



Ohio Medical Transportation Board News

Summer 2008

An Air Medical Perspective

By Tom Allenstein, Ohio Medical Transportation Board

The model for air medical transportation really set up its roots with the implementation of helicopter evacuation during the Korean War and this was further investigated and expanded during the Vietnam War. Seeing that lives could truly be saved by rapid movement to tertiary care facilities, the model of air evacuation was looked at in an effort to decrease motor vehicle deaths. On March 19, 1970, the Maryland State Police completed the first known civilian medevac mission. In 1972, St. Anthony Hospital in Denver, CO became the first hospital based helicopter EMS (HEMS) program. Since that time, HEMS programs have grown and expanded their capabilities. Today there are over 250 air medical programs flying over 800 aircraft.

Air medical helicopters are governed through a couple of agencies. The Federal Aviation Association (FAA) monitors all aviation aspects and each provider in the state needs to meet the standards set forth by the FAA. Items in which the FAA oversees are anything related to aircraft, pilots, maintenance, or operations of those aircraft.

The medical transport aspects of an air medical program are governed by the state in which they are based. Each state sets forth their own rules and regulations and in Ohio those rules are set by law and overseen by the Ohio Medical Transport Board (OMTB). Items the OMTB oversees are those things that deal with the day to day operations including medical equipment, facilities, recordkeeping, and staffing.

There is also an accreditation that each program may elect to participate in. The oversight of this process comes from the Commission on Accreditation of Medical Transport Systems (CAMTS). CAMTS accreditation is voluntary and involves a thorough investigation of the program but really focusing in the areas of safety, education, and quality improvement. There are a number of standards that programs need to be in substantial compliance with to become CAMTS accredited. The standards that the programs are held to in this process are to the highest available within the industry. Currently, all but one of the air medical services licensed in Ohio have CAMTS accreditation with that one being in process at this time.

Safety is a major issue with any mode of transportation and especially high risk modes such as emergency transportation both ground and air. Recently, air medical programs have made the news as a result of multiple fatal or severe accidents.

- ◆ May 10, 2008, the University of Wisconsin's Med Flight helicopter crashed after departing the LaCrosse, Wisconsin airport. They had just dropped off a patient and were returning back to Madison. Pilot and two crew members were killed.
- ◆ May 29, 2008, Spectrum Health's Aero Med helicopter crashed on the roof of Spectrum Hospital in Grand Rapids, Michigan. The pilot and an FAA inspector escaped serious injury but the ensuing fire shut down hospital operations and forced an evacuation of multiple floors.
- ◆ June 6, 2008, Lehigh Valley's MedEvac 7 made an emergency landing shortly after departing from their home base helipad. Pilot and two crew members received minor injuries.
- ◆ June 7, 2008, a PHI Air Medical helicopter crashed in Sam Houston National Forest after picking up a patient in Huntsville, TX. They were enroute to Houston. The pilot, two crew members, and a patient were all killed.

These accidents have once again put a spotlight on Air Medical transport and the safety and appropriate utilization of helicopters to move patients. The Federal Aviation Administration (FAA) and the National Transport Safety Bureau (NTSB) along with the Association of Air Medical Services (AAMS) have been analyzing all the accidents that occur and have made several recommendations including the use of Night Vision Goggles, Cockpit Recording Systems, and Terrain Alert Warning Systems to name a few. Many of these potential aids are very expensive to implement and the benefit in reducing accidents is still unsure. Regardless, we need to investigate potential solutions and work towards the Vision Zero philosophy adopted by AAMS in 2005. Vision Zero is the promotion of zero errors of consequence with no fatal or serious accidents.

We know that there is risk in any transport modality and while air ambulance accidents make the news a lot more than ground transports, it is still unclear how often accidents are occurring with ground ambulances. Nadine Levick MD MPH and Chief Executive Officer of Objective Safety is a national leader and expert in ground ambulance safety and she estimates that there are approximately 50 fatalities annually attributed to ground ambulance accidents and that each year 1 in 300 services will experience a fatality. Working with her organization Dr. Levick has been an active speaker and researcher in trying to improve ground ambulance standards.

