

Minutes of 2014 ICAR MEDCOM Fall Meeting

Tuesday October 7 and Wednesday October 8, 2014

Welcome

President Fidel Elsensohn welcomed the members of the Commission and guests.

Attending

NAME	ORGANIZATION	Off. Delegate	email
Hillebrandt Dave	UIAA MEDCOM President	+	dh@hellebrandt.org.uk
Strapazzon Gicaome	CNSAS	+	giacomo.strapazzon@eurac.edu
Paal Peter	BRD im AVS	+	peter.paal@chello.at
Brown Doug	CSMM	+	dougbrown@gmail.com
Edvinsson Per-Olof	Police Sweden	+	per-olof.edvinsson@kiruna.nu
Nordgren Marie	Swedish Mountain Rescue	+	marie.nordgren@ostersund.st
Agazzi Gege	CAI Med.Gr	+	gege@orobianet.it
Miskovic Petar	Croatian MR Ass.	+	petar.miskovic@gmail.com
Mijuskovic Marija	Montenegrin MR Ass	+	mijuskovic.marija@gmail.com
Aleraj Borislav	Croatian MR Ass	+	borislav-aleraj@zg.t-com.hr
O'Gorman Joe	MR Ireland	+	ogormanjp@gmail.com
Oshiro Kazue	Jap.SMM	+	kazooshiro@gmail.com
Tomazin Iztok	Slovenia MR Ass	+	itomazin@siol.net
Schiffer Johannes	Bergwacht Bayern	+	jschiffer@t-online.de
Zen-Ruffinen Gregoire	OCVS-KWRO	+	grenruffinen@air-glacier.ch
Reisten Oliver	OCVS-KWRO	+	oliver.reisten@air-zermatt.ch
Brugger Hermann	Eurac, Hon.Member	+	hermann.brugger@eurac.edu
Roy Steven	ISMM	+	steve.roy@wilderness.md
Watson Dave	CSMM, MW Heliski	+	dewa369@gamil.com
Burko Jeff	Peak emerg. response training	+	jeff@peakemergencytraining.com
Swangard Michael	CSMM, Hon.Member	+	swangard@shaw.ca
Brink Bruce	CSMM	-	bruceabring@gmail.com
Blancher Marc	French MR Ass	+	mblancher@chu-grenoble.fr
Price Richard	New Zealand SAR	+	dickprice@xtra.co.nz
Greene Michael	MR England and Wales	+	docmgreene@hotmail.com
Boyd Jeff	Parks Canada	+	jbikar@telus.com
Ellerton John	ICAR MEDCOM (VP)	+	johnellerton01@btinternet.com

Zafren Ken	MRA US (VP)	+	zafren@alaska.com
Kottmann Alex	REGA	+	alex.kottmann@me.com
Kubalova Jana	Czech MR Ass, UIAA MEDCOM	+	Kubalova.jana@zzsjmk.cz
Moskal Woiciech	GOPR Poland	+	w.moskal@poczta.fm
Apelgvist Kare	Swedish MR	-	kare@apelgvist.se
Gall Tom	Portland MR	-	peregrine.seven@gmail.com
Duncan Richard	Everett MR	-	rduncan478@yahoo.com
Wheeler AJ	Grand Teton NP TCSAR	-	wheelerdoc@mac.com
McIntosh Scott	WMS, Wasatch Backcountry R	+	scott.mcintosh@hsc.utah.edu
Williams Jason	University of New Mexico	-	jwilliams@salud.unm.edu
Sumann Günther	OEGAHM	+	guenther.sumann@aon.at
Willcox John	Squamish SAR	-	jwillcox@telus.net
Bussieres Kizanne	CSPS	+	lizannebussieres@yahoo.com
Albasini Francois	French MR Ass	-	albasini.f@gmail.com
Makos terry	Peak Emergency Response	-	tmakos@teluspcanet.net
Haselbacher Matthias	OEBRD	+	Matthias.haselbacher@uki.at
Sheets Alison	MRA Medcom	-	alisonsheets@usa.net
Glatterer Skeet	MRA	-	glatterer@comcast.net
Wang Dale	Rocky Mountain Rescue, Boulder	-	dswang@usa.net
McLoughlin Kyle	Parks Canada, CMH Heliskiing	+	Kyle.mcloughlin@me.com
McPhalen Dan	KCPS Alberta Canada	-	danmcp halen@gmail.com

Apologies

Urs Wiget, Forster Herbert, Nicole Gantner-Vogt, Theoharis Sinifakoulis, Oleg Tscholakov, Volker Lischke, Sven Christjar Skaiaa, Rik de Decker, Inigo Soteras

Report of the preconference workshops

The preconference workshops were a great success. Fidel thanked everyone who participated and especially those who organized the workshop: Alex Kottman, Mark Blancher, Jeff Boyd Dave Watson, Johannes Schiffer and Fidel Elsensohn.

