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## Blood 43

### Regional Post-Crash Care Comprehensive Safety Action Plan

*Improving Roadway Trauma Survival Through Prehospital Blood Transfusion*

Field	Information
Prepared by	Hebron Fire Protection District
Program	Blood 43 Prehospital Blood Transfusion Program
Defined Action Plan Area	Boone County, Kentucky
Regional Support Area	Neighboring jurisdictions through existing mutual-aid processes, as applicable
Program Launch Date	July 1, 2026
Plan Status	Published
Date of Most Recent Update	05/20/2026
Public Posting Location	<a href="https://www.hebronfire.org/blood43">https://www.hebronfire.org/blood43</a>

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# Executive Summary

The Hebron Fire Protection District is implementing Blood 43, a prehospital blood transfusion program designed to improve survival after serious roadway crashes involving suspected life-threatening hemorrhage. Blood 43 strengthens the post-crash care component of the Safe System Approach by reducing the time between traumatic injury and blood product administration for patients experiencing hemorrhagic shock.

This Comprehensive Safety Action Plan focuses on Boone County, Kentucky, where Blood 43 is based and where the crash history analysis will be conducted. Boone County includes high-volume local, regional, and interstate travel corridors, including I-75/I-71 and I-275. Blood 43 may also support neighboring jurisdictions and counties through existing mutual-aid processes; however, Boone County is the defined Action Plan area for this document.

From 2019 through 2023, Boone County experienced 1,549 minor injury crashes, 254 serious injury crashes, and 54 fatal crashes. These crashes demonstrate a persistent roadway trauma burden and establish the need for improved post-crash care strategies focused on survivability after serious crashes.

Blood 43 will launch on July 1, 2026. HFPD has already purchased the core equipment needed to launch the program. SS4A funding is requested to implement and sustain Blood 43 as a post-crash care strategy by funding blood products and disposable transfusion supplies directly tied to roadway trauma response and post-crash care.

This plan is structured around the seven SS4A Comprehensive Safety Action Plan components: leadership commitment and goal setting, planning structure, safety analysis, engagement and collaboration, policy and process changes, strategy and project selections, and progress and transparency.

## 1. Leadership Commitment and Goal Setting

### 1.1 Public Commitment

Hebron Fire Protection District will adopt this Action Plan through its official policy and guideline manual and will publicly post the plan on its website, [www.hebronfire.org/blood43](http://www.hebronfire.org/blood43). HFPD leadership commits to supporting the eventual elimination of roadway fatalities and serious injuries by strengthening post-crash care and improving survivability after serious roadway crashes in Boone County.

Through Blood 43, HFPD will implement and evaluate a prehospital blood transfusion program designed to reduce preventable post-crash deaths from traumatic hemorrhage. HFPD will evaluate program progress annually through 2031 and will use crash data, EMS response data, and Blood 43 activation data to guide future improvements.

## 1.2 Safety Goal

HFPD supports the long-term goal of zero roadway fatalities and serious injuries. This Action Plan advances that goal by improving post-crash care and reducing delays to hemorrhage resuscitation for eligible roadway trauma patients.

Safety Target: HFPD will support the long-term goal of zero roadway fatalities and serious injuries by implementing Blood 43 as a post-crash care strategy and by annually evaluating Boone County fatal and serious injury crash trends, Blood 43 crash-related activations, time-to-blood performance, and patient outcome indicators through 2031.

## 1.3 Program-Specific Targets

Target Area	Proposed Target
Program launch	Blood 43 operational on July 1, 2026.
Training	100% of assigned Blood 43 paramedics trained and competency verified before independent operation.
Response readiness	Blood products and disposable transfusion supplies available for deployment during defined operational periods.
Time-to-blood	Establish baseline time-to-blood data during the five-year evaluation period, then reduce delays where operationally feasible.
QA review	100% of transfusion activations reviewed through EMS quality assurance/performance improvement.
Partner education	Provide initial program education to Boone County and area EMS partners so that they may rapidly recognize patients who may benefit from a prehospital blood transfusion.
Transparency	Post the Action Plan publicly and provide annual public progress reporting using aggregate, non-PHI data.

## 1.4 Supporting Documentation

Document Title	Page(s) / Location
HFPD Safety Action Plan Adoption Notice / Official Public Announcement	Attachment 1: Official Adoption of the Blood 43 Regional Post-Crash Care Comprehensive Safety Action Plan
Public webpage showing Action Plan posting and commitment language	<a href="https://www.hebronfire.org/blood43">https://www.hebronfire.org/blood43</a>

## 2. Planning Structure

Development of the Blood 43 Action Plan and operational program was led by an internal implementation group within the Hebron Fire Protection District. The implementation group was led by Division Chief of EMS Adam McElhaney and included Fire Chief Adam Peddicord, Assistant Fire Chief Austin Kresser, and HFPD Medical Director Jason Murray, MD.

