

SAFETY #6

FIRST+

REPORTS AND STORIES OF SPECIAL VEHICLES AND EMERGENCY SERVICES.





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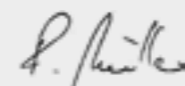
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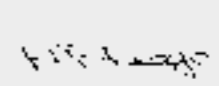
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p. 23: London Ambulance Service
p. 24 top left, 26: LIMEAR
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EDITORIAL



We can only react appropriately to developments in our environment, society and technology if we ourselves do not stand still. And the best way for us to do this is through dialogue with other people - this is no different in our personal lives than it is in the business world. That's why we are not only grateful for the partnership-based dialogue with our customers, but also proud to accompany them in their development. Be it when, like RMH in Chile and LIMEAR in Uganda, they drive forward the rescue services in their countries or, like the London Ambulance Service, promote e-mobility. At Düsseldorf Airport, Frank Solomon supports his team in developing their skills and we learnt from wound expert Tobias Down that sometimes you have to give change time. WAS line coordinator Nadine Hillebrand impressed us with her professional development. Perhaps the reports and stories in this issue will also inspire new ideas in our readers.


Roland Müller


Andreas Plöger


Dr. Patrick Kresse



Frank Salomon, Head of Operations of the fire department and Head of the Rescue Service Düsseldorf Airport.

Perfect landing for a dream job:

The fire brigade at Düsseldorf Airport

Doctor, pilot, firefighter - these professions have been among the top 10 dream jobs for children for generations. At Düsseldorf Airport (DUS), all three come together again. One person who has remained loyal to his dream job for over thirty years is fire inspector Frank Salomon, head of operations at the fire brigade and head of the rescue services department. At the airport, the proximity to aviation and the co-operation with the individual specialist departments such as emergency response and safety as well as contact with different people from all over the world are part of the firefighters' everyday life. What makes the airport fire service so special and what makes this demanding job a dream job for Frank Salomon and his colleagues?



Rescue services and fire engines must be able to reach any point on the runway in just three minutes.



Emergency services are also prepared for emergencies with the help of virtual reality.



Like everywhere else, but also so different

The airport fire brigade is authorised as a private company for emergency rescue services at Düsseldorf Airport. Frank Salomon, Head of Fire Service Operations and Deputy Managing Director of the Rescue Service, is responsible for the one thousand hectare operational area at the airport, which is home to an average of around 70,000 people every day - as

many as a small German town. While all fire brigades in Germany work in accordance with the Fire Protection, Emergency Services and Disaster Control Act (BHKG), airport fire brigades are also subject to the regulations of the International Civil Aviation Organisation (ICAO), which issues all rules for airports worldwide. It issues recommendations, which the Ministry of Transport of the respective country turns into a legal basis. Rescue services and fire engines must be able to reach any point on the runway in just three minutes. By comparison, a professional fire brigade in the rest of the country has eight

minutes to arrive at the scene. The team at the airport must be mobilised from the station in 30 seconds. In order to keep to these times, the heavy fire-fighting vehicles are highly motorised, and the four WAS 500 RTW box vehicles in accordance with DIN-EN 1789 based on Mercedes ambulances also have the necessary power under the bonnet. The good road conditions and the airport's infrastructure are one of the prerequisites for meeting the tight deadlines. The other is the team. To ensure that the more than 230 colleagues, including

198 trained rescuers, are fit for emergencies at all times, regular service sports and exercises are part of everyday working life. "Düsseldorf Airport is a good workplace that promotes a sense of community and respectful cooperation. We are very well equipped for the obligatory two hours of duty sports. There is a grass sports field and two indoor sports areas, one in the security station and a larger one for all airport employees," praises Frank Salomon, who highly values the posi-

tive influence of joint training on team cohesion.

Practising for emergencies

In addition to regular duty sports, the rescuers' daily routine also includes the daily exercises organised by the management team. Here, individual manoeuvres such as handling the spineboard and patient stretcher or transferring from the turntable ladder to the basket stretcher are practised time and time again. Larger scenarios are also repeated. These include rescuing patients from vehicles involved in accidents, technical and medical rescue in the event of accidents at work involving airport workers or treating circulatory problems or embolisms in flight passengers. This is where the work at the airport differs somewhat from the regular rescue service outside. The focus is on practising operational situations that occur more frequently in the operational area. For example, the probability of embolisms or cardiovascular problems is higher for travellers at airports. But environmental protection operations, such as fuel spillages, are also included.

Communication test passed

Despite its specialised area of operation, Düsseldorf Airport's fire and rescue station is by no means isolated. From time to time, the airport team also responds to incidents in the city area when there is free capacity. On the other hand, close cooperation with the city's professional fire brigade and international airlines in joint exercises is part of day-to-day business. Düsseldorf is one of five designated emergency airports in Germany for international emergencies. This means that the communication challenge must be met in an emergency.

The ability to cooperate recently passed an extreme reality test during the pandemic, when the first case of coronavirus was confirmed in the nearby district of Heinsberg and the traditional Düsseldorf carnival was categorised as a "super-spreader event" by SPD MP Karl Lauterbach. "At the time, we had the same number of deployments as the number of passengers continued to fall," recalls Frank Salomon, "We were on high alert so as not to make any mistakes and of course took every report that patients with symptoms were approaching very seriously. Today we know that the biggest challenge was the procurement of materials." The experience gained from this flows directly into the organisation of the storage of materials such as protective masks and disinfectants.

