

EMS Partners Emphasize Need for Trained First Responders

Representatives of AIHA's eight emergency medical services (EMS) training centers in the NIS were on hand in Atlanta to illustrate how an efficient EMS response team can affect patient care in a life-or-death situation.

During a mock bus accident in the driveway of the Emory Conference Center, Alexander Partin, MD, director of the EMS Training Center in Vladivostok, Russia, directed his NIS EMS colleagues in triage and evacuation procedures. The accident's six "victims" suffered injuries ranging from a broken arm to fatal internal bleeding and were given color-coded tags to indicate the severity of their injuries. After the victims were "stabilized" by the EMS crew, they were loaded onto ambulances arriving from Atlanta partner Grady Memorial Hospital, and "transported" for further treatment.

At a subsequent session on "Organization for Disaster and Emergency Response," Robert Knouss, MD, director of the Office of Emergency Preparedness in the US Department of Health and Human Services, said the disaster drill was a "fine demonstration ... that to be effective as an emergency responder, you have to be able to be on the scene quickly, and you have to be there with appropriate resources in order to provide treatment."

Knouss outlined the role of the US National Disaster Medical System, which coordinates emergency medical response and patient evacuation efforts when natural disasters, industrial disasters or terrorist incidents occur. The system enrolls more than 6,000 health care provider volunteers, who can be called on to travel to disaster sites.

He said the bombing at last year's Olympic Games in Atlanta was a "great example" of how medical disaster response should work, while the 1995 Sarin gas attack in Tokyo, Japan was "an example of what can happen when you do not go through proper planning." Because too few ambulances and EMS personnel were dispatched to the scene of the Tokyo attack, more than 5,000 people had to walk or drive to nearby emergency rooms on their own, he said.

Vladimir Reva, head of the Russian Federal Bureau of Medical-Biological Problems and Disasters, said a federal coordinating committee headed by Minister of Health Tatyana Dmitrieva is responsible for disaster planning in the Russian Federation. He emphasized that both local and national medical response plans are based on efficient teamwork among ambulance, pre-hospital and in-hospital emergency medical professionals.

An effective media relations plan is a key component of disaster response, he added. "The media reports after the Chernobyl accident created chaos ... there were reports of genetic mutations in the region within one month of the accident," he said. "This experience tells us that we need to more effectively manage public information in order to avoid panic."

Gheorghe Ciobanu, MD, chief physician at Emergency Hospital in Chisinau, Moldova, said that EMS response is particularly important in his country because it sits on an active seismic zone. His center has collaborated with the Medical University of Moldova to introduce a three-year EMS residency program, and has trained approximately 1,800 first responders since 1993.

Partin told participants how his EMS staff responded to a hand grenade explosion inside a crowded Vladivostok disco last year; 37 people were injured and two people died in the incident. "We have a fully functional unit capable of providing all types of care: communications, [ground] transport, aviation and dispensary services," he noted.

In the first six months of 1997, the Vladivostok center fielded 450 EMS visits and sustained only one fatality among its patients. However, Partin added, "We cannot say that the population of our town feels safe because we still lack adequate resources for disaster response."

A post-conference visit to the Delta Airlines flight attendant training school provided partners with a different perspective on EMS training in the US. Delta requires its flight attendants to take an initial 14-hour first aid and cardiopulmonary resuscitation (CPR) course, in addition to subsequent annual one-hour refresher courses.

Several NIS EMS training centers are investigating opportunities to train flight attendants as a potential source of revenue. Last January, the Moscow center began offering a 48-hour EMS course to chief flight attendants from Russia's Transaero Airlines. Since then, 60 flight attendants have been trained in basic first aid and CPR skills.

"The results of the course have been very good," said Natalia Fiksson, a trainer at the Moscow center. "We have heard of a couple of in-flight emergencies this year, and the chief physician for airlines has reported to us that the flight attendants knew what to do and were able to keep their calm."