming 27 percent, and one-half still just receiving a copy of more than 200 EMS providers' Current Emergency Medicine. The survey did not identify the correct method of person did not observe the correct method of despite the fact that most respondents are not those receiving your efforts.

Ambulance Safety Research: A New Field

Timeline:

- 1960: non issue
- '70: ? safe
- '78: ? safe
- '86: ? safe
- '93: ? safe
- '95: ? safe
- '96: ? safe
- '98: ? safe
- 2001: ? safe
- '02: ? safe
- '03: safer
- '04: safer
- '05: safer
- '06: safer

Key Research Areas: engineering, ergonomic, epidemiology

Key Researchers: SHERA, NTSB, EMSA, DAVIS, etc.

We should use the best safety practices demonstrated in engineering

Development of an Effective Ambulance Patient Restraint

Development and Application of a Dynamic Testing Procedure for Ambulance Paediatric Patient Restraint Systems

Biomechanics of the patient compartment of ambulance vehicles under crash conditions: testing countermeasures to mitigate injury

2001-01-1173

Authors: Nathan Leick, Gostain LI, John T. Maguire, Richard Smith, Leif Eriksson, John T. Maguire

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)
- ▶ 82% of fatally injured EMS rear occupants unrestrained**
- ▶ > 74% of EMT occupational fatalities are MVC related***
- ▶ Serious head injury in >85% 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=0.004) & more people & injuries/crash than similar sized vehicles##

*Nahr CA, Winters RD, Kohn BM, Pheasant Emerg Care 2001 Jul-Sep;5(3):261-9
**Becker, Zaslavsky, Levick, LI, Miller, Acc Anal Prev 2002
***Maguire, Hunting, Smith, Levick, Annals Emerg Med Dec 2002
#Maguire 2003
##Ray AM, Pheasant EP, Pheasant Emerg Care 2005 Dec; 9:415-418
###WHA, 46 CRR Parts 871, 872 & 888 October 01, 89, 20, 0000 2

EMS Provider Fatalities

- ▶ 12.7 fatalities/100,000 EMS workers
- ▶ Greater than 2 X the national average (5.0 fatalities/100,000)
- ▶ Similar to Police (14.2/100,000) and Fire Fighters (16.5/100,000)

*Maguire, Hunting, Smith & Levick, Occupational Fatalities in Emergency Medical Services: A Hidden Crisis, Annals of Emergency Medicine, Dec 2002

and what is killing EMS ?

EMS personnel fatalities*

- ▶ 74% transportation related
 - ♦ 1/5 of ground transport fatalities were struck by moving vehicles
- ▶ 11% were cardiovascular
- ▶ 9% were homicide
- ▶ 4% needle sticks, electrocution, drowning and other

*Maguire, Hunting, Smith & Levick, Occupational Fatalities in Emergency Medical Services: A Hidden Crisis, Annals of Emergency Medicine, Dec 2002

A word about occupational transportation fatalities..

Occupation	Fatalities/100,000 workers
EMS	12.7
Police	14.2
Fire	16.5

▶ WE HAVE A BIG PROBLEM HERE

*Maguire, Hunting, Smith & Levick, Occupational Fatalities in Emergency Medical Services: A Hidden Crisis, Annals of Emergency Medicine, Dec 2002

The Wisconsin EMS Association

Hot Sheets

Fatal Ambulance Crash Still Under Investigation

...circles made you something additional vehicles. From 1990 to 2000, the Center for Disease Control and Prevention (CDC) estimates that there were at least 100 fatal crashes involving ambulances, resulting in the deaths of 42 ambulance occupants, including 27 EMS providers. Most crashes occur between noon and 5 PM, on straight city roads, in good weather, with the use of red lights and sirens. Statistics have shown that the use of red lights and sirens greatly increases the chance of a crash. In fatal crashes nationwide, 10% of individuals getting the ambulance are cited for their actions, 40% of these drivers are law breakers from poor driving records. These statistics are according to a report recently published in EMS Source.

