

This study describes the current status of burn care in Turkey and underlines the need for a nationwide coordination model, especially useful in disaster situations. The essential elements of this study describe basic preparedness standards of the burn units in Turkey and describe the step-wise triage process from the disaster area.

Keywords: burns; coordination; disaster; facilities; nationwide; preparedness; plan; Turkey

Prehosp Disast Med 2005;20(2):s100-s101

Basic Life Support (BLS) and Automated External Defibrillator (AED) Course for Personnel in Kobe University Hospital

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Introduction: In July 2004, the public access defibrillation (PAD) system with automated external defibrillator (AED) was permitted in Japan.

Objective: To evaluate the effects of the basic life support (BLS) and AED courses provided to all Kobe University Hospital personnel.

Methods: The course has been conducted twice a month since June 2004, with a capacity of 18 learners (six teams of three). The changes between pre-test and post-test scores were examined for the 29 medical residents, 37 staff doctors, and 88 nurses. A lecture about BLS and AED was presented for all personnel in November. The effects of the course were examined by comparing the results obtained from two groups: (1) Group A, consisting of eight staff doctors and 42 nurses who took the course; and (2) Group B, which included 55 staff doctors and 116 nurses who did not take the course.

Results: The medical residents obtained an average score of 11.5 ± 0.5 on the pre-test, and 17.6 ± 2.1 on the post-test. The staff doctors obtained an average score of 8.6 ± 2.9 on the pre-test, and 17.3 ± 1.7 on the post-test. The nurses obtained an average score of 8.4 ± 3.2 on the pre-test, and 16.3 ± 2.1 on the post-test. Although the study effect was confirmed by the post-test, it did not result in perfect scores. Although the staff doctors in Group B ($n = 55$) obtained an average score of 9.2 ± 3.4 , those in Group A ($n = 8$) obtained an average score of 15.9 ± 4.6 . Although the nurses in Group B ($n = 116$) obtained an average score of 6.9 ± 3.6 , those in Group A ($n = 42$) obtained an average score of 13.6 ± 4.0 . The scores of the course participants were higher than were those of the non-participants, but it was less than the post-test scores at the end of the course.

Conclusions: The positive effect of the course was confirmed. In order to maintain the skills of the staff, additional short courses are required.

Keywords: automated external defibrillation (AED); basic life support (BLS); doctors; education; nurses; training

Prehosp Disast Med 2005;20(2):s101

Planning and Preparedness for Mass-Gathering Events—EURO 2004

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Introduction: Few guidelines or benchmarks have been reported in the medical literature for the process of planning and preparedness for mass-gathering events by a national emergency medical services (EMS) system.

Objective: To describe the participation of the national EMS system in the planning and preparedness for the European Football Championship (EURO 2004) in Portugal.

Methods: The participation of the national EMS system in Portugal in the planning and preparedness for EURO 2004 was observed, and then the observations were synthesized in a descriptive report.

Results: The national EMS system in Portugal participated in planning and preparedness activities for EURO 2004 in three phases, which covered a diverse array of issues. In Phase 1, during stadium construction, activities included: (1) collaboration on the production or revision of the hospital, airport, and stadium emergency plans; (2) communication with embassies; (3) communication with public safety services (e.g., fire brigade and police authorities); and (4) communication with health services (e.g., public health and forensic medicine agencies). In Phase 2, after the stadiums were constructed, activities included: (1) stadium site visits to determine the space and location for emergency medical teams; (2) study of stadium access routes (including highways, railways, and airports); (3) emergency medical team training via workshops, exercises, and simulations; (4) emergency medical team testing during preparatory games; and (5) recruitment of translators. In Phase 3, during the games, activities included: (1) creation of a 24-hour Crisis Management Center; (2) reinforcement of emergency medical services at the airport, diversion zones, and main traffic routes surrounding the stadiums; (3) allocation of an emergency medical team to accompany the referees and the football teams; and (4) creation of an emergency medical team for each stadium, consisting of approximately 100 emergency care workers per game.

Conclusions: The participation of a national EMS system may facilitate the planning and preparedness for mass-gathering events. This experience may contribute to the establishment of guidelines and benchmarks for EMS system planning and preparedness for mass-gathering events.

Keywords: communication; emergency medical services (EMS); mass-gathering events; Portugal; planning; preparedness

Prehosp Disast Med 2005;20(2):s101