



Transport

Jan./Feb. '00

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Notes from the Chair

by Jerry Focht, RRT

As the new millennium begins, I am happy to be assuming the position of Transport Section chair. I would like to thank Kathleen Adams for the dedication and perseverance she has demonstrated during her term as chair. Her accomplishments on the behalf of transport RTs have benefited us all! Kathleen has promised to stay active and not escape to some other profession. I will work hard to provide the same level of leadership that we have seen from our past chairs.

The 2000 goals of the section are much the same as the goals for the AARC:

1. Advance the science of respiratory care.
2. Promote the transport respiratory therapist as the preferred provider of transport respiratory care.
3. Market the flight respiratory therapist and the Transport Section of the AARC.

Our meeting with AARC President Garry Kauffman in Las Vegas was very encouraging in terms of accomplishing these goals. The AARC is committed to providing us with the resources we need to make these things happen. However, we do need to increase our membership over the next year, and we need to market ourselves not only to the transport industry, but to the AARC and its members as well.

Marketing can be accomplished in many ways. We can submit articles

about transport RTs to AARC Times and the transport industry trade journals. More transport RTs can lecture at industry conferences, including the Air Medical Transport Conference. We can survey all transport RTs, from the small, two-RT hospital staff in Oregon to the large program in North Carolina with 15 flight RRTs. The results of this survey would give us an idea of the number of transport RTs out there. (Currently, we only hear from RTs from flight programs.) Lastly, all transport section members can discuss the benefits of membership with their fellow RTs, encouraging them to join both the AARC and the section.

Hopefully, you will consider participating in some or all of these activities. In the meantime, I will be compiling a list of our top ten issues of concern, which we will use to create an action agenda for the upcoming year. Some of the issues mentioned above will be included on that list, but please feel free to e-mail me with other issues or concerns that you would like to see addressed this year. (My contact information appears on page 2 of this and every issue.)

Finally, I would like to report that we have found an internet coordinator and will be introducing you to him in the next issue of the Bulletin. We also have three applicants for the CAMTS position and will be making a final selection soon which will also be reported in the next issue. ■

AARC Introduces its all-new Online Bookstore!

Visit AARC's link to Amazon.com at:

<http://www.aarc.org/bookstore/>

You'll find the latest sources on respiratory therapy, healthcare management, and more...

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you're helping support the profession when you buy!*

Transport Section Mail List Survey: *Inhaled Nitric Oxide on Transport*

October 1999 Results

by *Kathleen Adams RCP, RRT*

In October of last year, I posted several questions regarding transporting with INO to the section mail list. As promised, here are the results. You may notice that the number of respondents is low. However, we did hear from a good cross section of programs from around the country. Overall, it appears that while there is some activity regarding INO, most of it is preparatory in nature rather than actual activity. I found the responses interesting and hope you will as well.

Total Number of Respondents: 8

Has your program set up to do INO transports? <i>8 respondents</i>	2 Yes 6 No	1 "No" is in the process of setting it up. 1 "No" is considering it. 1 "No" did some before but is no longer doing it.
If so are they for ground, helo, or fixed wing? <i>2 respondents</i>	2 All Modes	
If helo or fixed wing, which type of aircraft is to be used? <i>2 respondents</i>	Helo Bell 222 FW 1 Cessna, 2 Lear	
Has your program actually transported a pt INO? <i>3 respondents</i>	1 No 2 Yes	
If yes about how many? <i>2 respondents</i>	1 Approx. 5 1 2-3	
Were they transported by ground, helo, or fixed wing? <i>2 respondents</i>	5 helo 2-3 ground	
How long have you been doing them? <i>1 respondent</i>	1 year	
Do you also have the ability to do HFV? <i>7 respondents</i>	1 Yes 6 No	1 "Yes" uses the Bunnell
Do you also have the ability to do Oscillation? <i>7 respondents</i>	All No	1 respondent is set up to do VDR transports

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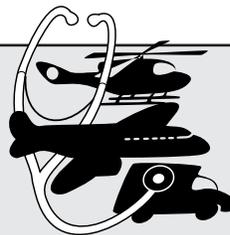
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Calendar of Events

The 8th Annual Critical Care Transport Medicine Conference

April 18-20
Monte Carlo Hotel & Resort
Las Vegas, NV

American Academy of Pediatrics Critical Care Transport Conference

June 8-10
Chicago, IL

The biannual American Academy of Pediatrics (AAP) Critical Care Transport Conference is a clinical care conference for transport personnel who are involved with the transport of neonates and/or pediatrics. Topics include new therapies, communicable diseases, and international transport. In addition, a skills lab will be held at the University of Chicago, and

multiple breakout sessions will be offered on topics such as trauma, pediatric transport scenarios, cross training and team configuration, challenges in extremely low birth weight infants, and neonatal transport scenarios.