As the transport of infectious patients is the responsibility of the municipal fire service, there are also co-operative exercises for this scenario. A current example: the simulation of the arrival of a patient from Ireland on board the aircraft of a Norwegian airline. After the aircraft arrives, the patient is transported to the infection ward at Düsseldorf University Hospital in the municipal fire brigade's infection rescue vehicle. "However, only the infection is simulated here," explains Frank Salomon, "the arrival of the aircraft, the corresponding logistics and communication, the transfer of the patient, the transport - it all takes place in reality. Otherwise the whole exercise makes no sense."

Following the fire at Düsseldorf Airport in 1996, Düsseldorf Airport is one of the pioneers in terms of fire protection at airports. The airport fire service plays its part by ensuring that the team is well equipped and trained for deployment at all times. "Nevertheless, the rescue service can never really become routine, even at the airport," the chief fire inspector points out, because "even after many years on the job, fates still get to you. But making a real difference with our work is also a reason why many firefighters have been fascinated by the profession since childhood."



Career at the Düsseldorf Airport Fire Department

A real opportunity,
to make your dream job a reality:
The team is looking for reinforcements!

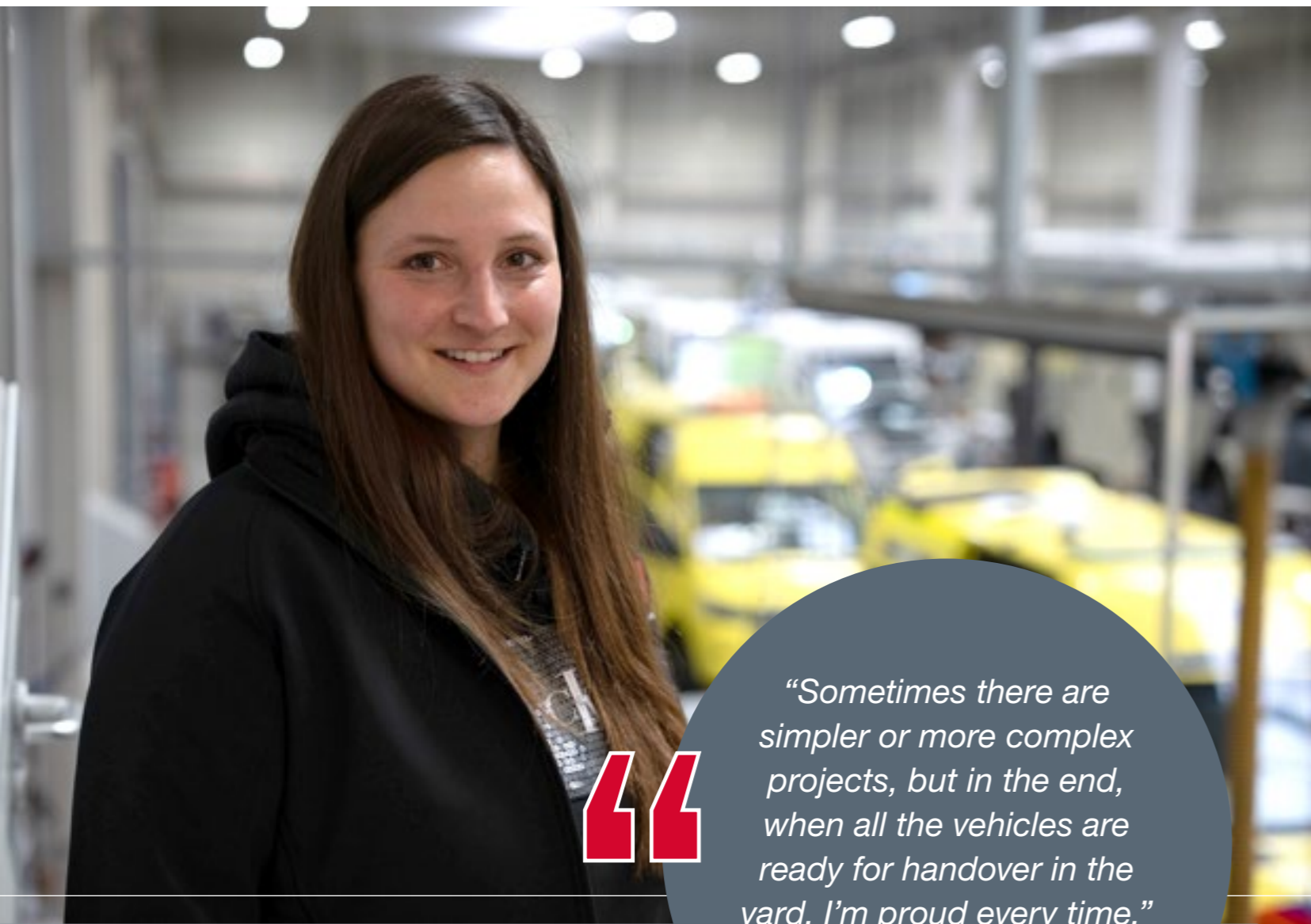


As infection transports are the responsibility of the municipal fire department, there are cooperative exercises for this scenario.



With the whole team on the same line:

Nadine Hillebrand is Line Coordinator for Line C



“Sometimes there are simpler or more complex projects, but in the end, when all the vehicles are ready for handover in the yard, I’m proud every time.”

