

This study describes the current status of burn care in Turkey and underlines the need for a nationwide coordination model, especially useful in disaster situations. The essential elements of this study describe basic preparedness standards of the burn units in Turkey and describe the step-wise triage process from the disaster area.

**Keywords:** burns; coordination; disaster; facilities; nationwide; preparedness; plan; Turkey

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### Basic Life Support (BLS) and Automated External Defibrillator (AED) Course for Personnel in Kobe University Hospital

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**Introduction:** In July 2004, the public access defibrillation (PAD) system with automated external defibrillator (AED) was permitted in Japan.

**Objective:** To evaluate the effects of the basic life support (BLS) and AED courses provided to all Kobe University Hospital personnel.

**Methods:** The course has been conducted twice a month since June 2004, with a capacity of 18 learners (six teams of three). The changes between pre-test and post-test scores were examined for the 29 medical residents, 37 staff doctors, and 88 nurses. A lecture about BLS and AED was presented for all personnel in November. The effects of the course were examined by comparing the results obtained from two groups: (1) Group A, consisting of eight staff doctors and 42 nurses who took the course; and (2) Group B, which included 55 staff doctors and 116 nurses who did not take the course.

**Results:** The medical residents obtained an average score of  $11.5 \pm 0.5$  on the pre-test, and  $17.6 \pm 2.1$  on the post-test. The staff doctors obtained an average score of  $8.6 \pm 2.9$  on the pre-test, and  $17.3 \pm 1.7$  on the post-test. The nurses obtained an average score of  $8.4 \pm 3.2$  on the pre-test, and  $16.3 \pm 2.1$  on the post-test. Although the study effect was confirmed by the post-test, it did not result in perfect scores. Although the staff doctors in Group B ( $n = 55$ ) obtained an average score of  $9.2 \pm 3.4$ , those in Group A ( $n = 8$ ) obtained an average score of  $15.9 \pm 4.6$ . Although the nurses in Group B ( $n = 116$ ) obtained an average score of  $6.9 \pm 3.6$ , those in Group A ( $n = 42$ ) obtained an average score of  $13.6 \pm 4.0$ . The scores of the course participants were higher than were those of the non-participants, but it was less than the post-test scores at the end of the course.

**Conclusions:** The positive effect of the course was confirmed. In order to maintain the skills of the staff, additional short courses are required.

**Keywords:** automated external defibrillation (AED); basic life support (BLS); doctors; education; nurses; training

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### Planning and Preparedness for Mass-Gathering Events—EURO 2004

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**Introduction:** Few guidelines or benchmarks have been reported in the medical literature for the process of planning and preparedness for mass-gathering events by a national emergency medical services (EMS) system.

**Objective:** To describe the participation of the national EMS system in the planning and preparedness for the European Football Championship (EURO 2004) in Portugal.

**Methods:** The participation of the national EMS system in Portugal in the planning and preparedness for EURO 2004 was observed, and then the observations were synthesized in a descriptive report.

**Results:** The national EMS system in Portugal participated in planning and preparedness activities for EURO 2004 in three phases, which covered a diverse array of issues. In Phase 1, during stadium construction, activities included: (1) collaboration on the production or revision of the hospital, airport, and stadium emergency plans; (2) communication with embassies; (3) communication with public safety services (e.g., fire brigade and police authorities); and (4) communication with health services (e.g., public health and forensic medicine agencies). In Phase 2, after the stadiums were constructed, activities included: (1) stadium site visits to determine the space and location for emergency medical teams; (2) study of stadium access routes (including highways, railways, and airports); (3) emergency medical team training via workshops, exercises, and simulations; (4) emergency medical team testing during preparatory games; and (5) recruitment of translators. In Phase 3, during the games, activities included: (1) creation of a 24-hour Crisis Management Center; (2) reinforcement of emergency medical services at the airport, diversion zones, and main traffic routes surrounding the stadiums; (3) allocation of an emergency medical team to accompany the referees and the football teams; and (4) creation of an emergency medical team for each stadium, consisting of approximately 100 emergency care workers per game.

**Conclusions:** The participation of a national EMS system may facilitate the planning and preparedness for mass-gathering events. This experience may contribute to the establishment of guidelines and benchmarks for EMS system planning and preparedness for mass-gathering events.

**Keywords:** communication; emergency medical services (EMS); mass-gathering events; Portugal; planning; preparedness

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