



SERIOUS GAPS IN EMERGENCY MEDICAL TRANSPORT

By Robin Brunet

When a logger struck by an 18-metre fir tree and thrown down a hill was airlifted by helicopter within minutes of the accident being phoned in, he reached Vancouver General Hospital in under two hours. His rescuers said that without the airlift, he would have faced an eight-hour trip to a local hospital, and a few more hours

to reach a trauma centre: a duration that likely would have resulted in his paralysis, or death.

This accident occurred in 2019 in the relatively central location of Squamish, BC, which is served by TEAAM (Technical Evacuation Advanced Aero Medical), a non-profit airborne medics group. Transplant the same scenario to remote

areas of the province where hundreds of loggers work daily and no emergency evacuation coverage exists, and the potential for tragedy becomes acute.

The situation is even more frustrating when one considers that places such as Washington State or Alaska, with similar geography to BC, enacted legislation years ago to ensure that 99 per cent of

their population is within a 60-minute response time to a Level 3 trauma centre.

But the Truck Loggers Association hopes that 2021 will be a catalyst for change. "The recent closing of E&B Helicopters in Campbell River refocused attention on the issue," says TLA Executive Director Bob Brash.

Brash is referring to a company that provided air transportation and emergency evacuation services to hundreds of forestry firms since 1990; owner Ed Wilcock, who died in 2019, had worked in the forest industry as a camp superintendent and had been given a lifetime-achievement-in-safety award by the BC Forest Safety Council, citing his "understanding and appreciation of workers' safety in the forestry industry."

Bill Nelson, TLA president and a partner in Holbrook Dyson Logging located in Campbell River says, "E&B provided an invaluable service and its closure illustrates how we rely on a patchwork of public and private services, with industry required to provide and pay for its own solutions. What we need is a better helicopter emergency medical service [HEMS] network, and a service out of Campbell River alone would cover

northern Vancouver Island and adjacent mainland areas."

When the issue was studied in 2017 by the BC Forest Safety Council (BCFSC), BC Forest Safety Ombudsman Roger Harris said, "There are no technical or infrastructure barriers to the delivery of air ambulance within that critical first hour to any resident of BC, regardless of where they live. The decision by government not to provide that access is a choice."

While a lack of an air ambulance network can directly impact WorkSafeBC rates and First Nations communities, Harris pointed out that "Faster care results in better medical outcomes for the patient, which in turn results in lower cost to the health care system." It has been calculated that five or six bases in strategic locations could cover the entire province, with existing infrastructure being augmented by public and private assets, possibly even including some of military origin.

The TLA has been lobbying for this issue for many years, and fortunately there is a growing interest in communities across BC for remote parts of the province to be covered by HEMS. A contract was recently created to provide helicopter

medical transportation services on southern Vancouver Island, and government recently announced funding for Prince George to supply airlift services in the Interior. "Support has grown steadily ever since the BCFSC report, and we think now is the time to work with government to push the agenda further forward—especially since government is now engaged at a number of tables," Brash says.

The circumstances driving the call for action have remained unchanged since Ombudsman Harris published *Will It Be There? A Report on Helicopter Emergency Medical Services in BC* in 2017. His report stated that serious gaps in the provision of emergency medical transport threatens the medical outcomes of remote forestry workers who have little to no guarantee to timely medical response in the event of an emergency.

The report recommended that the provincial government guarantee timelines for all residents to be able to access Trauma 3 Level care, similar to other jurisdictions; review the *Emergency Health Services Act* to allow for flexibility when it comes to expanding the scope of practice and role of first responders in the transportation of accident victims; and

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Since then, various groups have discussed the issue:

- A 2017 UBC Centre for Rural Health Research report identified emergency transportation as the single biggest barrier to improving rural health outcomes.
- A January 2019 BC Provincial Health Care Partners' Retreat brought together over 600 health care providers, associations, and health authorities to discuss rural health care; HEMS was specifically identified as a gap.
- A June 2020 BC Rural and First Nations Health & Wellness summit, which included all provincial health authorities, health ministers, First Nations communities, local governments, and other groups, identified all of the gaps in medical transportation in rural BC; again, HEMS was the focus.
- In 2020, BC Rural Centre meetings have taken place at least three times and consisted of a dozen people from different medical and academic institutions focusing on transportation.

John Shearing, director of health & safety at Mosaic Forests, is one of many industry insiders who think establishing a comprehensive HEMS network is long overdue. "I've spent 41 years in the forest sector, including 20 years as a tree faller in remote locations, and during that time I have seen first-hand situations where rapid access to helicopter emergency evacuation service has made the difference between life and death," he says.

Shearing stresses that a HEMS network benefits everyone, not just loggers. "We have people in remote areas of our forests, whether working or pursuing back-country recreation—activities that are key to our provincial economy but have inherent hazards. Maintaining helicopter evacuation service and trained medical services to respond in case of serious injury is a crucial safety infrastructure that must be maintained on BC's coast."

Mayor Gaby Wickstrom of Port McNeill adds, "The need for a reliable emergency response mechanism for rural workers is paramount to achieve that 'golden hour' window, which assures workers will have the best chance of survival when a serious injury occurs, often many kilometres away from the nearest hospital."

Brash acknowledges that establishing a HEMS network will be a challenge. "We need to take this one step at a time. Contractors and communities have indicated their support, and the time has come to push such support to reality."

The cost of a HEMS network must be squarely addressed. "Success will depend on all parties supporting the program, including government," Brash says. "It will not be cheap, and there will be a need for all of us to contribute to some unknown degree in the future."

But the effort will be worth it, given the numerous studies showing that providing medical care to accident victims within the first hour of an accident taking place is literally life-saving and leads to far quicker recovery/rehabilitation. "Now's our chance to build momentum," Brash says. "We look forward to working with policy makers in making this goal a reality."▲



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