A pediatric transport leadership conference geared toward transport team medical directors, managers, and administrators will immediately follow the main conference on June 10-11. The primary objective of this conference, which will follow a small group discussion format, will be to help identify goals for the next five years in pediatric transport medicine.

More information on both these conferences can be obtained through the AAP at (800) 433-9016 or by e-mailing Carol Sieck at CSieck@aap.org. Information is also available on the AAP web site (www.aap.org). ■

Unintentional Injuries are Among Leading Causes of Death in the U.S.

Injuries caused by car crashes, fires, falls, poisonings, and other unintentional causes were the leading cause of death among young people ages 1-24 in 1998. Unintentional injuries are the fifth leading cause of death in America for all age groups. More than 92,000 people died of fatal injuries in 1998. These are just a few of the statistics from the Report on Injuries released by the National Safety Council (NSC) last fall.

While heart disease, cancer, stroke, and chronic obstructive pulmonary disease were the leading causes of death in America in 1998, the NSC reports that disabling injuries from unintentional causes numbered 19.4 million in 1998 – an average of one disabling injury every 2 seconds. Of these injuries, a fatality occurred every 6 minutes, according to the report. The report is based on the 1999 edition of Injury Facts, the Council's 79th annual report on the country's safety and health.

"Just because an injury is unintentional does not mean it cannot be prevented. We know when, where, and how unintentional injuries happen – they are predictable and preventable," says Jerry Scannell, NSC president. "All Americans can take steps to reduce the risk of injury to themselves and their families."

Medical expenses, property damages, employer costs, fire losses, and other expenses related to unintentional injuries cost Americans an estimated \$480.5 billion each year. The cost is equivalent to 59 cents of every dollar spent on food in the U.S. in 1998.

"Preventing injuries is much less expensive, it doesn't take a lot of time, and it doesn't require a huge change in your life," says Scannell. "It can be as simple and important as buckling your seat belt, checking the batteries in your smoke detector, or wearing a bicycle helmet."

The leading causes of injury-related deaths in America are motor vehicle crashes, followed by falls, poisonings, drownings, and fires and burns, according to the report. To focus the country's injury prevention effort, the NSC has issued specific recommendations to reduce fatal and disabling

injuries on the highway, at work, at home, and in the community.

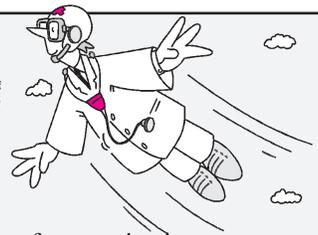
NSC Recommendations for Reducing the Risk of Unintentional Injuries

- Increase awareness that injuries are preventable. Every American can take steps to reduce their risk of injury.
- Strengthen safety belt laws nationwide to reduce traffic fatalities.
- Encourage companies to make safety an integral part of their business. Safety programs save lives, increase productivity, and save money.
- Companies should enact strict "buckle up" policies for employees.
- Increase recreational safety education initiatives. Make communities walkable by providing residents access to safe walking areas.

- Encourage every adult American to learn first aid and CPR.
- Enact graduated licensing laws nationwide to allow novice drivers to gain critical experience behind the wheel. Sixteen-year-old drivers crash three times more often than 18-year-olds and 7 times more often than 25-year-olds.
- Since the federal government increased funding for road construction projects, a work zone safety initiative should be started to prevent an increase in motor vehicle fatalities.
- Take steps to reduce the risk of falls in the home, on the job, and in the community. Falls account for 16,600 deaths per year and cause about 7.2 million visits to the emergency room.

"NSC Injuries" continued on page 4

Flight Physiology Teasers



1. List five gas laws that relate to gas mechanics.
2. What is the approximate PaO₂ of a healthy individual at 10,000 feet?
3. What are the four types of hypoxia?
4. Which type of hypoxia is the most common type encountered in aviation medicine?
5. List seven signs and/or symptoms of hypoxia.
6. If a loss of pressurization occurs at 25,000 feet, what is the "time of useful consciousness"?
7. List four physical and observable characteristics that help in recognition of rapid decompression.
8. List four symptoms of in-flight ear block.
9. What is decompression sickness?