This group was responsible for developing the program concept, reviewing operational needs, creating clinical and administrative procedures, coordinating medical oversight, identifying equipment and supply needs, developing the training approach, and preparing the program for implementation. The group will continue to oversee implementation, monitoring, quality assurance, and future updates to the Action Plan.

Member	Role	Responsibility
Adam McElhaney, Division Chief of EMS	Implementation Group Lead	Program development, grant planning, operational design, training coordination, and Action Plan development.
Adam Peddicord, Fire Chief	Executive Leadership	Departmental leadership, administrative approval, and interagency coordination.
Austin Kresser, Assistant Fire Chief	Operational Leadership	Operations integration, staffing, deployment readiness, and agency coordination.
Jason Murray, MD, HFPD Medical Director	Medical Oversight	Clinical authorization, protocol review, transfusion indications, and QA/QI oversight.

## 2.1 Ongoing Oversight Responsibilities

- Review roadway crash and EMS response data relevant to Blood 43.
- Monitor Blood 43 implementation and program readiness.
- Review all Blood 43 activations and transfusions through QA/QI.
- Recommend changes to dispatch, mutual-aid, training, documentation, and operational procedures.
- Review annual progress measures and prepare public reporting.
- Update this Action Plan as new data, operational experience, and stakeholder feedback become available.

## 3. Safety Analysis

### 3.1 Defined Project Area

The defined project area for this Action Plan is Boone County, Kentucky. Boone County was selected because it is the home jurisdiction of the Hebron Fire Protection District, the location of the Blood 43 program, and a major transportation corridor for local, regional, and interstate travel. Boone County includes high-volume roadways and interstate corridors, including I-75/I-71 and I-275, which support commuter, commercial, airport, and regional trauma transport traffic.

Blood 43 may also support neighboring counties and jurisdictions through existing mutual-aid processes. Those responses are considered regional support activity; Boone County remains the defined Action Plan area for crash history and annual trend reporting.

### 3.2 Boone County Crash History, 2019-2023

Boone County Crash Severity	2019-2023 Total
Minor injury crashes	1,549
Serious injury crashes	254
Fatal crashes	54

The serious injury and fatal crash totals demonstrate the primary roadway safety problem addressed by this Action Plan. Minor injury crash data is included for context, but the plan prioritizes fatal and serious injury outcomes consistent with SS4A goals.

### 3.3 Safety Problem Addressed

Blood 43 addresses the post-crash care component of roadway safety by improving access to prehospital blood products for patients with suspected life-threatening hemorrhage. While not all fatal or serious injury crashes involve hemorrhagic shock, traumatic bleeding is a critical and time-sensitive cause of preventable death. Blood 43 is designed to reduce delays between crash occurrence, EMS contact, and blood product administration for eligible patients.

### 3.4 Crash Location and Severity Analysis

HFPD will attach a Boone County crash map showing the location of 2019-2023 fatal and serious injury crashes. The map includes major corridors, the fire station that Blood 43 is housed at, and the location of the region’s only level 1 trauma center, the University of Cincinnati. The map will serve as the geospatial identification of higher-risk locations or High Injury Network equivalent for this post-crash care Action Plan. Data analysis shows that the majority of crashes in Boone County occur on or around its major interstates. The clustered collision pins highlight that Blood 43 will most commonly be deployed to or around its major interstates, and that Blood 43 is well-positioned to make a difference in the outcomes of patients.

- Fatal crash and serious injury crash locations.
- Crash clusters near interstate corridors, interchanges, high-speed roadways, and major arterials.

### 3.5 Contributing Factors and Crash Types

To the extent available in the crash data source, the final safety analysis should categorize fatal and serious injury crashes by:

- Motor vehicle occupant crashes.
- Commercial vehicle crashes.
- Interstate roadway crashes.
- Nighttime or impaired driving crashes.
- Run-off-road, intersection, rollover, and entrapment/extrication crashes.

### 3.6 Post-Crash Care and Emergency Response Analysis

The Blood 43 program will add post-crash care measures to the roadway safety analysis, including:

Post-Crash Care Factor	Relevance
Time from 911 dispatch to Blood 43 arrival	Measures initial emergency response access.
Time from Blood 43 arrival to patient contact	Captures extrication/access issues when available.
Time from patient contact to transport	Captures scene-time and stabilization delays.
Time from patient contact to transfusion initiation	Primary time-to-blood performance measure.
Time from crash/dispatch to hospital arrival	Measures access to definitive care.
Distance/transport interval to trauma centers	Identifies geographic survivability gaps.
Blood 43 activation/rendezvous time	Measures feasibility of regional deployment.

