

# Idaho Triennial Highway Safety Plan: FFY 2024-2026

## Countermeasure Strategy for Programming Funds

### Emergency Medical Services

While preventing crashes is the highest priority, improving post-crash response also represents a significant opportunity for saving lives. Twenty percent of trauma deaths could be prevented with optimal trauma care. Improved trauma care will be essential in addressing both fatalities and severe injuries in motor vehicle crashes. In 2021, Idaho EMS responded to 22 percent more crashes than they did the prior year. Idaho relies on volunteer EMS providers in many of our communities.

#### Target

Maintain the 5-year average number of traffic crash fatalities at 238 or fewer.

The following graph illustrates where we are in combination with the targets that have been set for the last 10 years. The year in the graph is the final year of the 5-year period used to calculate the 5-year average. The vertical, colored lines correspond to the targets.

### C-2: Serious Injuries - 5 Year Average

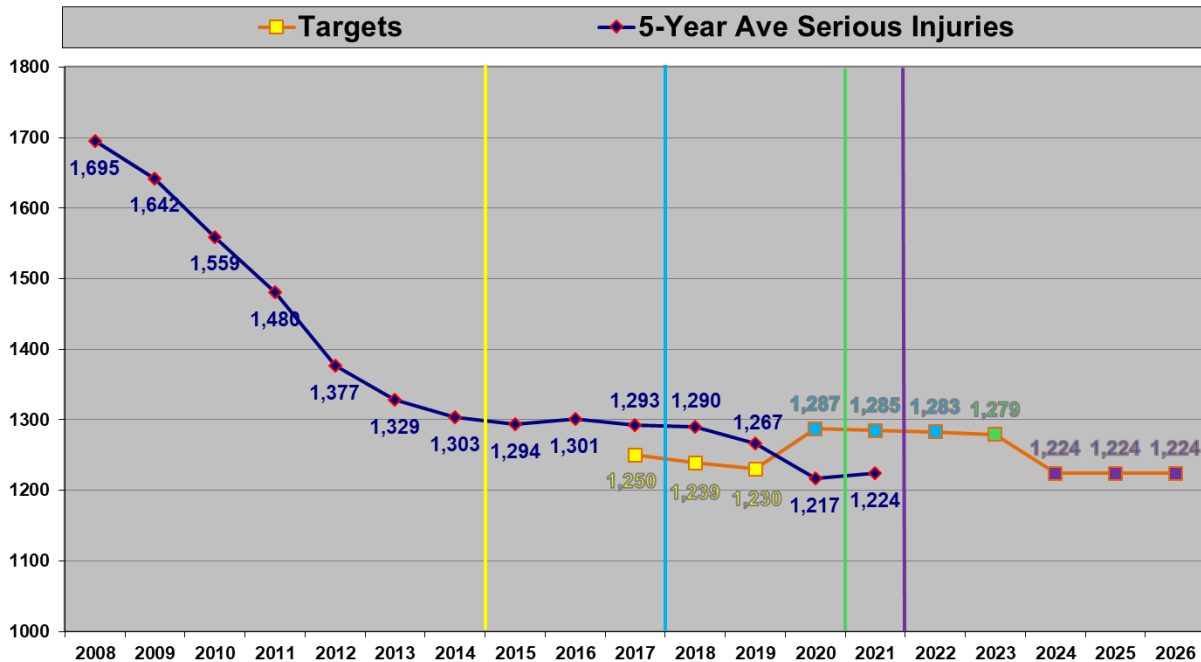


Figure 130. C-2: Serious Injuries - 5 Year Average

See Page 11 for additional information about the Performance Report.

#### Proposed Program Budget

The proposed budget for the Emergency Medical Services program for fiscal years 2024-26 is \$76,131.

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### Program Strategies

#### Strategy: Support emergency medical services statewide.

Idaho relies on volunteer EMS providers in many of Idaho's communities. Approximately 40 percent of Idaho's EMS providers are volunteers. Almost 10 percent of them also work as career EMS providers with another agency. Recent data from the National Rural Health Association shows increasing rates of burnout and a higher-than-average age of EMS providers in rural agencies. Overall, rates of volunteering are decreasing across the United States.

In 2021, 68 percent of fatal crashes occurred on rural roads, whereas 36 percent of all crashes occurred on rural roads. In Idaho in 2021, 87 percent of the total road mileage was classified as rural roadway. Rural roads tend to have higher speed limits. Crashes at higher impact speeds have a greater probability of resulting in a fatality.

