PENNSYLVANIA
Emergency Health Services Council

TESTIMONY TO THE HOUSE JUDICIARY COMMITTEE

PUBLIC HEARING – HOUSE BILL 2078
(Seat Belts as a Primary Offense)

OF

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HEALTH SERVICES COUNCIL

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Good afternoon, my name is Rick Flinn and I am the Executive Director of the Pennsylvania Emergency Health Services Council. I thank you for the opportunity to comment on HB 2078 on behalf of Pennsylvania's Emergency Medical Service providers.

Just to provide a brief background of myself for you, I have been actively involved in emergency services since 1972. Like the majority of the Commonwealth's prehospital care professionals, I began my career in a volunteer fire department. I have been trained as a combat medic, a Licensed Practical Nurse, an Emergency Medical Technician, a Paramedic, a Firefighter and a Rescue Technician. I have worked in an Emergency Department and responded to thousands of emergency calls as an EMT and Medic in the past 26 years. I took an advocation and turned it into a vocation when I received my bachelor's degree from Penn State in Health Planning and Administration and became a staff member of the Pennsylvania Emergency Health Services Council 19 years ago. I have since received a Masters in Governmental Administration from the University of Pennsylvania. I continue to participate in the emergency service community by volunteering as a Deputy Fire Chief for the Hampden Township Volunteer Fire Company in Cumberland County as well as teaching fire, rescue and emergency care programs for the Harrisburg Area Community College and the State Fire Academy.

The Pennsylvania Emergency Health Services Council, which by the way was organized by Dr. Mueller in 1974, is identified in law (Act 45 of 1985) as the state advisory council to the Pennsylvania Department of Health on all aspects of emergency health care. Our membership, which I have attached to this testimony, represents organizations of physicians, nurses, firefighters, emergency medical technicians, paramedics and state, regional and local organizations involved or interested in emergency health care issues.

Pennsylvania has one of the most developed EMS systems in the nation. With thousands of trained first response, basic life support, rescue and advanced life support organizations, along with 23 trauma centers, hundreds of accredited medical command facilities and receiving facilities and 13 - medical evacuation helicopter programs, linked with an ever advancing 911 telecommunications system, Pennsylvania's citizens and visitors have available to them an outstanding safety net when sudden illness or injury occurs.

As good as it is the Commonwealth's system designed to save lives can be better, and continues to strive towards improvement. These improvements include research for new skills, enhancing training opportunities and conducting system evaluation and planning. This evening, the state advisory council and the Department of Health, will conclude a series of 17 "town meetings" which have been conducted throughout the state on a revised statewide EMS plan. The foundation of the plan is the National EMS Agenda for the Future, which was developed by EMS experts throughout the country, many of whom are from Pennsylvania. In fact the project leader has been Dr. Ted Delbridge from the University of Pittsburgh.

This document is being described as the "EMS White Paper of the 90's"...In the early 1960's, another famous document was published and described as the EMS white paper, which forged the development of modern day EMS systems.... This document was titled..."Accidental Death and Disability: The Neglected Disease of Modern Society"

The EMS Agenda for the Future has a vision statement that Pennsylvania's EMS community is considering adopting:

"Emergency medical services of the future will be community-based health management that is fully integrated with the overall health care system. It will have the ability to identify and modify illness and injury risks, provide acute illness and injury care and follow-up, and contribute to treatment of chronic conditions and community health monitoring. This new entity will be developed from redistribution of existing health care resources and will be integrated with other health care providers and public health and public safety agencies. It will improve community health and result in more appropriate use of acute health care resources. EMS will remain the public's emergency medical safety net."

A component of this agenda, and the proposed state EMS plan, is one of the main reasons I am here today speaking on behalf of Pennsylvania's EMS community...that component is prevention.

EMS experts recognize that if we do more to prevent injury or illness, many more lives can be saved than simply concentrating on taking care of the problem after the injury or illness occurs.

