

soon as they confirm the presence of an AMI, they start the first part of the thrombolytic protocol, while SAMU dispatches the medical rescue helicopter with an emergency physician and thrombolytic drugs to the scene. If the first line is outside a reasonable time line to reach the scene by the "first line" physician, SAMU will send the helicopter team as a first response. The objective is to start thrombolytic therapy wherever the patient is. So, easy to utilize drugs (e.g. as one-shot thrombolytic and LMWH), are the best choice in such difficult areas.

In the 20 months from implementation, the network has managed nearly 100 patients with an AMI, with an average time of less than 1 hour between alert and initiation of thrombolysis, and with good results.

Key words: acute myocardial infarction (AMI); helicopter; outcome; physicians; remote areas; responses; SAMU; system; team; thrombolysis

Prehosp Disast Med 2001;16(2):s20.

Typhoon-Related Disasters

Meng-Jung Chen, MD

Chi-Mei Foundation Hospital, T'ainan, TAIWAN

On 22 August 2000, Typhoon Bilis, by far the strongest of the season, approached Taiwan and left 14 people dead including 8 villagers buried in a mudslide in central Taiwan where a major earthquake had occurred just the previous year. Some people in a mountain climbing exploration were missing. On 28 August 2000, 6 days after Typhoon Bilis, a major bridge in southern Taiwan collapsed suddenly and injured 22 people. On 31 October, Typhoon Xangsane moved closer to Taiwan.

In the meantime, a Singapore Airlines Boeing 747 jetliner carrying 159 passengers and 20 crew bound for Los Angeles, crashed shortly after takeoff leaving 83 people dead and 56 injured. Although the weather conditions at the airport were within safe takeoff tolerances, the visibility was very poor and the pilot chose the wrong runway. The next morning after the airplane crashed, flooding in northern Taiwan killed at least 61 people: some people were down in the basements, including 14 elderly people in a nursing home.

The impact of typhoons should not be underestimated. Serious damage can occur before, during, and even days after the arrival of typhoons. Preparedness in all aspects is needed to cope with these disasters. Loss of electricity, water supply, and telephone services including cellular phone dysfunction could be serious problems in a rescue work. Alternative measures must be planned.

Key words: air crashes; damage; events; flooding; infrastructure; mudslides; typhoons

Prehosp Disast Med 2001;16(2):s20.

Surveillance and Care System for Abdominal Trauma

Chen Yan; et al.

Hong Kong Garrisoned Army Hospital, Shenzhen, PEOPLE'S REPUBLIC OF CHINA

This is a description of a system for surveillance and care for victims of abdominal trauma. According to an objective assessment and score of the severity of the trauma to the abdomen, we classified the nursing care into three types, and drew up eleven principal nursing-care policies. In clinical practice, it has been effective both in improving the working initiatives and enhancing the comprehensive analytic ability of nurses. It has also increased the injured patient's survival rate.

Key words: abdomen; care; effects; injuries; nursing; policy; surveillance

Prehosp Disast Med 2001;16(2):s20.

Disaster Medical Team Deployment for the Sydney 2000 Olympics

Dr. David Cooper

Emergency Department, Blacktown Hospital, Blacktown, NSW, AUSTRALIA

Sydney hosted the 2000 Olympics during September 2000. As part of the medical support of the Olympics, a number of disaster medical teams were organised and deployed. This presentation describes the organisation of these teams and their preparation for the Olympics. In particular, the findings of the first multiagency CBR exercise will be described, and how the health teams interfaced with the other agencies. The presentation also will describe what was learnt and will discuss and debate the challenges apparent in initiating such a deployment to an event as large as the Olympics in the city of Sydney.

Key words: deployment; interface; medical support; Olympics; organization; preparedness

E-mail: David_Cooper@wsahs.nsw.gov.au

Prehosp Disast Med 2001;16(2):s 20.

Quality Care of Short Stay Unit Relevant to Critical Care and Emergency Services

I. Garrido Cruz; M.A. Montilla Sanz; J. Herrera Mateos; A. Milla Sabas; J. Fernández Sosbilla;

B. Soto Espinosa de Los Monteros; E. Montero Romero

Servicio de Cuidados Críticos y Urgencias, Hospital Universitario "Virgen del Rocío", Sevilla, SPAIN

Objective: Assess care indicators of a Short Stay Unit to: (1) to know care activity, and (2) to detect modifiable problems by care improvement measurements.

Methods: A retrospective observance study was conducted and included all patients attended in a Short Stay Unit (relevant to Critical Care and Emergency Services) at Virgen del Rocío University Hospital (Sevilla), during the first semester of the year 2000. This Short Stay Unit is defined as a prolonged observation unit, basically a therapeutic, multifaceted unit for the care of patients that have