

(50) Creating a New Generation of Leaders in Emergency Preparedness and ResponseC.L. Catlett,¹ R.J. Mazzotta²

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In the fall of 2005, the George Washington University School of Medicine (Washington, DC) introduced a new educational opportunity for medical students. The "Track Program" encourages students to pursue an area of interest outside of the standard clinical curriculum, such as disaster preparedness, global health, healthcare policy, community/urban health, healthcare research, and medical education. During the four years, the "Emergency Preparedness Track" has integrated didactic and experiential components to teach students to meet current and emerging threats and public health crises. Mentorship and instruction is provided by nationally recognized leaders in: (1) healthcare system preparedness and response; (2) first responder training and education; and (3) homeland security policy. Additionally, students are placed into internships and electives with regional and national disaster response agencies. The Emergency Preparedness Track Program assists students in developing a broader perspective for their careers in medicine and encourages them to pursue paths of leadership in the disaster preparedness and response arena.

Keywords: disaster preparedness; education; Emergency Preparedness Track Program; health care; medical students

Prehosp Disast Med 2007;22(2):s39

(52) Determination of Life or Death Belgrade Emergency Medical Services (EMS) Experience 94

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Belgrade emergency medical services (EMS) doctors witness approximately 3,000 deaths each year. People primarily call EMS when someone: (1) experiences a sudden loss of consciousness and the caller cannot identify whether this person is dead or alive; (2) appears dead despite not having suffered recent unconsciousness; and (3) someone who suffered from terminal, malignant, or chronic systemic illness has died or is displaying apparent signs of being dead.

Classification of incoming emergency calls in congruence with the Emergency Medical (EM) Index improves the emergency response times and the degree of intervention efficiency. For a prompt resuscitation start, timely emergency classification is major factor and probably is conducted more accurately when the EM Index is used than an informal method.

Doctors reports confirmed that in all cases involving resuscitation, the success rate is significantly higher when the medical emergency is classified using the EM Index (12.5–8.2%).

In summary, many more lives could be saved if the standard procedure for classifying medical emergencies always is used instead of individual evaluation methods, which are still dominant in the average EM triage.

Keywords: classification; deaths; Emergency Medicine Index; emergency medical services; resuscitation

Prehosp Disast Med 2007;22(2):s39

(53) Mass Casualties: Belgrade Emergency Medical Service Response Method

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Rescue personnel help to search for and evacuate some of the most critical casualties from an event, i.e., traumatized and fatally injured people. To prevent casualties with potentially fatal injuries from being left behind, all casualties initially must be triaged to their current state of health. The use of the four established classification categories may minimize the likelihood of making errors (Former YU Military doctrine). It also is vital that blood banks and other organizations are provided with timely, factual information from the place of the accident regarding the number of casualties. Today, it is possible to communicate such information via radio transmitter to all surgery departments. However, the actual practice is to transport casualties to the biggest and/or nearest hospital. Emergency Medical Service (EMS) could prevent overcrowding hospital departments with potentially inaccurate admittance of casualties by using the selected radio channel and receiving feedback accordingly.

During the chemical explosion in Baric, EMS teams were the first to respond, despite the risk at the scene. The police force eventually assumed responsibility for managing the scene and directed the medical teams back to safety in order to coordinate and oversee the rescue operation. The scenario above could serve as a model on how to utilize a makeshift, mobile triage management unit at the place of the accident in order to save valuable time for those injured, prevent potential loss of life, and improve the overall prognosis of the emergency response outcome.

Keywords: communication; information; radio transmitter; rescue operation; rescue personnel; triage

Prehosp Disast Med 2007;22(2):s39

(54) Incident Management on Dutch Motorways: First Aid Can Save Lives

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Incident Management (IM) is the entire set of measures aimed at clearing the road as quickly and safely as possible when a crash occurs on a Dutch motorway. Crucial aspects involved in IM are traffic safety, protecting the interests of possible casualties, and damage control.

Road traffic crashes are responsible for a substantial part of the delays in the Dutch motorway system. This loss has been estimated to be about 20% of all lost vehicle hours. This percentage is expected to rise in the coming years as a result of the continuous increase in traffic. Calculations indicate that without IM, this loss could be 50% higher than at present.

Despite a successful implementation of the IM program a couple of years ago, there still are possibilities for further improvement. One possibility is the provision of first aid by the immediate bystander to assist critically injured casualties of traffic crashes. The function and role of bystander first aid in the emergency support chain often is neglected.