

rates for the patients treated with AEDs. Until now, there have been no published studies whether the whole population in a certain district, benefits from this capability.

Methods: Based on a prospective study, all out-of-hospital resuscitations in a rescue service area were to be analyzed with respect to place, time, primary rhythm, procedures taken, and outcome. The collective analysis was conducted for the District of Dachau, Germany. All resuscitations within the period of the two years were recorded.

Results: In total, there were 196 resuscitation attempts conducted in two years (average age = 62.4 years). The most frequent causes for the resuscitations were internal diseases in 72% (n = 145). Of the total number of patients, 29.6% (n = 58) were treated at home, and 62% of the cardiac arrests were witnessed by bystanders (n = 122). Forty percent (n = 79) were taken to the hospital after the return of spontaneous circulation (ROSC). Also, 9.2% (n = 18) were discharged from hospital, most of them (75%) with a good neurological outcome. Of the 18 survivors, 11 had ventricular fibrillation, but only three of these were defibrillated by Emergency Medical Technicians with AEDs, the others by emergency physicians without AEDs. **Conclusion:** AEDs in the German emergency rescue service currently are of little benefit. No greater benefit can be expected from area-wide, AED deployment in the emergency rescue service. Currently, research is in progress whether training of the lay public and the availability of public AEDs would be of higher value.

Keywords: automatic external defibrillators (AEDs); bystanders; etiology; deployment; emergency medical technicians (EMTs); evaluation; impact; outcome; physicians; rescue service; utility; ventricular fibrillation (VF)

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Locations of Cardiac Arrest: Affirmation for Community Public Access Defibrillation (PAD) Programs

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Background: The purpose of this study was to identify and describe the regional locations of the incidence of cardiac arrest and to help determine optimal placement of Automatic External Defibrillators (AEDs) under the regional Public Access Defibrillation (PAD) Program.

Methods: The locations of cardiac arrest were retrospectively abstracted from Ambulance Call Reports (ACRs) collected by the Essex-Kent Base Hospital Centre from regional ambulance services provided throughout the City of Windsor, and the Counties of Essex and Kent, Ontario, Canada, from 01 January 1994 through 31 December 2000. Locations of cardiac arrests were grouped into five categories, and the number of public venues was determined. Public sites were grouped into 28 locations.

Results: During the study period, a total of 2,295 cardiac arrests occurred. Of these, 152 cases were excluded and 2,143 arrests were categorized (an average annual incidence of 357 cardiac arrests), with 327 (15%) occurring in public locations. Of the public venues, 19 had ≥ 1 arrest/year, and nine had a ≥ 1 arrest/year, on average, during the study period. Institutions experienced a total of 244 cardiac arrests

(11.4%). Calculations of the annual incidence of arrests for each public location were completed.

Conclusions: These findings have significant prehospital emergency, cardiac care implications for communities that wish to strengthen or improve their responses to out-of-hospital cardiac arrests. Public Access Defibrillation Programs should identify the site-specific incidence of arrest within their communities to provide legitimacy for funding and planning of programs.

Keywords: automatic external defibrillation (AED); cardiac arrest; Canada; funding; locations; out-of-hospital; placement; public access defibrillation (PAD); public venues

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Effects of Use of Questionnaire and Rescuers with Different Levels of Education in Screening Patients with Chest Pain Who Contact the Tehran EMS System

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Introduction: Cardiovascular diseases are the leading cause of mortality in the Iranian population, and are the most common cause for contact with prehospital emergency system in Iran. Only half of the patients with chest pain who contact 1-1-5 for assistance require transportation to hospitals. This study was designed to evaluate the effectiveness of using questionnaires for identifying the real cardiac patients, the effects of attendance of highly educated healthcare professionals in screening patients, and comparing this method (i.e., using questionnaires) with the current method used in emergency medical services (EMS). The study examined the ability of personnel to make a correct diagnosis, and sought to document whether there occurred qualitative and quantitative improvements in the provision of emergency care to this population.

Methods: This cross-sectional study was performed on 355 patients with chest pain who contacted the Tehran EMS System using randomized selection and by using two types of questionnaires. Personnel involved in this study were emergency medical technicians (EMTs), nurses, and general physicians. The relation between chest pain features, cardiovascular risk factors, level of consciousness, history of cardiac problem, and patients' outcome were determined, and the sensitivity, specificity, and accuracy of personnel functions were compared using Spearman's chi-square and t-test.