Bonus question

What is Armstrong's Line?

“NSC Injuries” continued from page 3

- Adults should assess potential risks, such as high carbon monoxide levels, radon, and choking hazards, and eliminate those risks.

Motor vehicle crashes are the leading cause of death for people ages 1 to 24

Motor vehicle deaths decreased 3% from 1997 to 1998 and Americans are driving now more than ever, but fatalities still number 41,200 on America’s highways and motor vehicle crashes are the leading cause of death for people ages 1 to 24.

Motor vehicle crashes are the leading cause of death for teenagers. The NSC recommends that every state enact graduated licensing laws, which are now in effect in 25 states (up from only 8 states in 1998). Graduated licensing laws allow all novice drivers to gain critical experience behind the wheel in lower risk settings before driving in more difficult environments. The NSC also recommends stronger safety belt laws nationwide. Safety belt laws currently allow for standard enforcement in only 13 states plus the District of Columbia.

Safety improvements such as air bags, seat belt laws, highway improvements, and enforcement of drunk driving laws are causing the downward trend in motor vehicle deaths and injuries. The NSC recommends that we double up on safety improvements – they work.

At work there is a fatal injury every 103 minutes and a disabling injury every 8 seconds

The leading causes of death in the workplace are motor vehicle crashes, homicides, falls to a lower level, and being struck by an object. Each year, unintentional injuries take the lives of more than 5,100, and homicides in the workplace claim about 1,200 more. In 1998, 3.8 million American

workers suffered disabling injuries on the job. Truck drivers, farmers, and construction workers have the highest fatality counts.

With the increase in federal spending for highway construction projects, the NSC recommends increased efforts for construction zone safety on both sides of the barricades. In addition, every company or organization should have a strict safety belt policy that requires all employees to buckle up on the job.

Work injuries cost Americans \$125.1 billion in 1998 – nearly triple the combined profits reported by the top five Fortune 500 companies in 1998. The NSC recommends

that companies invest in safety and health programs. Safety pays. It not only saves lives, but it saves money and increases productivity.

Home injuries and deaths are a concern for people 65 and older

Falls are the leading cause of death in the home, taking the lives of 10,700 people in 1998. That’s up from 9,200 in 1996 – a 9% increase. More than 86% of these people are 65-years-old or older. Other fatal injuries in the home include solid and liquid poisonings, fires and burns, suffocation by an ingested object, and drowning.

The NSC recommends that everyone take steps to reduce the risk of falls in the home, especially in homes where older people live or visit. The NSC also highly recommends that everyone prepare in case of a home fire. Installing smoke detectors and fire extinguishers and developing a fire escape plan are the keys to preventing deaths and injuries. In addition, the NSC suggests that parents

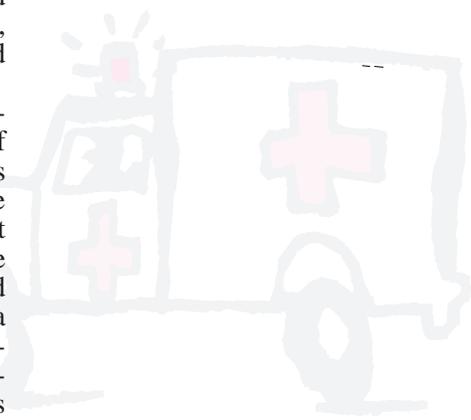
assess potential risks, such as presence of lead or radon, carbon monoxide levels, or choking hazards, and take steps to eliminate those risks.

In public places there is a fatality every 26 minutes and a disabling injury every 5 seconds

Deaths and injuries in public places include sports, recreation, and non-motor vehicle transportation-related injuries. Deaths totaled 20,100 in 1998, and the leading causes of death in public places were related to falls, drowning, air transportation, water transportation, and firearms.

Making communities walkable by providing residents access to safe walking areas is recommended by the NSC. In particular, children should have safe walking routes to school. In addition, the NSC urges increased initiatives to address recreational safety. Injuries that occur while boating, biking, in-line skating, or participating in other recreational sports can be reduced with increased consumer education. To better ensure rapid assistance if an injury does occur, the NSC recommends that all adults learn CPR and first aid.