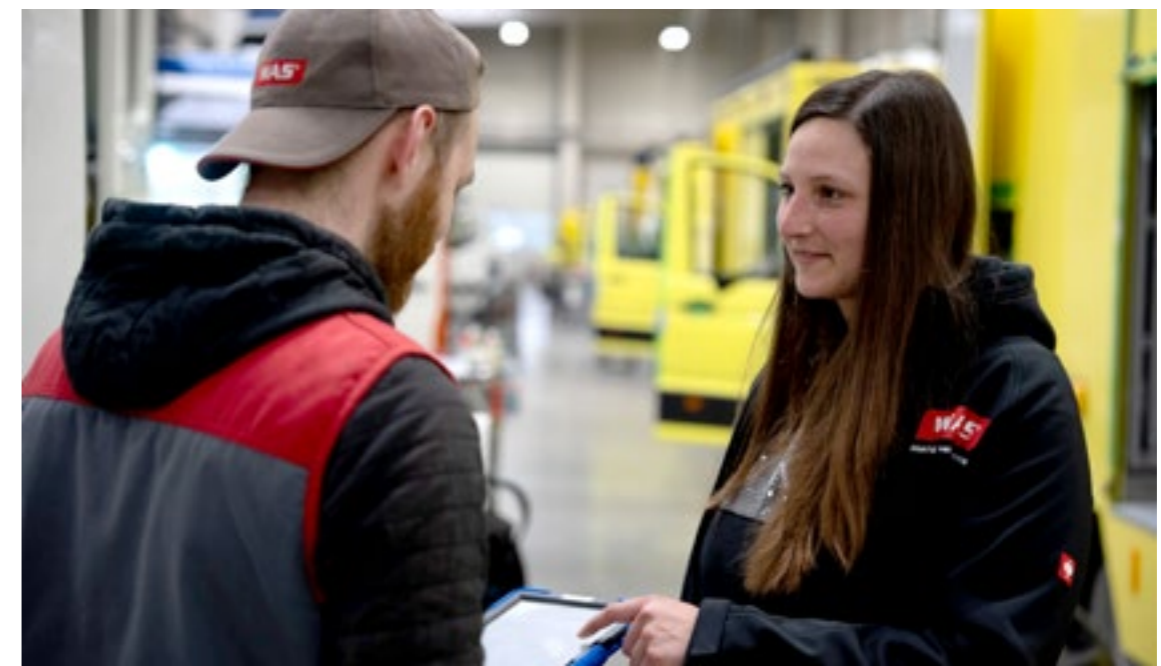
Nadine Hillebrand

Nadine Hillebrand starts her working day by greeting her team. “It’s the right thing to do and a sign of mutual respect,” says the Line Coordinator, setting the tone every morning for motivated collaboration on an equal footing. Since April 2023, she has been coordinating the processes on production line C, which mainly produces small series. Prior to this, she spent several years as a fitter at WAS, installing furniture, supply ducts, carer’s chairs and medical technology and fitting ceiling centres. Initially through a temporary employment agency, then permanently employed since 2016, she applied for an internal job advert after almost five years as an assembly line supervisor. She was successful: not only did she have the support of her colleagues, she also had valuable assembly experience - two qualities that made her the ideal candidate for the position.

Team player all along the line

Despite having the best prerequisites, it is still a big step up to be responsible for 22 employees from a wide range of fields, from mechatronics and electronics technicians to carpenters and sealers, who ultimately seal every crack and crevice hygienically with silicone. She benefits from the fact that she has successfully honed her team player qualities for many years as part of the FSG Twist women’s football team. Although she now prefers the gym to the pitch, the joy of working successfully with others is still part of her personality.

What she lacked in experience in personnel management, she initially learnt in training courses and has been developing her skills every day since then. “A lot of it is really learning by doing. The other line coordinators and my team have supported me in this process. I realise myself that I have become much more confident in my position for some time now”, summarises Nadine, who actually once pursued other career plans.



From detail to the big picture

After completing her training as a carpenter, she initially spent two years at a technical and vocational secondary school of technology and initially wanted to start studying in the city of Aachen, which she cancelled with the idea that she wouldn't be aiming for a management position anyway. The fact that she is now coordinating a team after all makes her smile today: "It's funny that it has come to this point because I started working for a temporary employment agency. I've just continued to develop. In the beginning, I only wanted to move into a permanent position. I also wanted to be part of the team on paper and was lucky that my line manager spoke up in my favour."

This step was followed by the next, and where she had previously spent more than eight years working on many details herself, sawing and gluing, she now keeps an overview of the big picture. From her PC workstation on the first floor with a view of the production line, she takes care of personnel planning, monitors schedules, the production status and the list of missing parts required. In order to find solutions and keep processes running smoothly, she is in constant dialogue with colleagues from the design department, purchasing and project management. For around 1.5 years, communication has been accelerated by the so-called production app. If there is a problem somewhere, if something doesn't immediately fit as planned, she digitally creates a task there, to which the design team usually responds within the next one to two hours with an analysis or directly with the appropriate solution.

