

includes three MCQs to reflect the Glasgow Coma Scale (GCS) and two to address the cardio-respiratory status (CRS). The latter two were modified after the CR study. MCQs were phrased in lay terms and presented in the native language. Consistency, reliability, and internal validity were assessed through redundancy and cross-interviewing. Hospital records were used for validity testing in CR.

Results: There were 71 accounts of specific victims in CR and 108 in Turkey. The GCS MCQ answer rates were high and similar in both studies (46/71, 69/108) and all, with one exception, were internally consistent. Inter-respondent consistency also was high and scores in CR correlated well with hospital records. The CRS MCQ answer rate was lower and erratic in CR and did not improve in the T study despite modification.

Conclusion: The use of retrospective MCQs to assess GCS for disaster victims appears feasible and reliable. Further validity testing and improved CRS MCQs is required before such a score can be used more definitely. However, it is believed that such methodology may prove to be of considerable value in the assessment of disaster medical response.

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Royal Air Force Aid to the British Community

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Objective: To outline assistance afforded by the Royal Air Force (RAF) to the British community.

Headings:

Search and Rescue/Mountain Rescue
Aeromedical Evacuation
Support at Major Disasters, e.g., Zeebrugge, Lockerbie and Kegworth
Aviation Pathology
Support to BASICS
Support at Mass Gathering Events, e.g., airshows
Post-Traumatic Staff Debriefing Support
Ambulance Service Support
Potential Concept: Trauma Centers plus helicopter support

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Royal Air Force Search and Rescue (SAR): Recent Changes

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Objective: To present recent changes to the Royal Air Force (RAF) Search and Rescue Organization.

Headings:

Change in Aircraft Type

Location of SAR Units
Operational Capability
Update of Medical Equipment
Update of Training for Winchmen

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The Potential Impact of Medical Control on Resource Utilization of Air Medical Services for Adult, Out-of-Hospital Cardiac Arrest

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Objective: To determine the usefulness of on-line (direct) medical control in the resource utilization of air medical services in responding to adult cardiac-arrest patients in the pre-hospital setting.

Methods: Retrospective chart review and prospective organizational analysis was conducted over a one-year period.

Results: Adult cardiac-arrest patients accounted for a small percentage (2%) of all air medical flights. There were no survivors. On-line [direct] medical control, when obtained, provided in-the-field death pronouncement, and these patients were not transported by air. There were no significant cost-savings to the EMS system by non-transport, as fixed costs are high (93%), but resource availability can be improved. There were organizational incentives to transport, including psychological, safety, and cultural factors, but no direct financial incentives on air medical crew members.

Conclusion: Air medical resource utilization can be made more efficient by judicious non-transport of adult, out-of-hospital, cardiac-arrest victims.

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Emergency Air Medical Transport in Italy

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** Protezione Civile

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The Protezione Civile (Italian governmental department which deals with problems concerning disasters and emergencies) coordinates the emergency serial medical transport in collaboration with the Italian Air Force (32° formation). By law, it must employ medical staff and nurses affiliated with the hospital wards requiring the transport of patients, or those that hospitalize critically ill or injured patients. In addition, hospital wards supply all the medical equipment, while the Italian Air Force supplies an airplane (Falcon 50 or DC-9) with one or more stretchers inside. This joint work makes it possible to transport critically ill patients who require treatment in specialty centers in Italy and abroad, as well as assisting Italian citizens involved in disasters outside of Italian territory.

At the 8th World Congress on Emergency and Disaster Medicine, Ancona University's Department of Emergency Medicine will present its experience in emergency air medical