Established in 1913, the NSC is a nongovernmental, not-for-profit, international public service organization dedicated to protecting life and promoting health. (National Safety Council)■



CAMTS Accredited Transport Services

The following list contains programs accredited by CAMTS.

* = Reaccredited/RW= Rotorwing/FW= Fixed Wing/G= Ground Critical Care

AeroCare — Lubbock, TX	RW/FW	Flight For Life — Milwaukee, WI	RW	Mercy Air Services, Inc. — Fontana, CA	RW
*Air 1 — Tyler, TX	RW	Gallup Med Flight — Gallup, NM	FW	* +Metro Life Flight — Cleveland, OH	RW/FW/G
*Air Evac Services, Inc. — Phoenix, AZ	RW/FW	Guardian Air Transport — Flagstaff, AZ	FW	MidWest MEDFLIGHT — Ypsilanti, MI	RW
Air Med Team — Modesto, CA	RW	HealthNet — State of West Virginia		Native American Air Ambulance, Inc. Mesa, AZ	RW/FW
AirMed — Salt Lake City, UT		* INOVA AIRCARE — Falls Church, VA	RW	North Flight, Inc. — Traverse City, MI	RW/FW
AIR TREK — Punta Gorda, FL	FW	*INTENSIVE AIR — Sioux Falls, SD	RW/FW	NorthWest MedStar — Spokane, WA	RW/FW
*AirEvac for Tulsa — Tulsa, OK	RW/G	Life Air Rescue — Shreveport, LA	RW	*Presbyterian Air — Albuquerque, NM	FW
AirLife of Greeley — Greeley, CO	RW	LifeFlight IHC — Salt Lake City, UT	RW/FW/G	REACH Mediplane — Santa Rosa, CA	RW/FW
Airlift Northwest — Seattle, WA	RW/FW	*LifeFlight MeritCare— Fargo, ND	RW/FW	*REACT — Rockford, IL	RW/G
Allegheny Life Flight — Pittsburgh, PA	RW/FW	Life Flight — Toledo, OH		San Juan Air Care — Farmington, NM	RW/FW
Angel Flight — Little Rock, AR	RW	LIFEFLITE Medical Air Transport — Mesa, AZ	FW	Shriners Burns Institute Transport Team Cincinnati, OH	FW
* + Butterworth AeroMed — Grand Rapids, MI	RW	*LifeGuard— Albuquerque, NM	RW/FW	St. Joseph's Health Systems — Tampa, FL	RW/FW
* CareFlight — Dayton, OH	RW	Life Watch— Wichita, KS		St. Mary's Air Life— Grand Junction, CO	RW/FW
CAREFLIGHT — Lexington, KY	RW	Loyola LIFESTAR— Maywood, CO	RW	STARS — Edmonton, Alberta, Canada	RW
*CareFlite Dallas — Dallas, TX	RW/FW	+Mayo One — Rochester, MN	RW/FW	STAT MedEvac — Pittsburgh, PA	RW/FW
Conemaugh Med Star — Johnstown, PA	RW	Med Arizona, Inc. — Show Low, AZ	FW	Survival Flight — Ann Arbor, MI	RW/FW/G
Critical Air Medicine — San Diego, CA	RW/FW	+Med Center Air — Charlotte, NC	RW/FW/G	Texas AirLife — San Antonio, TX	RW
Eagle Rescue of Arizona — Phoenix, AZ	RW	Med Flight Air — Albuquerque, NM	FW	Topeka Air Ambulance, Inc. — Topeka, KS	RW
*EastCare — Greenville, NC	RW/G	MedJET International— Birmingham, AL	FW	*UCDMC Life Flight — Sacramento, CA	RW
Flight Care — Saginaw, MI		*Medi-Flight — Modesto, CA	RW		
*Flight for Life — Denver, CO	RW/FW	Medical Express International, Inc. — Show Low, AZ	FW		

“CAMT Services” continued on page 6

“CAMT Services” continued from page 5

*UMC Air Care — Tucson, AZ	RW/FW	University MedEvac — Allentown, PA	RW	West Michigan AirCare — Kalamazoo, MI	RW/FW/G
University Air Care — Cincinnati, OH	RW	Washington MedSTAR — Washington DC	RW	+ = “Commendation”	

2000 Transport Section Resource Panel

The following Transport Section members have volunteered to be at your disposal to answer questions, give advice, and share ideas. Take advantage of this networking opportunity and don't hesitate to call on the expertise represented here.

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