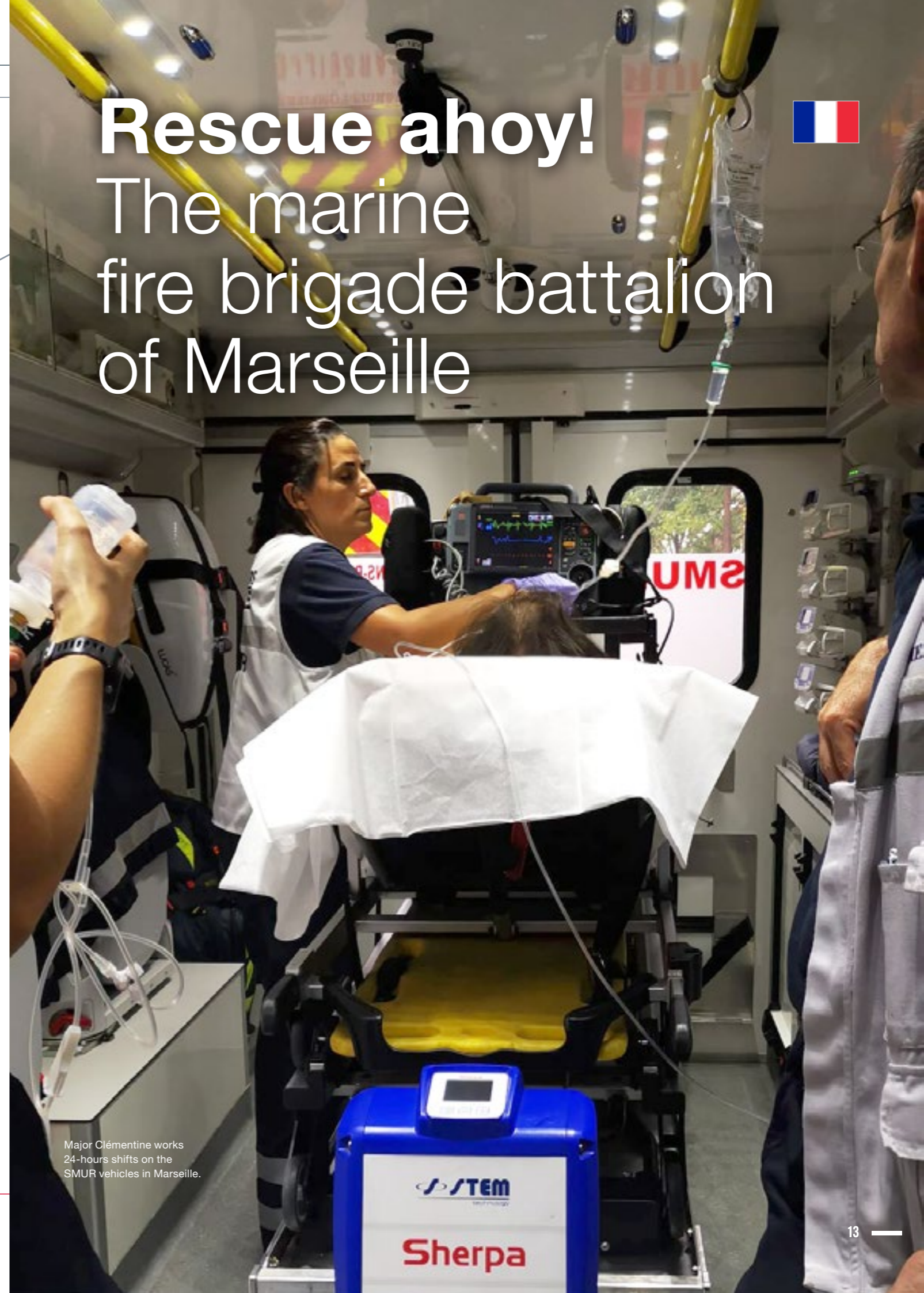


that all fitters and electronics technicians record downtimes that occur, for example, when furniture still needs to be adjusted or cables need to be tightened. Such things are quickly rectified, but how does the coordinator deal with delays caused by delivery bottlenecks over which she initially has no direct influence? "Of course, I now have a lot of responsibility and sometimes take my thoughts about it with me into the evening, but my job doesn't rob me of sleep. The planning can usually be adapted together with the project manager so that we can still manage everything as a team", Nadine knows from experience and adds: "There are sometimes simpler and sometimes more complex projects, but when all the vehicles are ready for handover in the yard at the end, I feel proud every time." The line coordinator agrees with her colleagues that it is motivating to produce vehicles that save lives. As different as the needs and skills of the individual personalities in the team are, in the end they are all on the same page.

Always on time

Although two supervisors - one for the electronics, one for the construction - are available to answer questions on each line, she makes a point of going through the cycles herself from time to time and liaising directly with her team. The cycles specify how long individual tasks on the vehicles may take. If these are not adhered to, Nadine has to clarify why this is the case and find the source of the error. To do this, it is important

Rescue ahoy! The marine fire brigade battalion of Marseille



Major Clémentine works 24-hours shifts on the SMUR vehicles in Marseille.



The I-RTW team includes an emergency doctor, a military nurse and a marine firefighter.



Satisfied faces at the handover of 3 WAS 500 I-RTWs.



She works 24-hour shifts on the so-called SMUR vehicles in Marseille (SMUR stands for Service Mobile d'Urgence et de Réanimation, mobile emergency and resuscitation service).

The BMPM's intensive care ambulance teams consist of an emergency doctor, a state-certified military nurse such as Clémentine and a firefighter from the navy, who has usually also trained as a paramedic and drives the vehicle. They are usually accompanied and supported by a VSAV ambulance (Véhicule de Secours et d'Assistance aux Victimes).