We are slowly learning from our brothers and sisters in the fire service that prevention works. Although fire departments may be busier than in the past, the actual number of fires continues to drop through enactment of tough building codes and fire prevention programs that continue throughout the year- not just on fire prevention week. Fire departments are actually responding to more rescue and EMS calls, as well as motor vehicle crashes and hazardous material incidents on our state and local roads.

Let me discuss the vehicle crash and the lack of safety belt use problem, from the EMS provider's perspective.

On all emergency calls, licensed EMS services are required to complete a patient care record. The EMS manager for billing, quality assurance and planning purposes uses the information from this record. It is used by regional EMS councils and the state for research, quality improvement and planning.

Statistics from the 1995 statewide patient care record system show the following:

- **Of the 1.2 million EMS calls, 126,842 or 12% were responses to motor vehicle crashes**
- **Of the approximate 127,000 crashes that EMS responded to, 47,267 patients were wearing their safety belts. This equates to only 38% of the crash victims identified in the data were using safety belts.**
- **Of the 79,575 patients not using safety belts, 12,359 (16%) had blunt head trauma, and 26,533 (33%) experienced open and closed facial injuries including lacerations, fractures and dislocations.**

You have and will see throughout this hearing many other statistics that describe the morbidity, mortality and the cost to individuals and society as a whole, for crashes that individuals did not wear their seat belt. But let me put it in a different perspective for you.

I previously mentioned that Pennsylvania's EMS system is one of the best in the country. We have made great strides in reducing morbidity and mortality with cardiac emergencies by providing the knowledge and skills necessary to recognize and treat patients to prehospital providers using medical direction.

In motor vehicle crashes we have also made great strides in giving patients a greater chance of survival, however we can only do so much.

Let's take a look at the typical EMS response to a motor vehicle crash. With the advent of cellular phones, and the technology in some new vehicles with alerting devices using global positioning systems, detection and recognition, as well as accessing the EMS system, is becoming more efficient. Although no one knows for sure, let's say that in urban and suburban Pennsylvania communities, access to 9-1-1 happens within a few minutes of the crash. Rural Pennsylvania clearly could take longer, depending on the location of the incident and the availability of cellular service. Once 911 has been alerted, police, fire and EMS respond depending upon the description of the accident.

Pennsylvania's emergency responders (fire and EMS) are primarily volunteer in rural PA; part volunteer part-paid in many suburban communities, and mostly paid in urban areas. From dispatch to arrival on scene, length of times vary from 15 minutes to 10-20 minutes, and in some communities it may take 30 minutes depending on the time of the day.

Pennsylvania's emergency responders are trained to do the following at vehicle accidents:

- Receive the dispatch information which hopefully identifies the location of the crash, number and type of vehicles involved, number of patients, hazards involved, whether the patients are confined or entrapped in the vehicle and the extent of their injuries.
- Given that information, determine whether additional resources are needed and safely respond to the scene.
- Upon arrival, safely park the emergency vehicle; identify all existing and potential hazards and control for those hazards.

- Determine number of patients involved, confirm confinement or entrapment, and initiate triage (the sorting of who is more seriously injured).
- After the vehicle has been stabilized and hazards controlled, access the patient, which could be as simple as talking to the patient through the window or as complex as going through the trunk to get to the patient(s).
- Once the patient has been reached, EMS performs a trauma assessment and provides basic care and spinal immobilization.
- If the patient is entrapped, Rescue personnel must remove the vehicle from the patient and create a pathway for extrication.
- Extrication of the "packaged" patient is the next step.
- Advanced Life Support may have already or will now intervene by doing advanced airway procedures, if necessary, or other skills such as chest decompression or intravenous therapy.
- The patient is either loaded into an ambulance or a helicopter, and depending on the extent of injuries, taken to the nearest trauma center.