We cannot single out air operations just because helicopter accidents receive the press and we don't want to lose sight that our ground operations may be just as or maybe even more at risk. Through all this it is very clear that we need to work harder to improve safety on both the ground and the air side and we need to be more diligent in pushing safety above all other aspects when looking at medical transportation operations.

The views and opinions of guest writers expressed herein do not necessarily state or reflect those of the Ohio Medical Transportation Board or any entities thereof.

The Ohio Medical Transportation Board Statistically Speaking

Ambulette Licenses	255	Ambulette Permits	1441
Ambulance Licenses	124	Ambulance Permits	1268
Air Medical Licenses	10	Aircraft Permits	53
		Non-Transport Permits	76
TOTAL LICENCES	389	TOTAL PERMITS	2838



Salmonella in the News: Outbreak of Infections Caused by *Salmonella* Saintpaul

Since April, 887 persons infected with *Salmonella* Saintpaul with the same genetic fingerprint have been identified in 38 states and the District of Columbia.

Illnesses began between April 10 and June 20, 2008, including 181 who became ill on June 1 or later. Many steps must occur between a person becoming ill and the determination that the illness was caused by the outbreak strain of *Salmonella*; these steps take an average of 2-3 weeks. Therefore, an illness reported today may have begun 2-3 weeks ago. Patients range in age from <1 to 99 years; 48% are female. The rate of illness is highest among persons 20 to 29 years old; the rate of illness is lowest in children 10 to 19 years old and in persons greater than 80 years old. At least 108 persons were hospitalized.

The previous rarity of this strain and the distribution of illnesses in all U.S. regions suggest that the implicated food is distributed throughout much of the country. Because many persons with *Salmonella* illness do not have a stool specimen tested, it is likely that many more illnesses have occurred than those reported.

Most persons infected with *Salmonella* develop diarrhea, fever, and abdominal cramps 12-72 hours after infection. Infection is usually diagnosed by culture of a stool sample. The illness usually lasts 4-7 days. Although most people recover without treatment, severe infections may occur. Infants, elderly persons, and those with impaired immune systems are more likely than others to develop severe illness. When severe infection occurs, *Salmonella* may spread from the intestines to the bloodstream and then to other body sites and can cause death. In these severe cases, antibiotic treatment may be necessary.

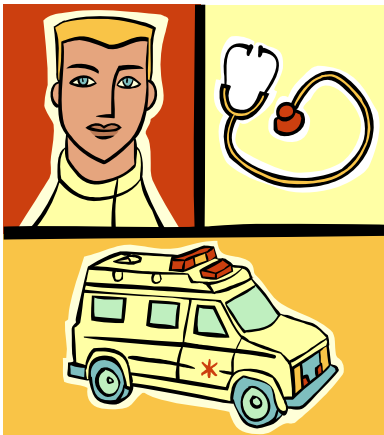
Ohio Medical Transportation Board Develops Strategic Plan

The OMTB has developed a two-year strategic plan. This plan will establish the focus for the Board as they deliver services to medical transportation providers to ensure the safety of all Ohioans being transported by such companies.



Utilizing the OMTB mission statement as the basis for the strategic plan, the board then classified immediate and long term goals into strategic initiatives. The following categories of initiatives evolved as the priority headings for the plan; Funding, Managing Workload, Education, Licensure/Enforcement, and Communication. The board then established goals, objectives, timelines and success indicators under each initiative. This document reflects the work of the board. As with any strategic plan, the success is not in the development of the plan, but through the implementation and evaluation of the plan. The plan will be assessed quarterly at OMTB meetings to ensure the continued commitment to the implementation and success of reaching desired outcomes.