Three of the seven SMUR intensive care ambulances for the rescue service in Arrondissement 13 (Bouches-du-Rhône) are provided by the BMPM. As the second largest city in France with a population of over 870,000, Marseille offers a range of operations that is as varied as it is unusual. The SMUR missions take place in both urban and suburban areas, by the sea, in wooded areas such as the Calanques or in the narrow

streets of Le Panier, Marseille's oldest neighbourhood. The high urban density, the different areas of operation and the constant development of the city with numerous construction sites place high demands on the vehicles and their manoeuvrability. Accordingly, Clémentine and her team were particularly keen to combine the versatility of their emergency vehicles with slim external dimensions.

Strong fleet for the Olympic Games

With the procurement of 3 WAS 500 IRTWs in the spring, the BMPM realised the desired vehicle concept in close cooperation with the WAS project managers. Just in time for the Olympic Games, with the expected increased deployment volume, Clémentine and her team can offer the residents and tourists of their city the usual high safety standards with brand new emergency vehicles.



No two rescue services are the same, but among them, there are some that stand out even more. The French fire brigade, for example, with its long tradition, is one of the first fire brigades in Europe and is regarded worldwide as a model in terms of equipment, staff training and organisation. It is one of only two fire brigades in Paris that is made up of soldiers.

The military background can be recognised by the ranks of the firefighters, among other things. Our contact at the BMPM, Major Clémentine, is a registered nurse and has been working at the BMPM for 10 years. For the past year, she has been responsible for managing and monitoring the medical inventory of the rescue vehicles and works 24-hour shifts on the so-called SMURs.

The history of the Bataillon Marine Pompier Marseille

Since 1810, fire protection in the harbour city has mainly been provided by the Marseille Municipal Fire Corps (CMSP). It was only after the serious fire at the Nouvelles Galeries on the Canebière in October 1938, in which firefighters from Toulon also came to the rescue, that the need was recognised to set up a specialised unit that could deal with the challenges even more effectively.

As a result, the Marseille Naval Base Fire Brigade Battalion was founded in 1939 to protect the seaport. The BMPM is set up as a military unit under the authority of the French Navy, but fulfils the tasks of a regular fire brigade. These include, of course, the mobile rescue service and protecting the city from fires, but also disaster relief and operations in water. What is different is that, as soldiers, the BMPM firefighters are also involved in support operations for the armed forces and are therefore likely to have more experience abroad than firefighters from other locations.

The military structures are a perfect match for the efficient organisation of the fire protection and rescue service: since its foundation, the BMPM has become one of the largest and most renowned fire brigade units in France, known for its professionalism, expertise and commitment to public safety in the Marseille region.



Time for change:

On the road with the



1A Mobile Wound Clinic



Wound care when and where it is needed, with the WAS 900 Wound Mobile.



“ The body’s self-healing powers, combined with professional wound care, compose a narrative of hope and victory over life’s challenges. It’s a story I like to share with everyone.”

Tobias Down, Site Manager of the 1A Wound Centre Senden

“Time heals all wounds” said the French philosopher and historian Voltaire in the 18th century and has been quoted ever since in connection with all kinds of grief. But does this statement also apply to every physical wound? If you ask wound expert Tobias Down, then time does indeed play an important role, because wound healing is a process and the body’s own healing mechanisms can take a long time. However, the site manager of 1A Wundzentrum GmbH (Wound Center) in Senden also knows from the experience as a specialised health care professional for intensive care and anaesthesia with the additional qualification of wound therapist ICW® that there are wounds that can even become life-threatening in the worst case scenario without regular medical care. As a specialised wound therapist, Tobias Down carries out wound care, monitors the healing process, advises patients and their relatives and works closely with other medical professionals. During this process, he also sees his role as providing encouragement and improving his patients’ quality of life as much as possible. On average, a wound therapy session with cleaning, treatment and dressing changes takes between 10 and 30 minutes. These are often valuable minutes of closeness and direct cooperation with the patients, during which good conversations always arise, from which Tobias Down also takes a lot away personally. “It’s challenging, but also very fulfilling to be directly involved in people’s healing process. When wound healing takes a long time and affects my patients’ everyday lives, I try to give them back hope through my work. I have seen often enough that even the most stubborn wounds heal if you remain patient and discuss and plan the right treatment with the doctor”, says Tobias Down, describing his motivation.

Healing where it is needed

In order to ensure the right treatment by specially trained medical personnel even in structurally weak areas, Holger Münster, Managing Director of 1A Wundzentrum GmbH, developed the idea for a “Wound Mobile”. Initially on its own initiative, then professionalised in collaboration with WAS, the concept was turned into a ready-to-use vehicle. This was followed by four more Wound Mobiles, which are now in use around Schleswig-Holstein, Lower Saxony, the Ruhr region and soon in Saxony too. There, the crew of specialised nursing staff, such as wound therapists, travel to retirement homes. However, it is also possible for doctors and specialists to hire the vehicle and use it like a practice room, either to provide treatment directly on site or to carry out telemedical consultations. “The concept of the Wound Mobile is very flexible and can in principle be transferred to other centres and locations. The basic idea is to bring medical care to where it is needed”, summarises Holger Münster.

On board the Wound Mobile



The exchange of experience between wound specialists and special vehicle construction led to success in the design and realisation of the Wound Mobile: the WAS 900 Wound Mobile, based on a Ford Transit 2.0l TDCi, houses a fully equipped treatment room in its box body. Patients with complex or chronic wounds are treated here. This is particularly beneficial for people who have difficulty travelling to a medical facility. These include, for example, elderly people, people with limited mobility or those who live in remote areas or are cared for in residential homes.

