

# HELICOPTER MEDICAL RESCUE IN BC: FIXING WHAT'S BROKEN

By Ian MacNeill



British Columbians living, working and playing in remote locations need and deserve a better helicopter emergency medical service (HEMS) network. In its current form it is unable to consistently provide necessary services to either forestry workers injured in cut blocks in Haida Gwaii or hikers suffering heart attacks in the Sea to Sky corridor.

There has been a great deal of discussion about the shortcomings of the current system and what needs to be done to bring it up to the kinds of standards enjoyed in other jurisdictions. In fact, a review of the issue was presented by Roger Harris, BC Forest Safety Council Ombudsman, in his report, “Will It Be There? A Report On Helicopter Emergency Medical Services in BC” published in February of this year (see sidebar, page 49). However, little progress has been made so far. Washington State has legislation ensuring 99 per cent of the popula-

tion are within a 60-minute response time to a level 3 trauma centre. Nothing of the kind exists here in British Columbia where we continue to rely on a patchwork of public and private services; industry is required to provide and pay for its own solutions, and volunteer search and rescue personnel are often forced to extract on foot seriously injured individuals from remote locations, leading to unnecessary suffering, and in some cases, loss of life.

Germany, by marked contrast, utilizes what has come to be known as the Franco-German model. It represents one of the most sophisticated, progressive and humanitarian pre-hospital care programs in the developed world. Unlike in British Columbia where the BC Ambulance Service (BCAS) relies largely on the “scoop and run” policy of simply delivering patients to hospitals, the German model takes the opposite approach by bringing the doctor to the patient, based on the understanding

that it leads to less pain, better health and recovery outcomes, and reduced overall costs. Its ground-based ambulance fleet is augmented by a well-developed air ambulance network that includes more than 120 EMS helicopters as well as other aircraft used for inter-hospital transport. The EMS helicopters, none of which is more than 15 minutes from a potential patient, are staffed with multi-specialty doctors capable of stabilizing patients and treating them for pain in remote situations, something that is rarely available here in BC. All this offered in a geographical area less than half the size of British Columbia.

There have been numerous efforts by reformists to change the situation, to establish a similarly progressive and humanitarian model here in BC—albeit one that is tailored to suit the province’s geography and population distribution—without effect. And unfortunately, nothing is likely to change in the air and on the ground until there are some fundamental changes to the law, says Hans Dysarsz, Executive Director of the BC Helicopter Emergency Rescue Operations Society (HEROS), an advocacy group for reform. The root of the problem goes back to 1974 when the government of the day created the BC Ambulance Service, which it mandated to be the sole provider of pre-hospital care in the province. Over the years, say reformers like Dysarsz, a former medivac pilot who has been passionately involved in trying to bring better EMS to BC for more than 30 years, there has been more focus by successive governments on keeping costs down rather than emulating best practices, resulting in a lowest-cost-per-patient transport system instead of a best-possible-outcomes-per-patient system.

However, in addition to being occasionally cruel—the time it often takes to get trauma patients to care facilities without benefit of pain-killing drugs can run into multiples of hours—it also represents a kind of false economy. The amount of money spent on transporting patients to hospitals only represents a portion of what trauma and serious injury costs, and often a very small

portion when injuries are life altering. “Those suffering from potentially fatal, time-sensitive conditions and injuries are the most salvageable people who are present in the entire health care system,” says Dysarsz. “If you can get them to definitive care sooner they will have shorter hospital stays, quicker recoveries, and generate fewer long-term costs to society—in the order of billions of dollars.” And it isn’t just about money. It’s about life and death, and a great deal of preventable pain and suffering. In Germany, emergency response personnel carry not only painkilling medications but universal donor whole blood they can use on the spot when there is serious bleeding. Paramedics in BC do not carry it, says Dysarsz, adding that as a result “serious bleeding in BC is often a death sentence.”

This isn’t just frustrating for the public, says Dave Simone, a primary-care paramedic who was with the BCAS from 1992-2004 and is now advocating for reform as a new director of HEROS. He says BCAS personnel feel equally frustrated at not being able to do the kind of work their counterparts are doing around the world. “It would be one thing

if the BCAS was willing to do the job, but if it isn’t then it should get out of the way to let others do it,” he says.