EMS personnel use various skills to determine the extent of injuries in the patient. In addition to what is found on their assessment of the patient, EMT's and Paramedics are taught to determine the "mechanism of injury". In other words, looking at the vehicle to see what could be wrong with the patient. Examples of those mechanisms of injury where patients were not wearing their safety belts include: bent steering wheels, "spider" formations on the windshield where the patient's head struck it, indentations in the dash, placement of headrests, as well as, looking at what the vehicle struck or what struck the vehicle. In essence we are playing detective to find some indication that could cause the patient to be bleeding out internally, or have no feeling or sensation in their extremities because of a serious neck injury.

Time is clearly the most significant factor with a trauma patient. In an ideal world, we strive to have the patient(s) accessed, freed from entrapment, packaged and extricated within 15 minutes upon arrival on the scene.

The concept has been coined the "Golden Hour." In other words, the patient who has multiple systems trauma, should be in the operating room within one hour from the moment the injury occurs to have the greatest chance of survival.

The reality is that despite a community having the best-trained and equipped EMS and Rescue personnel, a medical evacuation helicopter that can fly in most weather conditions, and a trauma center within reasonable distances, Pennsylvanians are dying needlessly. Needlessly because the most serious injuries that cause death, are because they did not wear their safety belts.

As mentioned, EMS can save many lives as a result of taking the ER to the patient, using highly trained EMT's Paramedics and Prehospital Registered Nurses through medical direction. However, we have not brought the trauma center operating room to the field to stop someone from bleeding internally. We can only manage their airway, give them some fluids and get them to the OR as quickly as we can.

Education has worked for some in convincing them that safety belts save lives..... Frankly I believe that having nonbelievers ride along on some of the crash incidents they too would soon become believers. It is sad but the only alternate, as proven by other states, is to primarily enforce safety belt use.

On a side issue, can you imagine boarding an airplane and not buckling up? First because of law, the plane would not be able to take off, but secondly and more importantly, an unbuckled passenger be it in a car or an airplane, either at 30 miles an hour or 300 involved in a crash, the outcome may very easily be the same, a needless death.

Speaking on behalf of the thousands of emergency responders we need your help in eliminating this needless death and disability by supporting HB2078.

I mentioned that I have had 26 years of experience in emergency services, and although I clearly do not remember them all and some I want to forget but can't, the most serious vehicle crashes that I have been on which resulted in death of the drivers or occupants, were those that safety belts were not used...From the very first fatality in 1973 of a little 10 year old boy not buckled in the back seat of a Corvair to the young woman whose car hit a patch of ice, and ended up wrapped around the large tree in my front yard, she too was not wearing a safety belt. You can review the research, analyze the statistics and hear the debates, but unless you have not seen the faces of the family and friends of the victims, you really don't understand.

A few years ago, the Department of Transportation was airing a public service announcement of a police officer describing the importance of using safety belts. The point of the PSA was that in his years of law enforcement experience, he had never unbuckled a dead person from a vehicle crash…I can attest to a similar record, except for one, and that was when I was assigned as the rescue officer of the incident that occurred last year when a portion of a bridge collapsed on a young woman's car on the West Shore. That was the only incident that I have been on, that safety belts would not have made the difference.

Finally, when you ask the average person what is the most important part of their life, my guess as it would be mine; their answer is **their children**. Purely from my own experience, it seems that teenagers do not see it as "cool" to wear safety belts. Maybe if it were primarily enforced, peer pressure and fashion would not be an issue. Worse yet, how many times have you looked in other cars and saw the parents buckled, but the kids in the back were standing up? Given the current law, there is no way that that disaster waiting to happen, can be corrected. So the final message is, as the saying goes, "do it for the children."

Thank you for the opportunity to discuss this important issue today, I will be happy to answer you questions.

PENNSYLVANIA EMERGENCY HEALTH SERVICES COUNCIL
1998-1999

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*Indicates that the organization is currently on the Board of Directors fiscal year 1998-1999.