making, consultation, and clinical practice. It is the first step in enabling paramedics to play a more integrated role in health service delivery and to contribute significantly to building capacity in Queensland's isolated communities.

Keywords: isolated communities; paramedics; Queensland Ambulance Service; rural health services Prehosp Disast Med 2007;22(2):s47-s48

## (78) Improving the Safety and Capability of Aeromedical Services in Queensland, Australia

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Aeromedical services are an integral part of emergency medical services in Queensland, Australia. Following a series of accidents resulting in the deaths of eight people, much has been done to improve the safety and capacity of rotary wing operations. A series of aero-medical reviews have been conducted, that resulted in the implementation of a number of operational improvements to safety and capability for rotary wing aircraft. These reviews highlighted the importance of participating in a state-wide, multifunctional partnership, delivering best-practice prehospital and inter-hospital services to the Queensland community through the combined efforts of staff and resources of Queensland Ambulance Service (QAS), Queensland Health, and the Community Helicopter Providers (CHPs). Consequently, Queensland employs best-practice frameworks for training, audit, safety, and operations of aeromedical services. Improvements have been made through: (1) the revision of service agreements with CHPs; (2) the revision of clinical crewing on helicopters (e.g., dedicated appointment of paramedics to rotary wing services resulting in opportunities for reduced risk through increased access to training, experience, personal protective equipment, and an understanding of CRM, safety, operations, and clinical practice); (3) establishment of minimum guidelines for CHPs (e.g., minimum twin engine turbine instrument flight rule (IFR) helicopter); (4) implementation of a fatigue management system for all aircrew; and (5) an audit of existing helipads with establishment of a minimum standard.

Keywords: aero-medical; Australia; capability; Community Helicopter Providers; safety; standards Prehosp Disast Med 2007;22(2):s48

## (79) "Prehospital Urgent Medicine in Space": Reality or Science Fiction?

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In concideration that some developed countries already have started to commercialize space flight, it is necessary to develop prehospital Emergency Medical Services (EMS) in space. Future space ships should have 10-15 seats. If a need for medical care arises, a space shuttle should be deployed to the space ship so that a qualification person can help the afflicted person. Of course, a person's health is under greater risk during space flight, but maximum precautions still should be taken. All possible ways of making diagnostic and medication judgements should be identified. The presense of EMS in space should not be precluded simply because EMS on Earth has not been frimly established.

We still hope that this vision may goes with the words of Neil Armstrong: "this is one small step for a man, one giant leap for mankind", and we will say it is a big step for prehospital EMS and of course for all emergency personnel! Keywords: commercialized space flight; Emergency Medical Services;

space

Prehosp Disast Med 2007;22(2):s47

## (80) Analysis of Emergency Aeromedical Transport in a University-Affiliated Hospital of Taiwan

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The purpose of this study was to analyze and evaluate the early definitive outcomes of the comprehensive emergency medical services and helicopter aeromedical transport systems for those patients in isolated or rural areas.

A total of 351 cases from July 1998 to June 2006 were collected from emergency service records. Each patient was evaluated according to the data from the registration sheet and computerized database. Information such as age, sex, diagnosis, transport place, and helicopter provider were analyzed.

The age range was 0-93 years with a median age of 50 years. The ratio between genders was 1.79:1 (225 men vs. 126 women). Children (<14 years of age) comprised 16.2% of the total study group. The number of trauma and nontrauma surgical patients were nearly equal, at ratio of 1.1:1. The frequency of helicopter transport decreased by 50% after 2002. All transport cases received satisfactory management and evaluation before being transferring to the ward or intensive care unit, except for the four victims that were dead on arrival (no vital signs or had CPR performed on them before being transported). The majority of trauma patients suffered from compound bone fractures and intracranial hemorrhaging. However, non-trauma patients experienced cardiopulmonary compromise and other diseases associated with respiratory failure. No complications occurred during transport.

Aeromedical helicopter transport plays an important role for critically ill patients, whether they suffer from traumatic or non-traumatic injuries, especially if the victims live in a rural area.

Keywords: aeromedical; emergency care; rural; Taiwan; transport Prehosp Disast Med 2007;22(2):s48

## (81)Reform of the Emergency Medical Services System in Serbia V.A. Alavanja

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The project of Emergency Medical Services system reform in the Republic of Serbia has been financed by the