Depending on the intended use, the equipment includes many dressing materials, disinfectants and instruments for cleaning and treating wounds. The cabinets and drawer systems not

only provide sufficient space for systematic organisation, but also allow the best possible use of space with an appropriate radius of action for treatment. Diagnostic equipment such as ultrasound or Doppler devices for measuring blood flow can also be transported on board. Barrier-free access and a patient couch complete the concept. During the planning phase, particular emphasis was placed on ensuring that the vehicle’s total weight limit of 3.5 tonnes is not exceeded so that every employee can drive it with a class B driving licence.

Looking to the future

Is the Wound Mobile the answer to the challenges of modern wound medicine? Tobias Down is confident: “We are now in a better position to respond to the increasing demands in our speciality. In future, the integration of new technologies into wound management will certainly open up further opportunities. We are currently working on this ourselves and are implementing the televisit as an option for the Wound Mobile.” The time factor also plays a role in the development and implementation of good ideas. We are happy to continue supporting Tobias Down and his team in this exciting process.





“We should stop talking about range.”



Rob MacIntosh on e-mobility at London Ambulance Service

London Ambulance Service (LAS) is one of the largest NHS ambulance services in the UK. Like all of the other 10 Trusts in England, LAS procurement follows common guidelines for a shared vehicle design that ensures ambulances can be used safely by staff at any Trust without the need for retraining. After 15 years with the same vehicle layout, London is now also switching to a revised concept. A task that requires a great deal of cooperation, empathy and expertise. With its decision in favour of e-mobility in the emergency services, the London Ambulance Service is taking on a pioneering role in the industry, which has been met with much praise, but also poses its own challenges.

One of those involved in this change is Rob MacIntosh, who has dedicated his entire professional life to the healthcare sector, starting as a technician for emergency vehicles. Rob has been Head of Fleet at LAS for 2.5 years and brings a wealth of experience from a variety of roles, including administrative positions as workshop and fleet manager at the Welsh Ambulance Service, the private ambulance service National Ambu-

lance in Abu Dhabi and most recently as national fleet manager with St John Ambulance. His ability to combine technical expertise with a deep understanding of the needs of the healthcare sector, as well as his direct line to the response teams, makes Rob MacIntosh a valuable contact for us to gain real-world details and authentic insights into the UK ambulance industry.

“ Rob, the transition to a new vehicle concept is a major task in itself, why is e-mobility in the emergency services important to you in this context?”

The poor air quality in London is no secret. The introduction of electric vehicles is a step in the right direction to reduce pollution and improve air quality in the city. LAS' decision to switch to electric vehicles sends a strong message to the industry. At the end of the day, we are a healthcare provider and want to contribute to the healthy living of the population in this way too.



Was the decision in favour of a new vehicle concept with an electric drive a major change for the emergency services?

The decision to convert the fleet was not a spontaneous one. After more than 15 years with the same design and layout, the fundamental modernisation was necessary in order to continue to comply with current standards and meet our own high demands. We have already made sure to be in close dialogue with representatives of the rescue crews and to incorporate their experiences into the planning. Apart from that, the conversion of our vehicles with combustion engines was, so to speak, an intermediate step in the transition to e-mobility. The crew were able to familiarise themselves with the new design before they were introduced to the electric version. After a short training session on the vehicles' energy management, the crews were ready to go.

That still makes us smile today, because the initial general opinion was that it worked better than expected. So there was some resentment beforehand, but the e-ambulance proved its worth. We used the e-ambulance for a 24-hour shift and it came back with a charge level of 20 %. That naturally inspires confidence. The crews are also enthusiastic about the dynamic and quiet driving characteristics.

Have these positive experiences led to a rethink?

Yes, indeed they have. One of the main lessons learnt is that we in the rescue service should stop talking about range when it comes to e-ambulances. For us, it's not about how far a vehicle can travel in one go. For us, the question is: can the e-ambulance cover a shift? We can answer that very clearly with "yes".

What does the future hold for e-ambulances at LAS and in the rest of the country?

The model will not yet work in rural areas, but according to an analysis, it would still work for over 50 % of all journeys. We are continuing to work on expanding the infrastructure. We have already identified 45 locations for 20 kW charging and are in the process of equipping others for fast charging with 50 kW or more. Where no charging stations can be installed, charging containers for trickle charging and a DC charging station are one solution. We are already in contact with companies about this. If we can drive electrically, we will. Our goal is zero emissions as quickly as possible.

What was the feedback from the teams after their first missions with the new emergency vehicles?

Getting used to something new is a challenge for most people, so we had to win a few hearts and minds in advance, but the new concept quickly proved convincing in practice. The teams are getting used to it and recognising the benefits, especially in terms of the new working methods. They realise that this is a quality product.

And what was it like when the e-ambulances were introduced?



The e-ambulance has proven itself in 24-hour operations.



The London Ambulance Service NHS Trust at a glance



The London Ambulance Service covers an area of around 620 square miles (approx. 1600 square kilometres) from Heathrow in the west to Upminster in the east and from Enfield in the north to Purley in the south across the whole of London: an emergency medical service for almost nine million people living in London, as well as visitors and commuters. It operates 64 ambulance stations and five sectoral centres across London.





LIMEAR makes a strong case for **rescue services in Uganda**



“We are getting there.”

Julius Nduguyangu Mugisha, CEO of LIMEAR Life Medical Rescue Services in Uganda.