All this raises the question: how do we get from where we are to where we need to be? Dysarsz says the only solution is to come up with evidence so convincing that change becomes inevitable. “If politicians and the people of BC understand how much the current system is costing they will demand change,” he says. First step would be a universal cost-benefit analysis carried out by an independent body that could be presented to the government to explain by the numbers why almost every other country in the developed world is moving in an entirely different direction than BC. This needs to be followed by a royal commission with a mandate to make binding recommendations that brings together industry experts from around the world who could come up with a made-in-BC system that takes into account the province’s unique size, geography, weather and population distribution. Start-up costs need not be daunting, says Dysarsz; although Germany uses more than 70 helicopters, BC could get away with five or six bases placed in strategic locations.

And the system wouldn’t necessarily have to be cobbled together from scratch, says Kelsey Wheeler, chief pilot for Talon Helicopters, the go-to helicopter company for North Shore Search and Rescue and other SARs in the Lower Mainland. “The infrastructure already exists throughout the province,” he says. “It’s all about funding. We’re a business and they’re a client. I’m sure we could work it out.” In other words, the solution could comprise a collection of both public and private assets, possibly even including some of military origin—whatever it takes to provide the best possible service.

Any advancement would be welcomed by the TLA community and membership says Adam Wunderlich, Chair of the TLA’s Safety, Training and Industrial Relations Committee. “We believe that improved HEMS will not only provide benefits for members but will also benefit forest-dependent communities, First Nations, and other resource-based and rural industries. In fact, we believe that improved HEMS could benefit all British Columbians by providing better patient outcomes across the province.”▲

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"If more people understood the deficiencies in the emergency medical services protocols that exist in British Columbia they would demand change," says Hans Dysarsz, Executive Director of the BC Helicopter Emergency Rescue Operations Society (HEROS). To help educate them, HEROS is embarking on a public education campaign that will include media releases, educational seminars and meetings with community leaders throughout the province. However, the society desperately needs money to fund the campaign and is asking British Columbians to contribute as little or as much as they can.

"Even five dollars will make a difference," he says. Donations can be made through the HEROS website: [www.nbcheros.org](http://www.nbcheros.org).

## BC Forest Safety Council on HEMS

In February of this year, BC Forest Safety Ombudsman Roger Harris released a report on the HEMS situation in BC. It made three recommendations, including: that BC consider mandating, either through legislation or policy, guaranteed timelines for the public to be able to access Level 3 trauma care similar to other jurisdictions; that the province undertake a review of the effectiveness of current legislation as it pertains to the provincial emergency ambulance service (BCAS), originally established in 1974; and that Emergency Management BC and the BCAS expand the use of hoisting those injured in remote environments.

According to BC Forest Safety Council (BCFSC) CEO Rob Moonen, the report has generated interest both inside and outside the industry, so much so that its recommendations

were due to be "looked at as a motion" at the Union of BC Municipalities convention in September. "I can tell you from experience and the number of calls I have received on the report and the identified gaps that there is more of a collective appetite to drive a solution," he says, adding that he hoped to be meeting with the appropriate ministers of the new government sooner rather than later to discuss the report's recommendations. Although he says the BCFSC is precluded from advocating any particular solution, he anticipates that if the government acts on the recommendations there are likely to be a variety of solutions, each one appropriate to the region and community it serves.



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## The TEAAM Approach

Frustrated with the lack of progress in the implementation of a progressive model of helicopter emergency medical services (HEMS) in BC, a group of health professionals in the Sea to Sky corridor is taking matters into their own hands. Miles Randell, an advanced life support (ALS) paramedic who has been with the BC Ambulance Service for 20 years as well as a search and rescue volunteer for more than 25, says Technical Evacuation Advanced Aero Medical (TEAAM) will provide emergency medical services and evacuation in cooperation with Blackcomb Helicopters out of Squamish in the summer and Whistler in the winter. Although the not-for-profit is still in the formative stages, it will operate on the European model—all rescue flights



Photo: Courtesy of TEAAM

will have medical personnel on board capable of administering advanced life support on the ground prior to patient extraction and in the air before delivery to medical facilities. If the company can generate sufficient revenues says Randell,

TEAAM will open other bases in areas of BC where they are most needed, serving the needs of both industry and recreational trauma victims.

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