### 3.7 High Injury Network or Equivalent

If Boone County or a regional planning partner has an adopted High Injury Network that includes Boone County corridors, HFPD will compare Blood 43 deployment planning against that network. If no formal High Injury Network is available, the 2019-2023 Boone County fatal and serious injury crash map will serve as the High Injury Network equivalent for this Action Plan. This alternative data source is made publicly available by the Kentucky State Police (KSP). The KSP data source allows filtering of the collision date, location, injury severity, number of injured persons, number of fatally injured persons, environmental factors involved (wet roads, icy conditions, etc.), human factors involved, and dozens of other metrics.

### 3.8 Data Limitations

- Crash report data and EMS patient care report data may use different identifiers and may not be easily linked.
- Hospital outcome data may be limited by privacy, data-sharing, or trauma registry access.
- The number of transfusion-eligible roadway crash patients may be small during the evaluation period, limiting statistical power.
- Blood 43 may support non-roadway traumatic hemorrhage or medical indications when clinically appropriate; SS4A evaluation will specifically track roadway crash-related activations.

### 3.9 Supporting Documentation

Document Title	Page(s) / Location
Boone County 2019-2023 Crash Data Summary and Source Documentation	Section 3.2, source: <a href="http://crashinformationky.org/">http://crashinformationky.org/</a>
Boone County Fatal and Serious Injury Crash Map / High Injury Network Equivalent	Attachment 2
EMS Response and Transport Time Analysis	Included in Attachment 2

## 4. Engagement and Collaboration

HFPD conducted regional stakeholder engagement to ensure that Blood 43 would function as a practical post-crash care resource for Boone County and surrounding EMS partners.

### 4.1 February 11, 2026 Local Fire/EMS Leadership Meeting

On February 11, 2026, HFPD met with local area fire and EMS leadership to discuss the proposed Blood 43 program, including operational need, regional request processes, response/rendevous options, and how the program could support neighboring EMS agencies during serious traumatic hemorrhage incidents.

- City of Florence Fire/EMS.
- Cincinnati/Northern Kentucky International Airport Fire/EMS.
- Burlington Fire Protection District.
- City of Erlanger Fire/EMS.
- Elsmere Fire Protection District.

## 4.2 February 18, 2026 Regional Stakeholder Meeting

On February 18, 2026, an additional regional stakeholder meeting took place with Boone County fire chiefs and public safety and healthcare partners. Participants included representatives from the following stakeholder groups:

- Boone County Fire Chiefs.
- Boone County Sheriff's Office.
- Boone County Coroner's Office.
- Boone County Dispatch
- St. Elizabeth Healthcare.
- University of Cincinnati Medical Center.
- University of Cincinnati Air Care.
- Air Evac Lifeteam 133.

## 4.3 How Engagement Shaped the Program

Feedback from these meetings shaped Blood 43 from a department-based program into a regional post-crash care asset. Stakeholders discussed how Blood 43 could be requested, how response or rendezvous could occur, and how the program would integrate with trauma center transport, air/ground EMS coordination, and existing EMS operations. Based on the engagement process, HFPD determined that Blood 43 could operate under existing mutual-aid agreements, allowing regional support without the need for a new initial intergovernmental agreement.

## 4.4 Ongoing Engagement

HFPD will continue engagement through partner agency education, post-activation feedback, QA/QI review, and annual public progress reporting. Public information and aggregate program progress will be posted online while protecting patient privacy and protected health information.

## 4.5 Supporting Documentation

Document Title	Page(s) / Location
Blood 43 Stakeholder Engagement Summary	Blood 43 Stakeholder Engagement and Collaboration Summary

# 5. Policy and Process Changes

The Blood 43 planning process included review of current EMS response, dispatch, mutual-aid, trauma care, medical direction, and blood handling processes. The review identified the need for new or revised policies and procedures to safely implement prehospital blood transfusion as a post-crash care strategy.

## 5.1 Policy and Process Areas Reviewed

Policy / Process Area	Safety Relevance
Southwest Ohio Protocol T700: Blood and Blood Product Administration	Determines indications and contraindications for blood product administration.

Policy / Process Area	Safety Relevance
Medical direction policies	Establishes clinical authority, oversight, and competency standards.
Blood product issue/return procedures	Ensures safe product storage, accountability, and disposition.
Temperature monitoring/excursion procedures	Maintains product viability and patient safety.
Dispatch and CAD procedures	Determines how quickly Blood 43 can be requested and deployed.
Mutual-aid procedures	Determines regional access to Blood 43.
Trauma destination and hospital notification guidelines	Aligns blood administration with trauma system transport.
Training and competency process	Ensures safe and consistent transfusion practice.
QA/QI process	Ensures case review and continuous improvement.

