

teams delayed the transport of the victims by 10–12 minutes. The only changes made by hospital teams were to alter the hospital destination of two victims; both were inappropriate changes. It was beneficial for selected members of the hospital teams to provide medical care and informal debriefing for rescue crews. Hospital staff members provided beneficial care for family members of the deceased and injured from the crash of Delta 191 over the next week, as well as formal critical stress incident debriefing for rescue crews.

Conclusion: Hospital medical teams increased on-scene time and were not of benefit when prehospital teams previously had performed triage and treatment of patients. Physicians and nurses were of benefit with checking and treating the rescue workers and caring for the families of the deceased and injured victims over the next several days. The role of physicians and nurses at disasters needs to be reevaluated.

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The European Aero-Medical Institute (EURAMI): Objectives and Tasks in Emergency and Disaster Medicine

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Introduction: On 11 February 1992, the representatives of 20 European countries established a European Aero-Medical Institute (EURAMI) in Brussels.

Discussion: The authors give a short presentation on the aim, objectives, and tasks of this institution.

1. To ensure the same high quality and good level of air rescue as an integral part of EMS in all European countries through: a) harmonization and standardization of tried-and-tested European and international medical experiences and results in air rescue; b) facilitation and development of practical activities of all members/organizations of air rescue; and c) improvement in and increase of the results of air rescue in all European countries.

2. Effective support to the developing countries in disaster prevention and relief, especially in preparation and formation of preventive medical task forces and in education of medical and paramedical personnel/staff.

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The French Emergency Medical System

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Introduction: The French Emergency Medical System aims to provide an appropriate medical answer to the injured, ill, and pregnant women at the scene of a disaster.

Discussion: Organizational principles of this system include medical treatment by experienced practitioners and medical regulation of requests allowing for the best means of medical intervention (doctor, first-aid worker, ambulance, emergency mobile care unit, etc.).

Conclusion: Although this system is 25 years old, it continues to prove its effectiveness among the population every day.

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Is More Better? Advanced Clinical Skills in Ambulance Services

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Introduction: The decision on which clinical skills are appropriate to prehospital care usually has been based on the published experience of other ambulance services, both nationally and internationally. While some of these clinical skills may be suitable and prudent, others may be of limited benefit due to the infrequency of their use or unproven efficacy.

Objective: A prospective cohort study was undertaken to better understand the epidemiology of cases managed by the ambulance service in Perth, Western Australia, and thus identify the potential for introducing specific advanced clinical skills.

Methods: All patients managed by the ambulance service during July 1992 were enrolled. The nature of the call was identified by the ambulance officer and the patient's medical record was reviewed to determine the diagnosis and outcome.

Results: A total of 4,776 cases were reviewed. Of these cases 1,126 (24%) were admitted directly to a hospital ward or clinic with the remainder presenting to an emergency department. For the major types of calls the study showed that 4.6% of patients were seriously ill, of which 1.2% deteriorated en route to hospital and 0.5% died in the emergency department. There were 10 patients defibrillated; three survived.

Conclusion: The potential for reducing mortality in this community through the introduction of particular advanced clinical skills in the prehospital setting is limited. This mainly is due to the paucity of critical events. This study has highlighted the difficulty of extrapolating experiences from one service to another.