Wisconsin EMS Association

Surgeon General Visit Changed

Due to conflicts with the schedule, the talk with Surgeon General Richard H. Carmona has been changed to Thursday, September 2, 2003. Expecting one involving the location and starting time, remains the same. Ambulance providers registered for the August date combined to be registered for September 2nd. Check after you arrive or contact us via telephone or fax.

Haddon/Baker/Runyan Phase-Factor Matrix as applied to EMS Safety*

FACTOR	Personnel (pass)	Vehicle (agent)	Environment (physical/regulatory)	Socio-cultural
PHASE	driving history, driver education, speeding, adding road laws	collision avoidance, and lock brakes, vehicle weight, speed	road design, markings & surface	EMS image (scope & role), public/paramedic discrimination from S.S.
pre-crash (pre-event)	seat belt, restraint use, child safety seat use	air bags, restraint design, bumper & crumple zone design	collision speed, road side hardware	It can and does happen
crash (post-event)	gender, severity, age, underlying morbidity	ease of extrication, burn resistant fabrics	EMS system quality management	rehabilitation, documentation and data collection

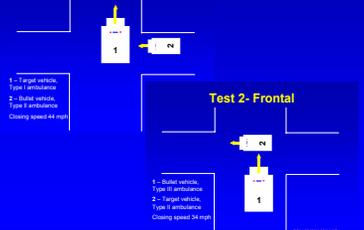
Outcomes: Effectiveness, Cost benefit, Ethics, Social acceptability, Societal need

EMS Research /Data Vacuum

- ▶ ? total no. of ambulances
- ▶ ? total no. of medics
- ▶ ? total no. of runs (per age & severity)
- ▶ ? total pt. miles (per age & severity)
- ▶ ? true crash fatality rate per mile
- ▶ ? crash injury rate
- ▶ ? adverse events

Full Vehicle Crash Tests

Test 1 – Right side impact



Air EMS is a role model for safety initiatives and focus



Safety Management

- ▶ A Safety Culture
- ▶ Protective Policies
- ▶ Protective Devices
 - In the event of a crash
 - To prevent a crash
- ▶ Continuous Education and Evaluation

EMS Risk/Hazards

- ▶ Predictable risks
- ▶ Predictable fatal injuries
- ▶ Serious occupational hazard
- ▶ Public safety hazards

What's new

- ▶ New automotive safety technologies
 - EVS
 - ITS
 - Monitoring and feedback enhancements
- ▶ New expertise
 - TRB
 - ASSE
 - SAE
 - UTRC
 - Ergonomics
 - Industrial Design

Regional University Transportation Research Centers



Protective devices/concepts

- To prevent a crash**
- ▶ Driver feedback
 - ▶ Driver monitoring
 - ▶ Driver training
 - ▶ Vehicle Intelligent Transportation System (ITS) technologies
 - ▶ Tiered dispatch
 - ▶ Appropriate policies
- In the event of a crash**
- ▶ Vehicle crashworthiness
 - ▶ Seat/seat belt systems
 - ▶ Equipment lock downs
 - ▶ Padding
 - ▶ Head protection

Tiered Dispatch



Back up Camera..... Shouldn't all vehicles have one of these?

VRBCS300 - Backup Camera



Backup Camera

- Complete with all accessories. Nothing else to buy.
 - 1.510° Horizontal Camera Viewing Angle
 - 80° Vertical Camera Viewing Angle
 - Monitor Mounts on Dash or Visor
 - For Use With 12 Volt DC Electrical Systems
 - Great for Cars, SUVs, RVs and Delivery Vehicles!
 - Helps Avoid Accidents & Injuries!
- English product manual
- FAQs - English

The "Black Box"

Driver behavior monitoring and feedback device

How to modify the risk-taking behaviour of emergency medical service drivers?




Dr. Steven A. Davis, MD, MPH, California DA, Southern WA

How to modify the risk-taking behaviour of emergency medical service drivers?