## 5.2 New or Revised Policies

- Blood 43 Standard Operating Guideline, containing:
  - Blood Product Storage, Issue, Return, and Disposition Procedure.
  - Blood 43 Temperature Monitoring and Excursion Procedure.
  - Blood Center Notification.
- Blood 43 Training and Competency Plan.

## 5.3 Implementation Through Policy Adoption

These policies will be implemented through HFPD administrative approval, Medical Director approval, blood center coordination, and partner agency education. Final policies will be incorporated into HFPD operational guidelines and training materials.

## 5.4 Supporting Documentation

Document Title	Page(s) / Location
Blood 43 Standard Operating Guideline	<a href="https://www.hebronfire.org/blood43">https://www.hebronfire.org/blood43</a>
Blood 43 Training and Competency Plan	<a href="https://www.hebronfire.org/blood43">https://www.hebronfire.org/blood43</a>

# 6. Strategy and Project Selections

## 6.1 Strategy Selection Framework

Strategies in this Action Plan were selected based on:

- Ability to reduce fatal and serious injury outcomes.
- Relevance to serious roadway crash victims and post-crash survivability.
- Time sensitivity of the intervention.
- Readiness for implementation by July 1, 2026.
- Regional benefit and mutual-aid feasibility.
- Ability to measure outputs and outcomes over time.
- Sustainability after launch.

## 6.2 Priority Strategy: Blood 43 Prehospital Blood Transfusion Program

The primary strategy is the implementation and sustainment of Blood 43 as a prehospital blood transfusion capability for Boone County and, when requested, neighboring agencies through mutual aid. Blood 43 will equip trained HFPD paramedics to administer blood products to eligible patients with suspected life-threatening hemorrhage prior to hospital arrival. The program supports serious roadway crash victims through direct response, intercept, or rendezvous with requesting EMS agencies.

## 6.3 Funding Request and Sustainability Strategy

HFPD has already purchased the core equipment needed to launch Blood 43. SS4A funds are requested to sustain the implementation and evaluation by funding blood products and disposable transfusion supplies directly tied to roadway trauma response. Requested support includes units of plasma, packed red blood cells, LifeFlow rapid blood/fluid infuser supplies, QinFlow Compact disposable units, tranexamic acid, calcium gluconate or calcium chloride, normal saline, and related disposable transfusion supplies. While the usage of whole blood is preferred, its availability is extremely limited from our blood center, Hoxworth Blood Center. As of May of 2026, only the University of Cincinnati Emergency Department has whole blood readily available. University of Cincinnati Air Care, Air Evac Lifeteam 133, and all other regional hospitals and EMS agencies supplied by Hoxworth do not carry whole blood. It is our hope that with continued collaboration, whole blood will become more readily available from Hoxworth Blood Center.

The estimated cost per blood transfusion activation is \$955. Based on a planning estimate of three transfusion activations per month, the estimated annual cost is \$34,380. Over five years, the estimated program sustainability cost is \$171,900. These funds will allow Blood 43 to remain operational as a post-crash care resource and will support evaluation of whether prehospital blood transfusion reduces delays in hemorrhage resuscitation for serious roadway crash victims.

Cost Item	Estimated Cost
Estimated cost per prehospital blood transfusion	\$955 Breakdown: <ul style="list-style-type: none"> <li>• 1 Unit of Plasma: \$95</li> <li>• 1 Unit of Packed Red Blood Cells: \$245</li> <li>• LifeFlow Rapid Infuser: \$409.97</li> <li>• QinFlow Compact Disposable Unit: \$126.99</li> <li>• Tranexamic Acid and Supplies: \$13</li> <li>• Calcium Gluconate and Supplies: \$64.80</li> </ul>
Estimated prehospital blood transfusions per month	3
Estimated annual blood transfusion supply cost	\$34,380
Estimated five-year transfusion supply cost	\$171,900

## 6.4 Project and Strategy List

Priority	Strategy / Project	Description	Timeframe	Lead
1	Launch Blood 43 prehospital transfusion program	Begin operational service on July 1, 2026.	Short-term: 0-12 months	HFPD
2	Sustain blood product availability	Support packed red blood cells, plasma,	Short-term and ongoing	HFPD / Hoxworth

Priority	Strategy / Project	Description	Timeframe	Lead
		and transfusion-related supplies for eligible activations.		
3	Maintain disposable transfusion supply chain	Support LifeFlow, QinFlow Compact disposables, medications, saline, and other disposable supplies.	Short-term and ongoing	HFPD
4	Train and credential Blood 43 paramedics	Complete initial and ongoing competency validation for assigned personnel.	Short-term and ongoing	HFPD / Medical Director
5	Establish dispatch/CAD and mutual-aid request process	Make Blood 43 a requestable post-crash care resource through existing mutual-aid channels.	Short-term	HFPD / Dispatch partners
6	Educate partner EMS agencies	Provide activation criteria, crew preparation guidance, and rendezvous expectations.	Short-term: 0-18 months	HFPD
7	Track crash-related activations and time-to-blood	Measure deployment, transfusion timing, and roadway crash-specific utilization.	Short-/mid-term	HFPD
8	Conduct QA/QI and program evaluation	Review all activations with medical direction and relevant partners.	Ongoing	HFPD / Medical Director
9	Evaluate future expansion or modification	Use evaluation period results to determine whether additional resources, partners, or operational changes are warranted.	Mid-/long-term: 24-60 months	HFPD