Results: Of the 355 patients, 45.5% had a positive outcome, and 54.5% had a negative outcome. The average age of patients with positive outcome was six years greater than for those with negative outcome. The relationships between the severity of the chest pain and outcome was 33%. The relative risk of having a positive outcome in patients with a disorder in the level of consciousness was 1.4. The use of a three question questionnaire about chest pain, disorder in the level of consciousness, and heart disease history, had 98% sensitivity, 16% specificity, and 52% accuracy. The performance of the EMS System rescuers

had 96% sensitivity, 41% specificity, and 65% accuracy (in general physicians, respectively, 100%, 70%, and 85%).

Conclusions: Considering limitations in the usage of more advanced resources in Iran for screening and earlier initiation of therapeutic measures — especially telecardiography — simultaneous use of the screening questionnaire and physicians attendance at the patient's bedside, not only results in lowering of EMS system expenses, unnecessary missions, and an increasing role of the EMS System in transportation of emergency patients, but also in comparison to present situation, do not produce meaningful differences in the rate of missed patients.

Keywords: cardiovascular diseases; chest pain; EMS system, screening
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Task Force Session: Nuclear Biological Chemical Hazards

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Lessons of the Chernobyl Catastrophe: A Basis for Management of Other Large-scale Events

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The lessons of the Chernobyl catastrophe are important. The unprecedented damage to society resulting from this disaster was on the highest social, medical, psychological, and technical scales. The size of this human-made disaster required intensive and immediate efforts from the government, specialists, managers, operators still working at the nuclear power station, clean-up workers, and still others who arrived at the scene of the disaster to provide their services. Millions of people were affected, and some still are struggling with health problems as a consequence of this disaster. The strengths and weaknesses in the disaster management at Chernobyl were analyzed in order to gain a better understanding so that future calamities can be better managed.

From a medical standpoint, there was a high level of contamination, difficult diagnosis and triage, and multifactorial health consequences. If any future disaster would have a component of contamination by isotopes, chemicals, or biological agents, the disaster scene would be dramatically changed and would require a significant correction of the management strategies at the scene. For such scenarios, it is crucial to identify common lessons and approaches for improving medical management in such circumstances.

In this presentation, a number of the lessons learned from Chernobyl will be discussed that are fundamental for improving the medical management of individuals, reconnaissance teams, and the general population.

Keywords: Chernobyl; disaster, human-made; lessons; management; reconnaissance; teams; triage
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Biological, Chemical, Nuclear-Radiologic Programme of the Swedish National Board of Health and Welfare

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At the 12th World Congress on Disaster and Emergency Medicine, the Swedish National Board of Health and Welfare Biological, Chemical, and Nuclear-Radiological (BCNR)-programme was presented. Since then, the BCNR-threat seems to have become even more pronounced, and further measures have been taken to improve preparedness against BCNR threats.

Today, the BCNR-preparedness programme includes the following: (i) groups of medical experts in the three areas (B, C, and NR) available on a 24h basis; (ii) first responder-guidelines on how to handle different situations in the field; (iii) planning guidelines for all three areas to be used by the county councils in their planning processes of the medical care system in Sweden; (iv) stockpiles of supplementary drugs, vaccines, and other equipment stored by the government; and (v) Centres of Research and Expertise.

During the last year, the Centres of Research and Expertise have developed their activities concerning network, methods, and capacity. During the last two years, both the Centre of Microbiological Preparedness (B-Centre) and the Centre of Nuclear Medicine in Disasters (N-Centre) have been consulted in real situations, the results of which are described briefly. As part of the Centre of Microbiological Preparedness, the ward-unit for highly contagious patients has been refined along with better possibilities to transport patients in an air ambulance over long distances. In autumn 2002, the C-Centre was established and is prepared to deal with toxicology in disasters.

Co operation with the security police as with the regular police forces has been developed to ensure that the right competence is used when evaluating risks and threats. Decontamination at the scene of the accident/incident, still is a problem to be solved in co-operation with the Swedish Rescue Services Agency. International co-operation is important in sharing information, providing back-up resources, exchanging knowledge and experiences, etc.

Keywords: biologicals; centres of research and expertise; chemicals; cooperation; decontamination; experts; guidelines; international; nuclear; radiation; security; Swedish National Board of Health and Welfare

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A Delphi-based Consensus Study into Planning for the Emergency Medical Response to Biological Incidents

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Introduction: The aim of this study was to achieve consensus for all phases of biological incident planning and emergency medical response.

Methods: A three-round Delphi study has been undertaken