Introductions. Introduction of members and guests.

Outline of the program. Fidel outlined the program for the meeting.

Presidents Report:

ICAR Spring Meeting Bolzano:

Report of Suzy Stokes and Pranav Koraila about the Avalanche Accident on Mt. Everest
Disussion on first Aid Kit and Avalanche Victim Checklist.
Also a pre-conference meeting about different issues of the Diplomas.
See minutes on <http://www.stage4.us/icar>

Report or EC-Board Meetings: IKAR Board Meeting:2014_01_25 Liechtenstein

the finances are sound.

The assets are considerably more than the short term requirements for liquid means. Therefore, part of the capital has been invested into first class bonds.

The year 2013 terminates with a **profit** of EUR 7'326.64.

This includes a refund of EUR 16'200 (EUR 15'000 + 8% VAT) to ARS for the ICAR Office.

The net **capital** as of Dec. 31, 2013 amounts to **EUR 135'143.83**.

Board's discussion on the budget 2015 and how the long term financial situation shall be improved.

o The increase in sponsors is difficult and limited to the set ceiling.
o The realistically possible amount of new members also does not bring us substantially forward.
Other options are:

- o Increase of membership fees and/or sponsoring fees?
- o Reduction of translation costs, English language only?
- o Reduction of financial participation in commission costs?

Before any fees shall be increased, the ICAR Board wants to reduce costs. If this measure does not solve the long term challenges, then an increase in fees shall be an option in the future.

The ICAR Board decides to maintain the current fees unchanged, to maintain the financial participation in commission costs, but to completely cut the costs for translation.

That way the proposed ICAR budget for 2015 can have a positive result,

Board elections 2014

4.1. Candidatures for ICAR President

In time we have received 2 candidatures for ICAR President:

- Patrick Fauchère
- Franz Stämpfli

While Patrick Fauchère is well known ours, Franz Stämpfli is new to our community. He introduced himself personally at the Board Meeting with the enclosed presentation. Various questions could be asked and answered personally (management of the various mandates, global visions, paradigms, rescue experience, networking potential and the information that his Olympic mandate will end).

- Assembly of Delegates will vote

Resignation Assessor Thomas Griesbeck

Thomas Griesbeck informed the ICAR Board at its meeting that he will resign as an ICAR Board Assessor for personal reasons. This information reached us after the 3 month deadline that is mandatory to deposit candidatures for the ICAR Board (as per our statutes). So we will inform our members about this vacancy and our wish to replace it, so that our members can announce candidatures for this assessor position to the ICAR Board. We will then ask at the beginning of the ICAR Meeting of Delegates in October 2014 for the ok to add this election issue on the meeting agenda.

Candidature Blaise Agresti

- The candidature of Blaise Agresti to become an additional member of the ICAR Board reached us after the 3 months deadline for candidatures to the board.

The ICAR Board however does not want to increase the number of positions within the Board (not least for financial reasons). Blaise Agresti of course is free to stand as candidate for the open Assessors position of Thomas Griesbeck.

Prof. Dr. Nik Klever as Assessor, Prof in Internet Technology, Dean in computer Sciences at Augsburg University, Vice- Chairman of the Bavarian Mountain Rescue Guard with responsibility for Communications and Information Technology since 2013.

Recommendations to the ICAR Meeting of Delegates

The ICAR Board recommends both valid candidatures for ICAR President, leaving the choice to the ICAR Delegates:

- o Patrick Fauchère
- o Franz Stämpfli

- The ICAR Board suggests to replace the vacant assessor position and to proceed as described
- Should Patrick Fauchère be elected as ICAR President, then Michel Pierre (currently Vice-President of the Air Rescue Commission) shall be proposed to be elected to the ICAR Board to replace Patrick Fauchère as President of the Air Rescue Commission.