## 6.5 Program Evaluation

Blood 43 will be evaluated as an implementation program. The five-year evaluation period will measure:

- Number of Blood 43 activations.
- Number and percentage of activations associated with roadway crashes.
- Response or rendezvous location.
- Time from dispatch to Blood 43 arrival/rendezvous.
- Time from patient contact to transfusion initiation.
- Time from crash/dispatch to hospital arrival when available.
- Number and type of blood products or transfusion supplies used.
- Survival to emergency department arrival, where available.
- Survival to admission or discharge, where available through QA or trauma system feedback.
- Protocol compliance, temperature excursions, and blood product wastage.

## 7. Progress and Transparency

### 7.1 Progress Measurement

Progress will be measured annually using both outcome and process data. HFPD will protect patient privacy by reporting aggregate data only and excluding protected health information from public reports.

### 7.2 Outcome Measures

Outcome Measure	Description
Fatal roadway crashes in Boone County	Annual and five-year trend.
Serious injury roadway crashes in Boone County	Annual and five-year trend.
Roadway crash patients receiving Blood 43 support	Number of crash-related activations/transfusions.
Survival to ED arrival	Immediate survivability measure where available.
Survival to hospital admission/discharge	Longer-term outcome measure where available through QA or hospital feedback.
Time to blood product administration	Primary post-crash care performance measure.
Time from crash/dispatch to trauma center arrival	System-level response measure where available.

### 7.3 Process Measures

Process Measure	Description
Number of trained paramedics	Program readiness.
Number of partner agencies educated	Regional readiness.
Number of Blood 43 activations	Program utilization.
Number of roadway crash-related activations	SS4A-specific utilization.
Protocol compliance rate	Safety and quality.
Temperature excursion rate	Blood product safety.
Blood product wastage rate	Sustainability.
QA completion rate	Program oversight.
Average dispatch-to-rendezvous time	Operational performance.
Annual Action Plan update completed	Transparency and accountability.

### 7.4 Public Reporting

HFPD will post this Action Plan publicly online at <https://www.hebronfire.org/blood43> and will provide an annual public progress update. The annual update should include the status of Blood 43 implementation, roadway crash-related activation summary, updated fatal and serious injury crash trends, progress toward program targets, lessons learned, policy or process changes, and planned next steps.

### 7.5 Plan Updates

This plan should be reviewed and updated:

- At least annually during the evaluation period.
- After the first full year of Blood 43 operation.
- After major changes in program scope, service area, or medical protocol.
- When new crash data becomes available.
- When regional transportation safety plans are updated.

- Before future SS4A Implementation Grant applications, if needed.

## 7.6 Supporting Documentation

Document Title	Page(s) / Location
Public webpage where plan is posted	<a href="https://www.hebronfire.org/blood43">https://www.hebronfire.org/blood43</a>

## 8. Action Plan Date

This Action Plan will be finalized and officially adopted or updated before the SS4A application deadline.

Document Title	Date of Most Recent Update	Page(s) / Location
Blood 43 Regional Post-Crash Care Comprehensive Safety Action Plan	05/20/2026	Cover page / Section 8
HFPD Policy Manual Adoption Notice / Official Public Announcement	05/20/2026	<a href="https://www.hebronfire.org/blood43">https://www.hebronfire.org/blood43</a>

## Appendix A: Self-Certification Eligibility Worksheet Crosswalk

Worksheet Item	Requirement	Where Addressed	Current Status
1. Leadership Commitment and Goal Setting	Public commitment to eventual zero roadway fatalities and serious injuries, with target/timeline.	Section 1	Supported by official announcement, posted publicly on website.
2. Planning Structure	Committee/task force/group charged with development, implementation, and monitoring.	Section 2	Supported by HFPD implementation group.
3. Safety Analysis	Crash trends, locations, severity, contributing factors, systemic/specific needs, and geospatial high-risk locations.	Section 3	Supported by crash data source attachment and map.
4. Engagement and Collaboration	Public/stakeholder engagement, incorporation of feedback, and intergovernmental coordination.	Section 4	Supported by February 11 and February 18 stakeholder meetings.
5. Policy and Process Changes	Assessment of policies/processes and implementation through revised or new procedures.	Section 5	Supported by Blood 43 SOG and Southwest Ohio Protocol
6. Strategy and Project Selections	Comprehensive project/strategy list, timeframes, and prioritization criteria.	Section 6	Included.