The complete text of the plan can be viewed by going to the board's website, <http://mtb.oh.gov> and clicking on Strategic Plan.



Emergency Wound Management for Healthcare Professionals

The Tornado season is in full swing and the risk of flooding is still a hazard for almost all of us. At one time or another all medical transportation providers may be needed to assist after a natural disaster. These principles from the CDC can assist with wound management and aid in the prevention of amputations. In the wake of a flood disaster resources are limited. Following these basic wound management steps can help prevent further medical problems.

Evaluation

- Ensure that the scene is safe for you to approach the patient, and that if necessary; it is secured by the proper authorities (police, fire, civil defense) prior to patient evaluation.
- Observe universal precautions, when possible, while participating in all aspects of wound care.
- Obtain a focused history from the patient, and perform an appropriate examination to exclude additional injuries.

Treatment

- Apply direct pressure to any bleeding wound, to control hemorrhage. Tourniquets are rarely indicated since they may reduce tissue viability.
- Examine wounds for gross contamination, devitalized tissue, and foreign bodies.

- Remove constricting rings or other jewelry from injured body part.
- Cleanse the wound periphery with soap and sterile water or available solutions.
- Irrigate wounds with saline solution using a large bore needle and syringe. If unavailable, bottled water is acceptable.
- Leave contaminated wounds, bites, and punctures open. Wounds that are sutured in an unsterile environment, or are not cleansed, irrigated, and debrided appropriately, are at high risk for infection due to contamination.
- Clip hair close to the wound, if necessary. Shaving of hair is not necessary, and may increase the chance of wound infection.
- Cover wounds with dry dressing; deeper wounds may require coverage with a dry bulky dressing.

Other Considerations

- Be vigilant for the presence of other injuries in patients with any wounds.
- Dirty water and soil and sand can cause infection. Wounds can become contaminated by even very tiny amounts of dirt.
- Puncture wounds can carry bits of clothing and debris into wound resulting in infection.
- Crush injuries are more susceptible to infection than wounds from shearing forces.



WHERE ARE YOU? WHERE ARE YOU GOING?

If you are going to change the location of your headquarters, the location of a satellite, or if you're going to open a new satellite location you need to let the board know.

All facilities must be inspected by the board prior to beginning operations from the new location. By law the board has 60 days from the time the written notification arrives in our office to complete the process. Can you afford to not use the new facility for that period of time?

To prevent that from happening and to provide a smooth transition to the new facility, Ohio Administrative Codes 4766-2-17, 4766-3-17, 4766-4-17 and 2766-5-18 ask that you notify us of the upcoming change, in writing, thirty days prior to the move. This will allow us to process the paperwork and arrange for the inspection without disrupting your service.

We realize there may be times that this 30 day notification may not be possible. If that is ever the case, please contact the office as soon as you know you must move to a new location, but remember:

- While the office staff may be able to assist you in expediting the process, the law still allows up to 60 days to process the request.
- Inspector availability will impact the process
- There may need to be a disruption of service

Advance planning is the key to making this transition smooth and painless.

VIOLATIONS AND LIFE SAFETY

At one time or another one of your organization's vehicles may be found to have a violation under roadworthiness or equipment. Most of these violations can be corrected on the spot. Others may be correctable within 72 hours and only require you to show proof that you made the correction and return the violation notification to us.