2016 Convention(Borovets,Bulgaria)

Reconnaissance report

Felix Meier and Tom Spycher visited Bulgaria in June 2014.

The practical day is planned to be under the lead of the Avalanche Commission. 6

Confirmation of location and dates

Venue: Borovets, The Samorov Hotel **** Dates: October 18-23, 2016 (arrival Tue, departure Sun).
No date conflict with International Snow Science Workshop in Breckinridge CO (USA) October 3-7, 2016.

2017 Convention(Norway)

Status report, challenges

Heidi Vigerust from the Norwegian Red Cross submitted the enclosed official application to organize the ICAR 2017 convention in Norway. Dan Halvorsen shows the enclosed presentation about the Norwegian possibilities. A challenge is the high cost of living in Norway and the ICAR requirement to have a convention participation fee (without practical day) of max. EUR 500.00 per person in double occupancy, which hasn't been raised for quite a few years now. A reconnaissance trip shall take place in May/June 2015.

ICAR Appearance

Logo

The ICAR logo will change. The old ICAR logo will be retired.
There will not be any other graphical symbol or logo except for ICAR in general, the commission symbols will be removed:

Domain name

The ICAR Board is for an implementation of a new, better matching domain name (in connection with the new logo and the English abbreviation) and chooses **alpine-rescue.org**.

UIAA MEDCOM to become C-Member of IKAR-CISA

In 1982 the Medical Commissions of UIAA and ICAR signed a cooperation contract (see attached "1982-1-15 UIAA cooperation contract.pdf", available in German only), which renews every 2 years. Now we are in 2014 and we would like to suggest, that this old contract is replaced by an up-to-date cooperation according to current business conduct and according to current bylaws/statutes.

Both our organisations have a membership type "corresponding member" (our type C), which does not involve any membership fee or voting rights, but allows close cooperation. We think it would be best to mutually become corresponding members, replacing the old contract.

Old cooperation contract dated October 15, 1982 found at ICAR office, should be replaced by reciprocal type C membership, Fidel Elsensohn shall clarify this with Dave Hillebrandt of UIAA, reciprocal approval of both

boards mandatory. We plan to update this with a cooperative agreement and extend the agreement to the ISMM and the WMS.

Minutes of the last meeting.

The minutes from from the Spring 2014 meeting were approved without changes.

Financial Report and Bank Account

We will contact the vendor of the DVDs from whom we have not heard in 2 years. Our current balance as of Oct 2013 is €8531.96.

Report of Spring Meeting in Bolzano and the X. ISMM World Congress 2014

Hermann Brugger gave a report on the X. ISMM World Congress 25-31 May 2014 in Bolzano, Italy at which we had our Spring meeting. The Congress was a great success.

BRIEF PRESENTATIONS

Nepalese DiMM course and Gosainkund Temporary Health Camp

Ken Zafren presented two topics, the Nepalese DiMM course in February/March 2014 and the HRA Gosainkund Temporary Health Camp Nepal in August 2014. The Nepalese DiMM course is a complete DiMM course lasting 4 weeks. There were 14 students. The field session was held in Langtang. The Gosainkund Health Camp took place during the Janai Purnima festival at Gosainkund Lake at 4380 m. There were about 10,000 pilgrims. Five Nepali doctors, one medical student, two medical assistants and one foreign senior consultant saw 771 patients, 551 of them in the last day and a half. There were hundreds of patients with high altitude headache and acute mountain sickness. We evacuated 11 patients with high altitude cerebral edema, all by porter. Helicopters could not fly in monsoon conditions.

Nepal Mountain Rescue Development Program

Hermann Brugger gave a brief summary of the Nepal Mountain Rescue Development Program. The first phase has been completed and planning of the next phase is in progress.

Diploma in Mountain Medicine: Applications and Approvals

John Ellerton reported on the Diploma in Mountain Medicine program.

Report from UIAA MEDCOM

David Hillebrandt's presentation was, "What the UIAA MEDCOM has been up to." The UIAA MEDCOM is mainly concerned with prevention, by "advice papers" (recommendations) on the web site and in peer reviewed journals, prevention by persuasion and advice to other parts of UIAA. The UIAA MEDCOM also

manages the Diploma in Mountain Medicine in concert with ISMM and ICAR MEDCOM.