Crash survival depends on a quick response by EMS (FHWA)

Some crash victims die within just a few minutes of a crash. In most of these cases the crash was not survivable, because victims lose consciousness and can't keep their airway open, or they have injuries that cause such catastrophic bleeding or damage to organs that even the best surgeons couldn't save them. But many crash victims are able to survive within 10-90 minutes post-crash. Within this timeframe there are mortalities that did not have to occur. You may have heard of the "golden hour," which refers to the critical window of time in which EMS systems can make a difference in reducing morbidity and mortality by:

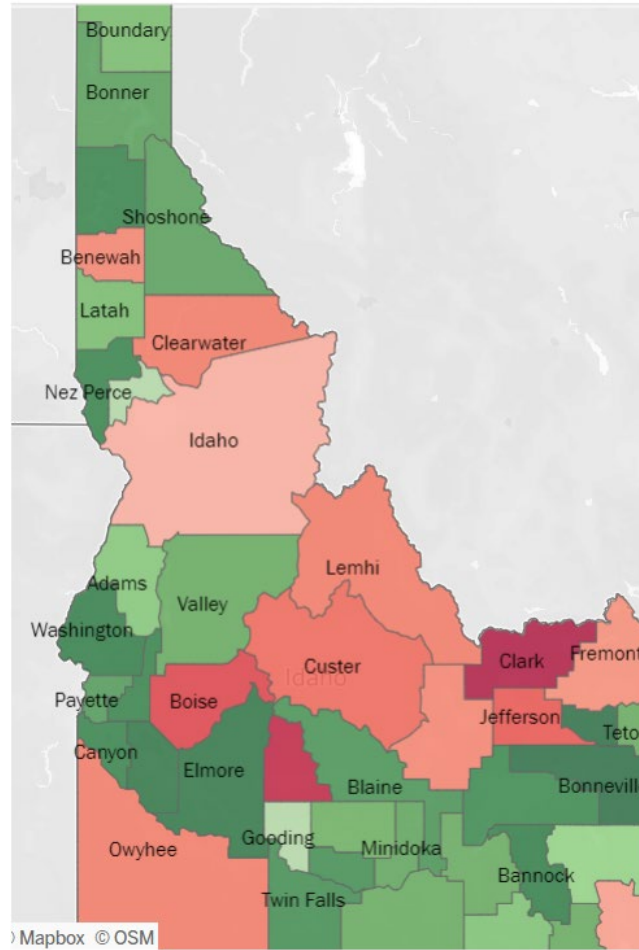
- detecting the incident more quickly
- improving precision in locating the crash site
- taking the optimal route to the site
- having air transportation available when needed
- having the best clinical resources on hand for the patient's needs
- providing better care to the patient at the crash site and enroute to a hospital
- making the right choice about the optimal hospital or trauma center

See **Page 87** for more information about problem identification for **Crash Response (Emergency Medical Services)**.

The map below shows response times which are between 22 min (red) and 7 min (green) demonstrates the challenges of our rural areas.

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**Figure 131. Idaho EMS Response Times**

**Countermeasures and Justification:** Uniform Guidelines No. 11 Emergency Medical Services: Human Resources, and Training & Public Information and Education.

OHS currently serves on the Emergency Medical Statewide Advisory Committee (EMSAC). We are working with this committee to identify how OHS can support the needs of the EMS service providers in the state, and to identify content for an EMS track at the Annual Highway Safety Summit. Our goal is to partner with the agencies involved in EMSAC to help support Traffic Incident Management Training and equipment needs statewide. National Roadway Safety Strategy: Improving post-crash care—one of five core areas of focus in the NRSS— will depend on drawing on the expertise within our EMS and 911 systems.

The National Traffic Incident Management (TIM) Responder Training Program was developed by responders for responders, and was designed to promote consistent training of all responders to achieve the three objectives of the TIM National Unified Goal (NUG):

- Responder Safety
- Safe, Quick Clearance

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- Prompt, Reliable, Interoperable Communications

**Sociodemographic and Location Data for Outreach:** Messaging is targeted to young drivers and adults in areas of the state that are identified as having sociodemographic risk factors.

### Partnerships:

- EMSAC
- Idaho Department of Health and Welfare
- Idaho EMS Bureau
- Local Representatives from Volunteer and Paid Fire and EMS

## Planning Considerations

### ***Affected Communities: Locations, Sociodemographic Data, and At-Risk Groups***

Starting Trauma care quickly and more efficiently saves lives. In our rural communities, we see longer wait times compared to a state average of 13 minutes. These wait times include:

- Boise County at 20 minutes
- Camas County at 21 minutes
- Clark County at 22 minutes

Idaho EMS Bureau is working closely with OHS to secure funding for an EMS Assessment to identify statewide needs in FY24.

EMSAC is beginning planning meetings with OHS to discuss strategies for the statewide support of programs.

OHS will assist the ITD's TIM Program to advertise all upcoming classes. The target audience for this course is all TIM disciplines, including: Communications, Emergency Management, EMS, Fire/Rescue, Law Enforcement, Towing and Recovery, and Transportation/Public Works.