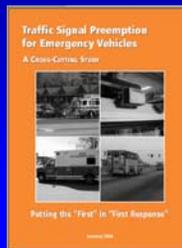
Emergency medical service drivers have an increased collision risk, the result of less than optimal decision-making, poor driving skills, and an aggressive style of driving. Furthermore, we are concerned that a "black box" is a good way to modify the risk-taking behaviour of emergency medical service drivers.

High quality peer reviewed research is needed to determine the effectiveness of such devices. Consequently, hospital emergency medical services have an increased collision risk. We need on-line studies designed to modify the risk-taking behaviour of emergency medical service drivers.

Other monitoring devices

- ▶ Primarily to record events during and immediately preceding a crash
- ▶ Give no driver crash prevention feedback
- ▶ Administratively burdensome
- ▶ Intrusive
- ▶ Not demonstrated to be as effective in improving vehicle maintenance costs or as effective in modifying driver behavior long term

Data, but is it generalizable



EMS is emerging in the transport safety arena

- ▶ First and only presentation of ambulance safety research at ESV Congress was 2001
- ▶ SAE Toptec on Military and Emergency Vehicles, USA, September 2001
- ▶ Emergency Vehicle Symposium, Australia, Melbourne, May 2003
- ▶ Sporadic Ambulance safety research presented at peer reviewed AAAM, ITMA, SAEM, Safe America, World Injury, Asia Pacific Injury Conferences 1999-2005
- ▶ Next week at inaugural meeting at 2007 TRB Congress in DC

Global EMS Vehicle Safety Standards v Specifications and Guidelines

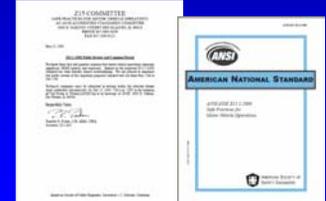
- ▶ EMS Safety and Performance Standards
 - Australia & New Zealand 4535
 - Common European Community (CEN) EN1789
- ▶ Non EMS Specific USA Standards
 - [Aviation - FAA/CAA/JAA]
 - Z15 - Fleet vehicles safety management
- ▶ USA EMS Specification & Guidelines
 - Purchase Specification: KKK & NTEA - AMD
 - Guideline: EMSC Dos and Donts
 - ASTM, CAAS and CAMTS

USA ambulance purchase specifications GSA:KKK-A-1822E, 2002

- ▶ Static Pull test
- ▶ 2200 Lbs. (8G's) in Longitudinal and Lateral
- ▶ No dynamic test
- ▶ No definition to manikin mass
- ▶ No restraint for equipment
- ▶ Voluntary



American National Standard ANSI/ASSE Z15.1-2006 Safe Practices for Fleet Motor Vehicle Operations



What Z15 encompasses

- ▶ Safety Program
- ▶ Safety Policy
- ▶ Responsibilities and Accountabilities
- ▶ Driver Recruitment, Selection and Assessment
- ▶ Organizational Safety Rules
- ▶ Orientation and Training
- ▶ Reporting Rates and Major Incidents to Executives
- ▶ Oversight

Legal Perspectives on Z.15

ANSI Z15.1 Standard: A Tool for Preventing Motor Vehicle Injuries and Minimizing Legal Liability
By Adele L. Abrams, Esq., CNEP
Law Office of Adele L. Abrams P.C.

Motor vehicle crashes that occur on American roadways have historically been the leading cause of occupational fatalities in this country. In the decade between 1992 and 2001, more than 13,000 civilian workers died in such incidents – accounting for 22 percent of all injury-related deaths. According to the Occupational Safety and Health Administration (OSHA), every 12 minutes someone dies in a motor vehicle crash, every 10 seconds an injury occurs and every 5 seconds a crash occurs.¹ Employers whose workers are involved in such crashes have tremendous liability exposure, especially if the individuals injured or killed are third parties (non-employees), where no worker's compensation liability shield exists as an exclusive legal remedy. They bear not only the worker's compensation costs for their employees, and the potential damage awards from third party tort claims, but also the costs of equipment replacement and the indirect costs of workforce disruption and lost productivity associated with such incidents.