PAPERS IN PREPARATION

Avalanche Victim Resuscitation Checklist. M. Blancher, A. Kottman
Alex Kottman and Marc Blancher presented the paper. The authors have also developed a teaching 60-slide PowerPoint presentation that is an integral part of the training to use the checklist. The checklist has been translated into several languages. The teaching presentation has been translated from French into German and English, but the translations still need to be reviewed. The paper will be submitted to Resuscitation. We will explore sponsorship for bringing the paper out as an “Open Access” paper. The paper was formally accepted.

We discussed the expected outcomes from using the checklist. The largest European study showed that only half of patients who should have had attempted resuscitation according to ICAR MEDCOM guidelines had no attempted resuscitation, while resuscitation was attempted in about half of patients who had no chance of survival. Use of the checklist should decrease the numbers of patients who are treated incorrectly. It is unknown if this will increase the number of unsuccessful resuscitations in patients who meet criteria for resuscitation. On the other hand, use of the checklist should decrease the number of unsuccessful resuscitations of patients who do not meet the criteria for resuscitation. The effect of on overall survival is also unknown. We will monitor these results carefully.

Modular First Aid Kit for Alpinist, Rescuers, Guides and Physicians:

Reisten O, Blancher M, Soteras I, Watson D, Wiget U.

Oliver Reisten presented the paper briefly, touching on some of the controversial areas. We have already discussed the paper exhaustively over the course of several years. After brief further discussion, the commission formally approved the paper.

NEW PAPER

Multi Casualty Incidents in the Mountains

There was a wide-ranging discussion concerning the content of this paper.

The definition is standard, but we have to decide what we will cover.

Areas for discussion: avalanche, trauma, lightning?

Should we cover medical aspects only or medical and operational aspects?

Can we separate medical aspects from operational aspects?

What differentiates triage in the mountains from triage in non-wilderness settings?

Can we take a case-based approach?

Should we use actual or fictional cases?

We should cover all situations, not just avalanche or mountaineering. Example: an avalanche that hits a road with a lot of people.

We can have 1 scenario and investigate the approach in different parts of the world or we can look at the response of different professions (physician, rescuer, etc.)

The principles of disaster medicine (mass casualty triage) are the same everywhere, although the implementation differs geographically.

Would a checklist be useful?

We should cover special aspects for disaster management in mountain rescue.

Should we collaborate with an established disaster organization?

We do not want to establish a new algorithm. (All agreed)

We should take an existing algorithm and adapt it to mountain conditions.

What are the most important concepts in disaster medicine to be adapted?

What makes mountain incidents different than other MCIs?

What tools do we need? (eg avalanche cards)

Training programs: organized simulations (same scenario in different countries)

We will have a joint meeting with avalanche and terrestrial tomorrow and again next year in order to work on this paper.

Thursday October 8, 2014

SHORT COMMUNICATIONS

Alpine accident in Italy in 1912

Giancelso Agazzi presented an alpine accident from 102 years ago in 1912 on the *Cima delle Garnate* in Italy. Two climbers fell, likely in bad weather, and died of their injuries. The searchers took one week to find the bodies. Their efforts were hampered by the 1 meter of snow that fell starting on the day of the accident and for several days afterwards.

Caving accident at the *Riesendinghöhle* in Germany

Johannes Schiffer presented a caving accident in the *Riesendinghöhle* (Giant Thing Cave) in Germany. The victim, a very experienced caver, suffered a severe head injury from rockfall. The first responders reached the patient in a very fast 7 hours. Many organizations from different Central European countries, e.g. CNSAS Italy, REGA, Switzerland, cave rescue teams from Austria, Slovenija, sent teams to assist with the rescue. Some teams from outside Germany had participation delayed or were unable to participate due to bureaucratic obstacles. There were also difficulties in communication during the rescue due to language barriers among rescue teams.

A message was sent that the patient would certainly die from his injuries, but a later communication revealed that his condition had improved spontaneously. The initial message delayed the medical response. Many rescuers were unable

to reach the patient due to the length and difficulty of the access route. The first doctors reached the patient after three and a half days. It took a further 5 days to evacuate the patient. The patient was conscious during the evacuation. He survived although he has little memory of the rescue. He has returned to work. Two doctors worked in shifts during the evacuation, but had few opportunities to monitor the patient because of the conditions, with the litter moving through vertical areas and narrow passages. There were 700 rescuers from 6 countries of whom 200 were in the cave. Nine physicians reached the patient.

