

Hellenic MEDEVAC Operations in 1995 and 1996

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Objectives: Retrospective evaluation and analysis of all emergency air transports, during the two consecutive years 1995 and 1996, carried out by the Hellenic National Emergency Medical Service (HNEMS).

Methods: We analyzed all calls received by HNEMS concerning an emergency air transport (medevac) and all medevac operations made by the HNEMS in 1995 and 1996.

	1995	1996
Calls, total	1,888	2,095
Patients transported, total	1,492	1,772
from islands	1,386	1,691
from mainland	43	62
from abroad	0	19
Void calls	166	195
Transports without the participation of HNEMS	304	137
Organ transplantation	6	11
Deceased patients before arrival	29	3
Deceased patients during medevac	1	0

Conclusions: The direct results of the steady improvement and expansion of the HNEMS, is the continuing rise of the number of the medevac operations, as well as the continuing improvement of the primary medical and nursing care.

Key Words: emergency air transportation; Medevac

Helicopter Supported Rescue**Operations in Mountain Areas:****Challenge for the Emergency Physician**

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The outcome of patients injured in mountain areas is linked closely to the availability of rapid rescue. In the past, the main idea for rescue in mountain areas was to protect the victims from environmental danger, and to enable organized and safe evacuation. In the past three decades, considerable progress has been made in providing prehospital treatment to severely injured patients. However, the main progress in alpine rescue techniques was the establishment of a well-organized helicopter emergency medical system. With these rescue helicopters, the idea of short search and rescue periods as well as extensive prehospital advanced life support could be realized during high alpine rescue operations.

Whereas the methods of advanced cardiac and advanced trauma life support are basics for emergency physicians, the realization of these goals often are difficult in this setting. Because of difficulty finding safe landing

places, the use of the rescue winch frequently is necessary to deliver physician and equipment to the victims.

Most of the emergency medical equipment needs to be taken by backpacks. Therefore, it must be reduced to the absolute minimum size and weight to deliver emergency life support. Because of the location of the victim with further danger of falls, rock falls, or avalanches, the medical treatment at the scene also must be reduced to a minimum. Often, rapid evacuation of victims by rescue winch from an exposed area is emphasized as in the best interest of patients and rescuers. Further, life support and treatment for transportation to a hospital may be delivered to the patient at a safer landing place.

The described problems during helicopter supported rescue operations in alpine areas require special skills, education, and training for the emergency physician as well as for the whole rescue crew.

Key Words: alpine rescue; emergency physician; helicopter rescue

An Airplane Crash into Type-K Ndolo Market:**What Lesson for the Future?**

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On 08 January 1996, an airplane (Antonov 32) that failed takeoff, went straight ahead into a Type-K market. A total of 348 people were killed and many were injured.

The place of disaster was crowded with people, but there were no army forces to allow the organization of the first-aid efforts. Mama Yemo Hospital that received the first injured, was overwhelmed, and two other hospitals took the additional victims.

From this experience, we can realize the importance of Emergency and Disaster Medicine Teams with: 1) delimitation areas of responsibilities; 2) hospital responsibility, and planning for emergency and disaster situations; 3) development of prehospital medical services; 4) involvement of anesthetists in the development of the human resources in emergency and disaster medicine in the Congo; and 5) involvement of the national administration in this health-care field.

Key Words: airplane; crash; disaster; Kinshasa (Congo); perspectives

Role and Function of EMS Supervisors

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Prehospital emergency care not only is the practical delivery of primarily medical, but also incorporates psychological, social, geographical, and various other sciences. Compared to other parts of medicine, prehospital emergency service takes place in very uncontrolled settings. Providers are exposed to various dangers including: tough weather conditions, traffic, hostile encounters, radiation chemical, and infectious substances.

To ensure continuous quality improvement under such adverse conditions and in routine daily operations,