<b>Worksheet Item</b>	<b>Requirement</b>	<b>Where Addressed</b>	<b>Current Status</b>
7. Progress and Transparency	Outcome measures, annual public reporting, and public online posting.	Section 7	Will be posted to <a href="https://www.hebronfire.org/blood43">https://www.hebronfire.org/blood43</a>
8. Action Plan Date	Finalized or updated between 2021 and May 26, 2026.	Section 8	Final adoption date: 05/20/2026



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**DEPARTMENTAL MEMO**

**Official Adoption of the Blood 43 Regional Post-Crash Care Comprehensive  
Safety Action Plan**

Hebron Fire Protection District has formally adopted its Blood 43 Regional Post-Crash Care Comprehensive Safety Action Plan as part of its official policy and guideline framework. HFPD supports the long-term goal of eliminating roadway fatalities and serious injuries by strengthening post-crash care in Boone County and surrounding areas. Through Blood 43, HFPD will implement and evaluate a post-crash care prehospital blood transfusion program from July 1, 2026, through June 30, 2031, focused on reducing delays to prehospital blood product administration for serious roadway crash victims with suspected life-threatening hemorrhage.

Signed,

*Adam McElhaney*

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**Adam McElhaney BSN, RN, NRP**

*Division Chief of EMS*

Hebron Fire Protection District

Work: (859) 586-9009 ext. 112



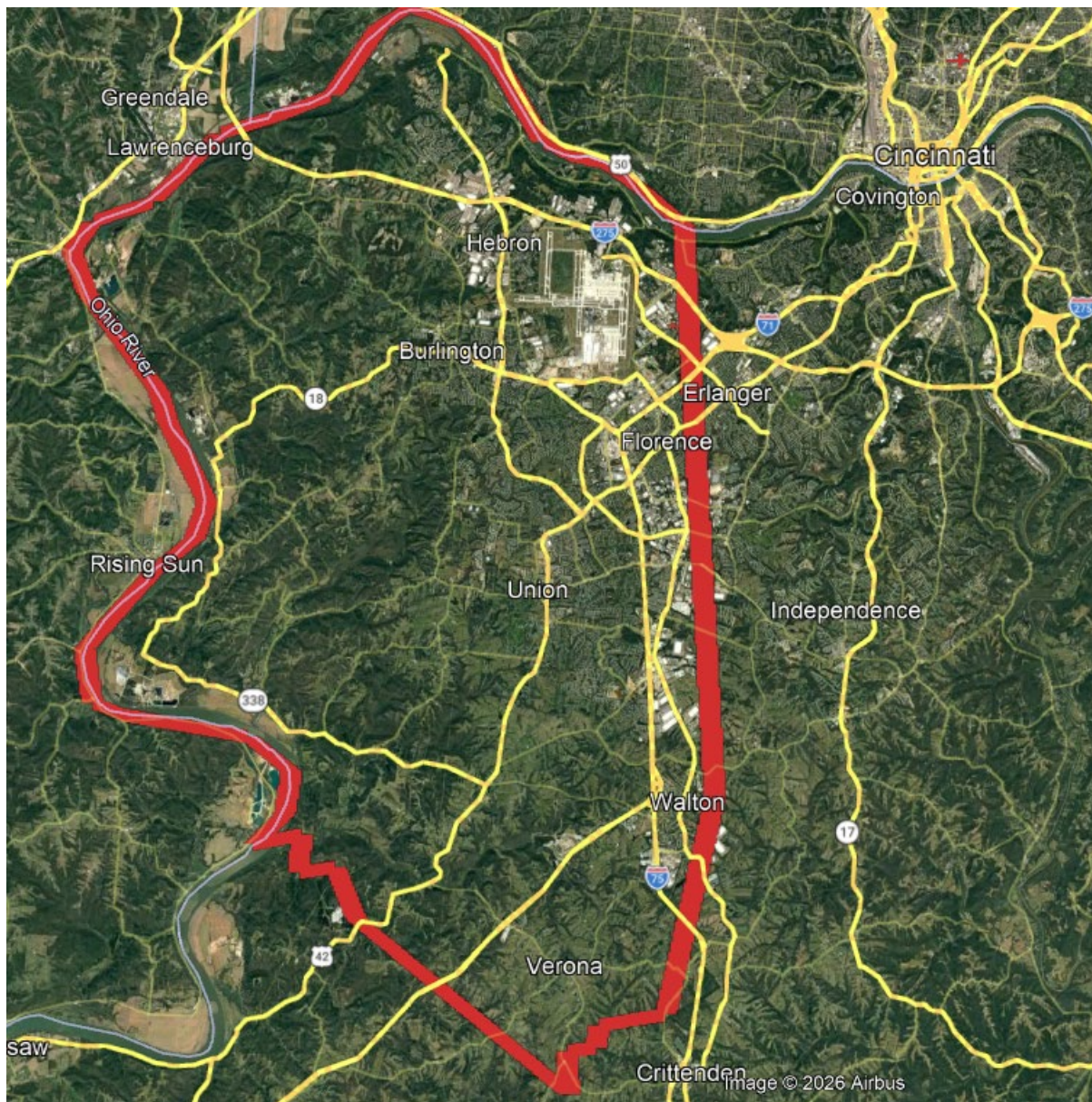


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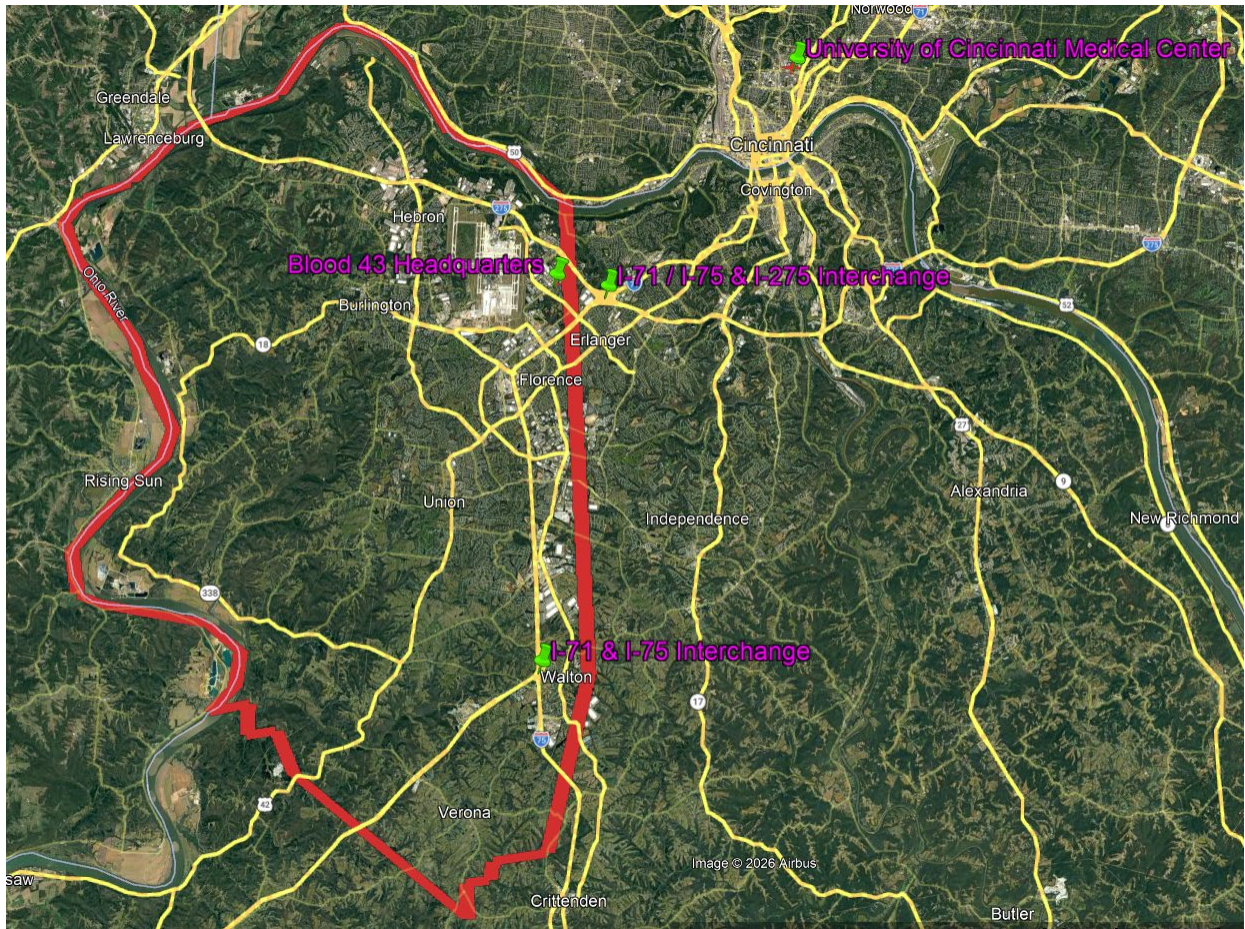
Austin Kresser, Asst. Chief  
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## Attachment 2