The patient had a large right temporoparietal intracerebral hemorrhage with resultant edema causing hemiparesis. Fluid restriction, not planned but due to lack of IV fluids, early on and dexamethasone, given later, likely had beneficial effects by limiting brain swelling.

Fidel suggested that ICAR should work on facilitating a process by which rescue personnel can work across national borders without bureaucratic limitations.

Giacomo Strapazzon continued by discussing the participation of the Italian rescue team that assisted in the rescue. There were several issues, including delays in permission for personnel to enter the cave. In addition, an Italian medical kit was found inside the cave with some of the contents removed. This caused problems for an Italian doctor whose treatment of the patient was limited due to missing items.

Issues included problems with interactions inside and outside the cave among different rescue organizations, including difficulties in communication due to different languages, and to the long time it took to receive messages, often as much as 9 hours. There were further difficulties due to differences in medical and rescue techniques. The scale of the rescue also presented challenges in positioning and movement of personnel within the cave.

Giacomo reviewed previous large cave rescues in Italy from 2000 and 2007. Using the experience of these rescues, Italian rescue organizations developed improved procedures and techniques for long cave rescues. A further example of international cooperation occurred in September 2014 in Peru. Many European rescuers flew to Peru to help in a long rescue of a Spanish caver.

Giacomo asked the question: What is the position of ICAR MEDCOM? Is it time for cave rescue guidelines? The commission discussed what role ICAR MEDCOM should play in development of recommendations for cave rescue. Giacomo will invite the ECRA European Cave Rescue Association to join ICAR as a B or C member to encourage collaboration.

Avalanche airbag study

Hermann Brugger presented the recently published avalanche airbag study: [Haegeli P, Falk M, Procter E, Zweifel B, Jarry F, Logan S, Kronholm K, Biskupič M, Brugger H](#). The effectiveness of avalanche airbags. Resuscitation. 2014 Sep;85(9):1197-203.

This was a case-control study. The control group were individuals who were not wearing an airbag and were caught in the same avalanche as an airbag user. Small avalanches were excluded. Of the 424 individuals using airbags, the mortality rate was 19%. The risk of complete ("critical") burial was reduced from 54% to 19%, and mortality was reduced from 34% to 11% if the airbag inflated. Overall the frequency of complete burials was reduced from 56% to 27%, but in 20% of accidents airbag did not inflate. About 50% of failures to inflate were due to human failure to deploy the airbag. The remainder of failures to inflate were due to failure of the device, maintenance errors, destruction of the airbag. In some cases the cause was unknown.

Overall, adjusted mortality was 22% with no airbag or if the airbag did not inflate and 11% if the airbag inflated. For unclear reasons mortality was lower for airbag users when the airbag didn't deploy than for non-users. The authors concluded that avalanche airbags are valuable as a safety device, although the impact on mortality was lower than previously reported. 11% vs -16%. Non-deployment remains the greatest limitation to effectiveness. Avalanche size is also important. Mortality is higher in larger avalanches. The mortality advantage of using an airbag corresponds to halving the size of the avalanche.

Hypothermia case from British Columbia, Canada

Doug Brown presented a hypothermia case from British Columbia. A 24 year old woman was found 7.5 hours after last seen near a backcountry hut. The patient was found with agonal respirations. She lost vital signs with extrication (circum-rescue collapse) and CPR was started. A helicopter rescue team landed 2 hours later. The first recorded rhythm from the AED was coarse VF. She was defibrillated 11 times (recommended maximum 3). She had episodes of fine VF when no shock was advised. There was possible brief PEA. Epinephrine was given IO to a total of 4 mg (recommended maximum 3 mg). Due to bureaucratic problems, a rescue helicopter had to be used rather than an air ambulance. The esophageal temperature in the ambulance was 17°C, but 22°C in the OR a few minutes later. It is not clear what caused this large difference. The potassium was 4.3. VA ECMO (fem-fem) was initiated after 4 hours of CPR. The core temperature was 37°C after 26 minutes of ECMO (a rise of >30°C/hour). At that time the patient was defibrillated to normal sinus rhythm in 1 attempt. She was discharged from hospital after day 6 with full neurologic recovery.