LIMEAR ambulances are used throughout Uganda.

The distance between the Ugandan capital Kampala and the WAS headquarters in Emsbüren, Lower Saxony, is approximately 6,250 kilometers as the crow flies - no great distance for Julius Nduguyangu Mugisha. The CEO of LIMEAR Life Medical Rescue Services in Uganda has already travelled to almost every country in the world as part of his previous work for the United Nations. However, the “aha” moment that ignited the spark for his own company came very close to home, in The Hague in the Netherlands.

During a business trip there, he fell ill with a respiratory infection that developed into severe pneumonia within a few days. So weakened, at some point all that remained was to dial the emergency number. Rescue came in the form of two highly equipped vehicles, a fast responder and an emergency ambulance, whose crews were able to start artificial respiration immediately. Julius only survived the dicey situation thanks to the rapid intervention and state-of-the-art medical technology. An experience that changed his life. “If the rescue team hadn’t been on the scene within a very short time, I wouldn’t have made it. That impressed me and made me focus on the rescue service. I thought about how medical care is organised in my home country of Uganda and wanted to help provide the same service there”, says Julius, describing the original idea. The fact that every second counted for him back then is expressed in LIMEAR’s slogan: “When every second counts!”

“We need to raise awareness of the importance of rescue services.”

Just six years later, his medical and ambulance service has been successfully established in Uganda. He started with three second-hand ambulances from the Netherlands, two of which were WAS vehicles. This is how his first contact with WAS came about. Julius was impressed by the quality and durability of the WAS ambulances under the difficult conditions in Uganda. One WAS vehicle is in use as a VIP/MICU ambulance. Today, with 15 emergency vehicles and a team of 32 staff dispatchers in the operations control center, emergency and intensive care paramedics, emergency medicine specialists and trauma doctors, LIMEAR offers medical services for companies, organisations and private individuals. In addition to emergency rescue, this also includes first aid training, medical flight services, inter-facility transfers and on-site emergency support for major events such as concerts or sporting events, remote medical support, medical staffing to mention but a few. LIMEAR ambulances are deployed throughout Uganda: For remote medical support for various companies, for patient transport between hospitals and, above all, as mobile critical care ambulances. In this way, Julius created care structures that are now being established throughout Uganda. “The public ambulance service here is undergoing restructuring, or rather optimisation. Awareness of the importance of the emergency services is not yet very pronounced. A large proportion of the population is not even aware that ambulances do not just transport patients, but they are hospitals on wheels and that their crews can do even more than what can be done in hospitals thus LIMEAR’s principle of taking the hospital to the patient than rushing the patient to the hospital”, says Julius, describing the situation on the ground, adding: “During the coronavirus pandemic, we managed to ventilate a patient for three days and provide him with intensive care using this mobile solution so that he survived, thanks to the alternating deployment of three ambulances. These are the successes that make all the work worthwhile.” And Julius would like to see much more of this, but a lot still needs to be done. For example, coordination between the hospitals. The communication chain from the scene of the emergency to the

hospital is hampered by various factors. These include, for example, a lack of infrastructure due to poor road conditions and a lack of technical equipment such as functioning emergency rescue system especially in public facilities. Standard vehicles can be used in urban environments; outside the city, four-wheel drive vehicles are the most suitable due to the terrain, but in this case the suitability for intensive care transfers still has to be compromised. “Unfortunately, the conditions mean that even some of our highest-quality ambulances cannot reach certain rural areas”, regrets Julius.

“The aim is to provide a comprehensive rescue service in line with European standards.”

Used WAS box-body vehicles based on Mercedes Sprinters and new Toyota Land Cruisers are currently in use at LIMEAR, which have impressed Julius: “Our WAS ambulances, which we purchased in 2018, at that time already 4 years in operation, are the best in the fleet. The durability is immense and the build quality is unrivalled.” The entire WAS team is delighted with such praise, especially Leopold Ekedi, the first point of contact and Head of Sales for customers in Africa, who knows the conditions on the ground from his own experience and knows that a well-equipped emergency vehicle can ultimately only be as good as the infrastructure and medical crew that use it. LIMEAR is also a pioneer in this field with its own control centers, efficient technology and a well-trained team. LIMEAR has a 24-hour call center that uses a globally recognised international medical dispatch system to respond quickly and effectively to calls. The ability to provide the dispatcher with vital medical information and assistance directly, enabling them to take life-saving instruction to the caller before rescuers arrive, often means the difference between life and death. Following the European model, the dispatchers coordinate the movements of the vehicle fleet and ensure that all infor-

mation is passed on to the ambulance crew.

“What other goals does Julius Nduguyangu Mugisha have for the future of LIMEAR?”

“We want to provide efficient and cost-effective emergency medical services in line with European standards for all people in emergencies in East and Central Africa. Or quite simply: we want to save even more lives, but to do this we need many more emergency vehicles and more specialised personnel”, answers Julius, who is already well on the way to achieving this with the planning of a further 17 WAS Land Cruisers.



Region: **East Africa**
 Area: **241,550 km²**
 Population: **47,250,000**
 Capital: **Kampala**
 Currency: **Ugandan shilling (UGX)**
 Languages: **English, Swahili, Luganda, and other local languages**

The landlocked country of Uganda has a total area of 241,550 km² and is located on Lake Victoria. It has direct borders with the five neighbouring countries Congo (Dem. Rep.), Kenya, Rwanda, South Sudan and Tanzania. 72 % of the area is used for agriculture. At 26 %, only a relatively small proportion of the population lives in urban areas. Uganda has 146,000 km of developed road network (compared to 830,000 km in Germany).

