A CALL FOR HELP

H.N. Hart, M.D., Ph.D., Rotterdam, The Netherlands

In 1985, a film was presented on Dutch television on the occasion of a project which offered assistance by telephone of the central dispatch nurse. This can be accessed when a potential assisting bystander fears a cardiac arrest in the home.

The film shows how a dispatch nurse can provide protocol information on how to perform CPR while waiting for the ambulance to arrive.

In Seattle this system has been used more than four years and has saved many lives.

The second part of the film shows how in Rotterdam, Holland, this project began by testing a preliminary telephone protocol on volunteers.

THE ROTTERDAM CARDIOPULMONARY RESUSCITATION TRAINING PROGRAM FOR LAY PERSONS: RESULTS OF AN EVALUATION

H.N. Hart, M.D., Ph.D. and R. Sloof, Ph.D., Rotterdam, The Netherlands

A continuing training program in cardiopulmonary resuscitation (CPR) for lay persons was established by the Foundation EHBH in June, 1979. Since then, about 32,000 Rotterdam citizens have been trained in the technique. One year after each course, an evaluation questionnaire was mailed to all 7,880 persons trained between June 1979 and July 1981. Among the 5,312 respondents (67%), 109 had practiced CPR in the preceding year. Of these, reasonably complete personal data were available for 105, of whom 99 were questioned verbally on the circumstances of the event, on the nature of the incident and on the identity of the patient. Using the case-control type approach, a systematic sample of 221 trainees from the same period was used as a control group to investigate which personal characteristics were associated with the actual practice of CPR. This kind of information was considered important for formulating a target group policy for the program.

The results showed that *profession* was the most important explanatory variable. Trainees in educational or recreational and governmental jobs resuscitated 7.6 times as often as professionals in the group resuscitating the least (administrative or financial). *Males* resuscitated 3.5 times as often as females. Trainees with a *First Aid certificate* resuscitated 6.5 times as often as trainees without such a certificate and trainees *below 32 years* of age twice as often as trainees older than 31 years.

AUSTRALIAN RESUSCITATION COUNCIL

Harry F. Oxer, M.D., Belmont, Australia

The Australian Resuscitation Council was set up and sponsored ten years ago by the Royal Australian College of Surgeons. Its aim is to foster and coordinate the teaching and practice of resuscitation, and to promote uniformity and standardization.

During the early years, most work was aimed towards achieving consensus, and publishing recommendations on resuscitation. The work was hampered by lack of funds.

Recently a Federal Grant was received and review, update and reprinting of policies is being carried out. Promotion of resuscitation training is being actively pursued. The Australian Resuscitation Council is now widely accepted as the authoritative reference body in its field of interest.

THE STRETCHER: YESTERDAY AND TODAY

Svein Dommerud, M.D., Nesbru, Norway

Since humans started hurting each other, three ways of treating the victims have been used: comforting, dressing and carrying on stretchers. The medical treatment has undergone great changes, but the stretcher has remained the same. This in spite of the fact that the stretcher is one of the most important tools in emergency and disaster medicine. It is indispensable, even for untrained persons.

Today, a patient spends comparatively little time being carried by hand on a stretcher. Most of the time he is waiting for or receiving treatment.

Minimum requirements for a modern stretcher are that it shall be long enough, light and strong. The

canvas should be easy to clean and it shall be possible to transfer the stretcher from one vehicle to another without having to remove the patient.

For years this has caused great national and international problems. After years of negotiations, the NATO countries in 1983 consented to the Standard NATO agreement, STANAG 2040. This was a follow up of an earlier recommendation from the International Organization for Standardization, ISO R-168 on these measurements.

Accepting the fact that a patient has to wait and has to be transported and treated on the stretcher, we decided in Norway to manufacture a stretcher that can be used as a sleigh, bed, operating table, etc. It can be stacked one on top of the other, put in a lot of different positions, equipped with an infusion stand and much more.

"SMASH HIT": A REVIEW

Harry F. Oxer, M.D., Belmont, Australia

This video documents and shows extracts from "Smash Hit".

"Smash Hit" is a multi-media show, based on the New Zealand idea "Road Show". It was produced in Western Australia and shown to thousands of school children.

The aim was to influence attitudes of young people to drinking and driving, and emphasizes the right of *choice.*

"YOU COULD HAVE SAID NO!"

OPERATION CRASHPOINT PLUS

S.S. Tachakra, M.S., F.R.C.S., London, United Kingdom

The medical management of casualties when hospitals are overwhelmed, was simulated in a civil defence exercise. Two First Aid Posts triaged and treated patients before discharging them or transferring to a Casualty Collecting Center manned by volunteer doctors, nurses and first aiders. The Casualty Collecting Center decided priorities, gave early treatment and sent the seriously ill to hospitals when facilities became available.

Predictable problems were partly overcome. They included communications, traffic regulation, policing, inexperienced doctors, lifting patients, leadership, records, lack of discharge facilities, press arrangements, information center and casualty lists. We knew when casualty care became compromised, equipment was inadequate, along with vehicles required for transport and the capability of volunteers and rescue services.

These arrangements would have relieved the hospitals of a large number of cases and would have been useful in natural disasters, civil unrest and conventional war.

MASS CARBON MONOXIDE POISONING INVOLVING 129 VICTIMS: THE USE OF NEUROPSYCHOLOGICAL SCREENING TEST AND HYPERBARIC OXYGEN THERAPY

Steven J. Rottman, M.D., Timothy Cannis, M.D., Nancy Kaser-Boyd, Ph.D. and John Alexander, M.D., Los Angeles, California, U.S.A.

In December, 1985, 300 students and faculty dormitory residents at a local women's college were exposed to carbon monoxide (CO) due to a furnace malfunction.

Five victims had marked neurological symptoms and acute carboxy-hemoglobin levels ranging from 17.5% to 22.1%. All five were treated with hyperbaric oxygen (HBO). Within a few days of the incident, many of the remaining victims whose exposures were considered mild, developed neurological symptoms including headache, inability to concentrate, memory and language loss, confusion, and irritability. One hundred twenty-nine of these students were treated at 3 ATA 100% oxygen for 46 minutes, *with a subset of 35 victims receiving neuropsychological testing,* both before and after HBO treatment. The neuropsychological testing followed a protocol established at the Maryland Institute for Emergency Medical Services Systems in Baltimore. Test scores indicated a statistically significant improvement after treatment with HBO, with concurrent resolution of symptoms.

To control for possible practice effects due to repeated use of the neuropsychological test battery, a control group of twenty additional students were given the tests, and then retested a week later. Management of this mass CO poisoning incident and the