Doug concluded that the current chain of survival for severely hypothermic patients in BC is tenuous. He discussed the concept of an ideal multicenter ECLS program. As a first step he has formed a provincial working group that

includes 10 hospitals for hypothermic cardiac arrest. The group have developed a guideline that is awaiting approval prior to implementation.

Kazue Oshiro presented the mass casualty incident due to volcanic eruption of Mount Ontake 3067m in Japan. The eruption occurred on 27 September 11:52 AM without warning. The official risk of eruption was low. Over 300 people were high on the mountain. More than 500 rescuers were mobilized on the first day. On day 2 550 rescuers were on site. They found 31 people near the summit “with no vital signs” (which means dead, but it is not allowed for rescuers to declare death in Japan). Seven injured victims were extracted by helicopter. At 2 PM, the H₂S concentration increased and the search was suspended.

On day 3 the search was suspended at 1 PM due to an increased H₂S level

On day 4, There were 800 searchers, but searching was suspended due to a tremor.

On day 5 the search continued and 47 bodies were transferred.

On day 6 the search suspended because of rain creating hazardous muddy conditions.

On days 7 and 8 searching was resumed using probe lines.

On days 9 and 10 the search was suspended because of a typhoon.

There were 55 fatalities, 48 of whom were severely injured and probably died from their injuries, possibly complicated by asphyxiation. One of the dead had respiratory tract burns and 6 died of unknown causes. Nine people are still missing

There were no rescuer fatalities. Some rescuers had acute mountain sickness (AMS) and hypothermia

Lessons learned: There was little or no time for people to escape or take shelter. Most rescuers lacked mountain skills, equipment or rescue experiences.

Iztok Tomazin gave a progress report on his book: “Mountain Rescue Doctors.” Experienced mountain rescue doctors from different countries have been asked to write about their most difficult missions with their thoughts and reflections.

There 18 articles by 15 authors from 10 countries. Iztok invited everyone, including paramedics, to contribute.

Tom Tull (supported by Michael Swangard) presented the extended protocols of the Canadian Ski Patrol. Canada is a large country with only 36 million people, most of whom live within 300 km of the border with the United States. Helicopters are not nearly as available as they are in Europe. Transport times can be long. They started with an advanced first aid program and decided to build a “bridge” to extended protocols. They developed an Extended Protocols Program starting at Silver Star Resort in south central British Columbia. The Extended Protocols provides a large addition to the Advanced First Aid certification of the Canadian Ski Patrol. Topics include:

Pain Management and nitrous oxide

Femur fractures

Salbutamol (albuterol) treatment

Cardiac arrest

Aspirin use

Glasgow Coma Scale

Anaphylaxis and allergic reactions

Results to 2013: Two more resorts have joined the program. Of the 324 interventions 297 were for the use of nitrous oxide for pain (312 at Silver Star Resort). About 80% of patients reported improvement on the 0-10 pain scale. Some legal details about the scope of medical practice remain to be worked out.

NEW PAPERS

Giacomo Strapazzon gave a short communication regarding the ICAR Canyoning Recommendations. The existing recommendations are due to be updated. Some of the authors have been identified. So far there is no author from North America. The current authors have identified the topics to be covered.

Hermann Brugger introduced the proposed International Avalanche Registry including prehospital and hospital data. This will be similar to the existing International Trauma Registry.

FORTHCOMING EVENTS

2015 23-25 January: FIPS (International Ski Patrol) meeting.

2015 February

2015 March: Hypoxia Symposium, Lake Louise, Alberta CANADA

2015 SAREXPO Chile

2015 June Food on Expedition - Milano

2015 27-31 May: Spring meeting Ticino, Switzerland (Oliver Reisten and Gregoire Zen-Ruffinen)

2015 13-17 October. ICAR General Assembly: Killarney, Ireland

2016 Dates to be determined (May?) ICAR MedCom Spring meeting. Cape Town, South Africa.

2016 July. ISMM World Congress of Mountain Medicine Telluride, CO USA

2016 18-23 October. ICAR General Assembly Borowitz, Bulgaria

2017 ICAR General Assembly Norway(?)

CLOSING

Fidel closed the meeting.

Minutes take by Ken Zafren
completed by Fidel Elsensohn