Then there are the other violations, the ones that may present or cause unsafe conditions for the operator and/or the occupants. We refer to these as life safety items. This is a list of those items:

- Lighting
 - Headlight(s) inoperative
 - Brake light(s) inoperative
 - Turn Signal(s) inoperative

- Major tire problems, e.g., bulges, cut sidewalls, badly bent rims

- Brakes
 - Inoperative Brake
 - Brake Cylinder Leaks
 - Non-functioning Emergency Brake

- Windshield cracks/stars if the operator's view is obstructed

- Exhaust system
 - Leaks in the exhaust system
 - Tail pipe not extending to the edge of the body

- Steering problems

- Mirrors missing, broken, or not placed properly to give the operator a clear view of the roadway to the rear of the vehicle

- Warning Devices
 - Horn inoperative
 - Siren/Emergency lighting inoperative

- Absence of seatbelts or seatbelts not inoperative

- Body parts protruding or causing a dangerous condition

- Missing or inoperative onboard definitive care equipment as listed in OAC 4766-2-21 for ambulances and OAC 4766-4-21, 4766-4-22, and 4766-4-23 for mobile intensive care units



Ohio Medical Transportation Board
 1852 West Broad Street
 Columbus, OH 43223
 Phone: 1-866-392-6252 Fax: 1-614-728-6040

VIOLATION NOTIFICATION

Service Name		Service Code	
Inspection Location		Inspected Vehicle	
Service Representative		Registration of Service Representative	

TYPE OF INSPECTION

NEW
 RENEWAL
 UNANNOUNCED
 REINSPECTION
 HEADQUARTERS
 SATELLITE
 VEHICLE (Complete additional information below)

VIN	OMTB VEHICLE DECAL NUMBER
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VIOLATION DESCRIPTION

VIOLATION TYPE V = Vehicle A = Aircraft F = Facility D = Documentation R = Record Keeping
 ACTION TYPE C = Corrected during inspection 72 = Correct within 72 hours R = Reinspection

TYPE	DESCRIPTION	ACTION			TYPE	DESCRIPTION	ACTION		
		C	72	R			C	72	R

RECEIPT

Date and Time of Inspection _____

Date _____ Time _____ AM/PM Inspector Signature _____

I hereby acknowledge the above violation(s). I understand violation(s) must be corrected within 72 hours and this form returned to the Ohio Medical Transportation Board.

Signature of Service Representative	Date
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CERTIFICATION

I certify that all the above listed violations have been corrected within 72 hours as required by Ohio Administrative Code 4766.

Signature of Service Representative	Date
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OMTB Form 007-06/2006

Some of these items may also be corrected on the spot or within 72 hours. Things like burned out lights or replacing tires for instance. Other more substantial life safety items may require longer to repair and will require a reinspection. For those violations, the inspector will ask you to voluntarily place the vehicle "Out of Service" until the repairs are made and the vehicle is re-inspected.

This may be an inconvenience to you to have a vehicle out of service, but consider the option. If the vehicle is not voluntarily taken out of service, the inspector will have no option but to notify the board that there is clear and convincing evidence that continued operation presents a danger of immediate and serious harm to the public (Ohio Revised Code 4766.11). Once this notification has been made, the executive director and the chair of the board will make a determination and present its evidence to the board members for a vote. Upon review of the allegations, the board, by the affirmative vote of at least four of its members, may make a decision to summarily suspend a license without a hearing. If this happens the entire organization may be forced to cease operations until the matter is resolved.

Is it worth the risk to have an entire organization temporarily closed as the result of one vehicle that did not meet life safety standards?

IS THIS YOU?



With the increase in licensed medical transportation services and the rising number of investigations, the Ohio Medical Transportation Board is seeking to increase its pool of contract field inspectors across the State of Ohio.

These are CONTRACT positions and are for on demand services as needed. No employer/employee relationship is expressed or implied. Benefits and all tax liability is your personal responsibility.

Minimum qualifications are:

- Ohio Certified EMT-B with 5 years experience (EMT-P preferred)
- Reliable transportation and ability to travel
- Ability to define problems, collect data and establish facts
- Ability to communicate effectively with the public

If this sounds interesting to you, send your resume to: Ohio Medical Transportation Board, Attention: Connie White, 1952 West Broad Street, Columbus, OH 43223. If you need additional information, please call (866) 392-6252.



OHIO MEDICAL TRANSPORTATION BOARD
1952 WEST BROAD STREET
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