Map of Boone County, Kentucky, showing county boundaries, I-71/I-75, and I-275



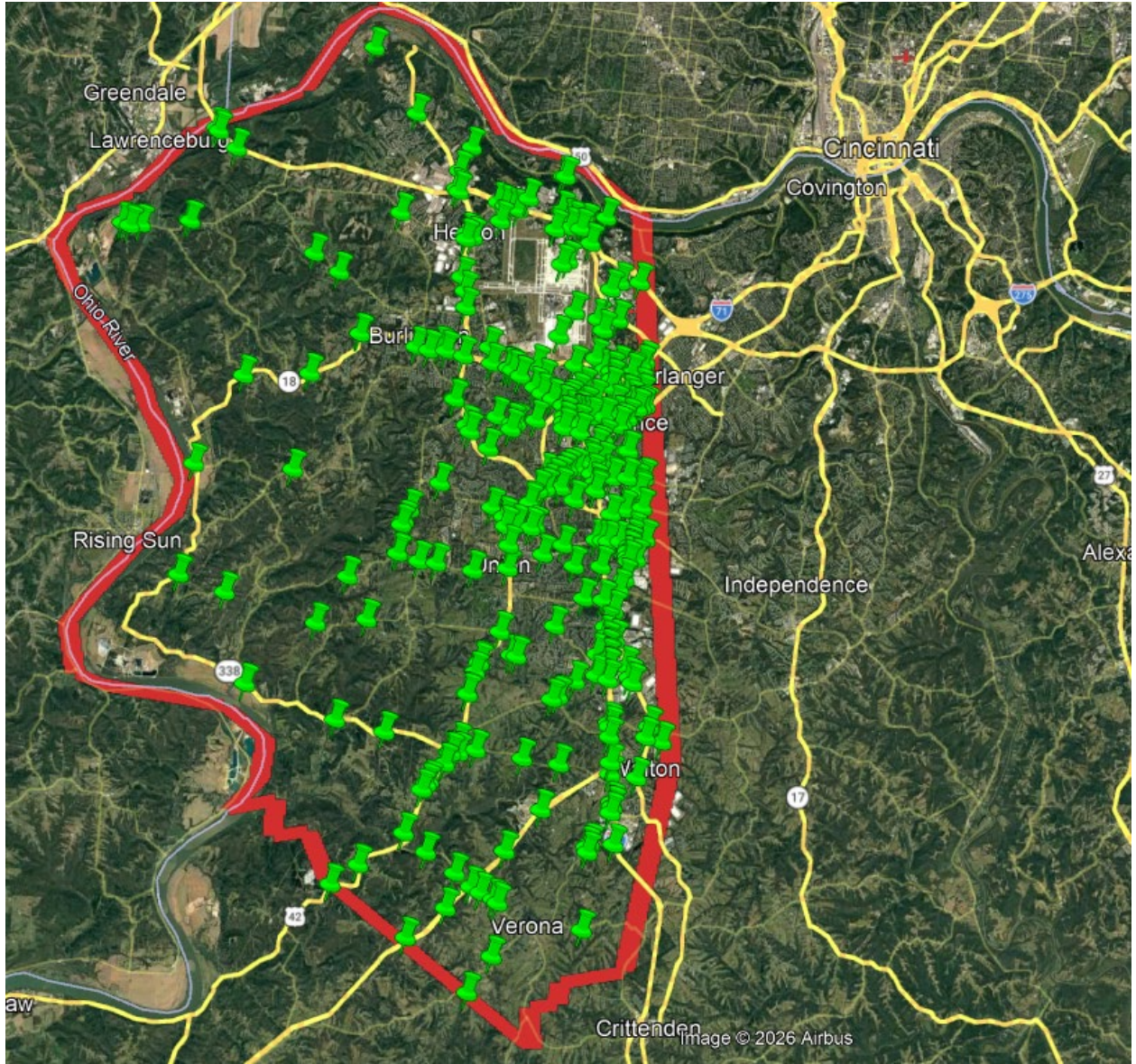
Map of Boone County, Kentucky, showing county boundaries, the fire station that Blood 43 is headquartered at, the I-71 / I-75 & I-275 interchange, the I-71 & I-75 interchange, and the University of Cincinnati Medical Center, the only Level 1 Trauma Center.



## Response & Transport Times Timetable

Blood 43 to I-71 / I-75 & I-275 Interchange	5 minutes
Blood 43 to I-71 & I-75 Interchange	15 minutes
Blood 43 to University of Cincinnati	24 minutes
I-71 & I-75 Interchange to University of Cincinnati	30 minutes
I-71 / I-75 & I-275 Interchange to University of Cincinnati	17 minutes

Map of Boone County, Kentucky, showing county boundaries, and the 308 vehicle collisions that were categorized as “serious injury crashes” or “fatal crashes.”



Map of Boone County, Kentucky, showing county boundaries, and the 54 fatal collisions.