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RMH brings new standards to Chile



Mauricio Martin Hartwig founder of the company RMH in Chile.

2024 is an anniversary year for the company RMH in Chile. It is ten years since founder Mauricio Martin Hartwig took the plunge into self-employment in the trade of equipment for fire brigades, rescue services, the military and the police. We have been able to accompany RMH as a sales and service partner for ambulances and special vehicles for six of those years. An inspiring partnership, because not only the charismatic company founder and CEO himself, but also his entire team have a wealth of practical experience. Almost all of the 15 employees in the areas of mechanics, technology, accounting and foreign trade are or were firefighters themselves and have experienced first-hand which equipment and vehicle characteristics empower and strengthen emergency services. Their experience and passion are clearly reflected in the selection of the RMH product portfolio. "The firefighters and medical professionals in Chile are committed and open to new ideas. We want to have a

positive influence on the level of their equipment with our high-quality brands and offer them the best quality so that they can carry out their important tasks well protected", says Mauricio Hartwig, summarising his team's motivation.

Communicating quality holistically

Part of the holistic concept is that products and vehicles are not only sold, but that training is also provided on how to use them. RMH offers training courses so that emergency crews can utilise the full potential of the high-quality equipment. One detail is particularly important to Mauricio: "Our colleagues in the field are not salespeople in the traditional sense who cover certain regions, but product specialists who offer intensive training courses throughout the country free of charge.

They don't just teach how to use an appliance, but how to use it better." RMH is also pursuing the goal of improving the market as a whole.

In the firefighting industry, the framework agreement with the National Association of Firefighters of Chile marks a decisive milestone on this path, because Mauricio knows: "Once you've worked with brand quality, you won't go back to sub-standard."



Practice out of conviction

In the area of pre-hospital care, a major step was taken at the “Expo Hospital” medical trade fair. WAS and Weinmann Emergency Medical Technology exhibited together here in August 2019 - just a few months after WAS RMH had provided a WAS 500 ambulance for demo demonstrations throughout Chile. “From our work in the firefighting sector, we knew that the best way for high-quality technology to gain a foothold is to put it into practice. It was an important step to show a demo ambulance that directly demonstrates the benefits of new quality standards”, recalls Mauricio Hartwig of this success. In the meantime, the first six WAS 500 ambulances have been purchased for use in the most important hospitals in the Maule region (southern Chile, 350 kilometres from Santiago) in the cities of Curicó, Talca, Linares, Constitución, Cauquenes and Parral, and the ambulances have been in use there since the beginning of January 2024.

In addition to raising the quality and safety standards for the SAMU (Service d'Aide Médicale Urgente, emergency rescue service organisation based on the French model), another challenge for the company lies in logistics. Medical technology is almost exclusively imported in Chile; Germany is the second most important supplier after the USA. Long distances to the manufacturing countries and therefore communication with a wide variety of people from different backgrounds are part of RMH's daily business. Mauricio Hartwig and his team are accordingly experienced in coordinating details and importing the right solutions for the Chilean emergency services together with the manufacturers.

A WAS ambulance for Chile

There are also very specific criteria for the WAS ambulance, which were defined in advance in collaboration with our colleagues Andreas Plöger and Dirk Henke. These include off-road capability and climatic adaptability as well as robust communication systems, because Chile is a very diverse country in terms of geography, climate and infrastructure. With an area of approx. 756,700 km², it is more than twice the size of Germany, but comparatively sparsely populated. The landscape consists of coastal areas, valleys used for agriculture and mountainous regions. The region is exposed to natural hazards such as earthquakes and tsunamis on the coast and forest fires in summer. While the urban areas are well developed, the mountainous regions in particular are characterised by gravel roads and limited network coverage. The weather varies from hot, dry summers to cold, rainy winters. In addition, the ambulances should be particularly easy to maintain and the technical requirements should be able to be met on site. In line with the company's philosophy, the right after-sales service is of course also part of the package. RMH offers this by providing a service vehicle and its own workshop as well as in cooperation with authorised workshops for the base vehicles.

Ambitious goals

In just ten years, RMH has established itself as a permanent fixture in the Chilean firefighting and healthcare sector thanks to its commitment and creative drive. And if Mauricio Hartwig has his way, there is still a lot to do: “We have ambitious plans for the future. These include equipping the SAMU throughout Chile in areas as diverse as the desert in the north and the fjords in the south or the large island of Chiloe. To this end, we are also working with the Ministry of Health to plan a new standard of ambulance for Chile. At the same time, we are supporting various fire brigades in finding solutions with WAS 300 van ambulances and units for command posts and communication with WAS 900 disaster relief vehicles.” We look forward to continuing to accompany Mauricio Hartwig and his team on this journey.



RMH first showed a demo ambulance, to make the benefits of new quality standards clear.



AN OVERVIEW OF THE CHILEAN HEALTHCARE SYSTEM

The training of medical staff in Chile is considered to be among the best in South America and the private clinics in the major cities fulfil international standards. There are two parallel healthcare systems with associated clinics and emergency services: a public and a private system. Employees with higher incomes are usually privately insured. However, this is only around 25% of the population. For minor illnesses, the first port of call for many Chileans is the pharmacy for cost reasons.



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