Healthcare Safety

- ▶ Importance of safety as an organizational value
- ▶ Proactive approaches to safety management and leadership
- ▶ Prevention of accidents, injuries
- ▶ Presents authoritative data from OSHA, EPA, NFPA, NRC, and JCAHO
- ▶ ? EMS Transport Safety? – Not a mention



Hot off the press... from the IFAC and USFA



IFAC NEWS ALERT
FOR IMMEDIATE RELEASE
Contact: USFA, Communications Department
International Association of Fire Chiefs
703.273.2011
www.ifac.org

The IAFC and the USFA Develop Model Policy and Procedures Guide for Emergency Vehicle Safety

Fairfax, Va., October 20, 2006. — The International Association of Fire Chiefs (IAFC) and the Department of Homeland Security's United States Fire Administration (USFA) announce the release of a Guide to Model Policies and Procedures for Emergency Vehicle Safety. This innovative, web-based educational program is aimed at reducing the impact of vehicle-related incidents on the fire service and the communities they protect. The guide provides in-depth information for developing policies and procedures required to support the safe and effective operation of all fire and emergency vehicles, as well as personal-protective vehicles, which are the leading cause of volunteer firefighter on-duty fatalities responding and returning to emergencies.

NAEMT July 2006 Position statement



National Association of Emergency Medical Technicians (NAEMT) strongly advocates the use of mandatory safety restraint systems to prevent death by OSHA, NHTSA, patients, and an overpopulation of the emergency response vehicle.

The NAEMT strongly advocates the use of all Federal OSHA rules that have which can be used to ensure all OSHA compliance including all OSHA vehicle crashes.

The NAEMT strongly advocates the development of safety and health-related to enhance appropriate medical and patient systems for the OSHA, patient, patient and emergency and emergency response vehicles.

Background:
Emergency Medical Services (EMS) throughout the nation has been shown to be a dangerous profession. Although there is limited data to match with the current rate of performing the job, however, when OSHA, it is generally accepted that the most likely cause of death in a responder's life, EMS continues to be a high-risk occupation. OSHA continues to be a high-risk occupation.

Tips for Emergency Vehicle Operations

Sit Down for EMS Safety!



USFA Emergency Vehicle Safety Initiative



VFIS Summer 2006

FDNY a leader in safety



- ▶ What we need to consider, where is the 'bang for buck' in ambulance transport safety:

What's missing

1. What data is collected nationally?
 - We have no denominator data
 - We have incomplete numerator data
 2. Absent population based national injury data or injury mechanics data
 3. Absent structured automotive safety engineering input
- 1 + 2 + 3 = resultant inability to design and evaluate efficacy of injury interventions
4. What oversight is there
 5. Which organizations would determine policy

Future

- ▶ Meaningful Goals
- ▶ New policies
- ▶ New practices
- ▶ New standards
- ▶ New vehicles
- ▶ New technologies

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

Conclusion

- ▶ Major advances in EMS safety research, infrastructure and practice over the past 5 years
- ▶ New technologies for vehicle design, occupant PPE and equipment restraint and driver performance are now available
- ▶ Development of substantive EMS transport 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 transport and vehicle safety and occupant protection

And....

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

**PREDICTABLE
PREVENTABLE
and
NO ACCIDENT**

Any Questions??

Electronic handout available online
<http://www.objectivesafety.net>



And....

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Thank you!

Nadine Levick MD, MPH

www.objectivesafety.net

Acknowledgements

- ▶ EMSC funding – Targeted Issues Grant, PED-SAFE-T
- ▶ The late Capt. Garry Criddle – ExNHTSA/EMSC
- ▶ George Gillespie & Michael Schultze – US Military NAWC
- ▶ Joe McIntire & Joe Liscina - USAARL
- ▶ Veridian/Calspan/CenTIR
- ▶ Ambulance Association of America
- ▶ The USA EMS community
- ▶ Bill Murphy - Ontario Ministry of Health
- ▶ Muttiah Jeyendra - Standards Australia
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