In order to evaluate the efficacy of this BLS training, a survey was conducted to evaluate, not the resuscitation skills, but the changes in attitude relative to the importance of BLS after completion of the training among the college students.

**Methods:** All the students at the Hokkaido College of High Technology participated in this survey. Several thousand students received questionnaires in the classroom, and, following the instructions provided, they completed the survey.

Questions mainly queried: 1) the quality of the training; 2) the experience associated with witnessing a patient with cardiopulmonary arrest and what the rescuers did at the scene; and 3) if they thought it was necessary to try to improve their skills.

Participating students were categorized into three major groups according to their course of study: 1) medical; 2) non-medical; or 3) medically related.

**Results and Discussion:** All the data were analyzed in relation to age, gender, actual on-scene BLS experience, and the group to which they belong. The results will be discussed in detail.

**Key Words:** BLS; education of BLS; evaluation of BLS

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**Database of Disabled Children Injured in Disasters**

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The disorganization of the structure and functions of health services and social security systems during existing major disasters now are complicated further with migrations of the affected population. This has resulted in a breakdown of the strict succession of the medical services and of the recording of medical data.

The Russian Database for Disabled Children receives information about children who have been injured in disasters and who are destined for Centers for Disaster Medicine. At present, the database is programmed for use at the health services and social security agencies. An electronic analogue of the medical card of the patient includes: 1) personal particulars for a child; 2) information about his/her parents, near relations, or tutors; 3) a life anamnesis (medical history); 4) diagnoses; 5) information about the stages of treatment; 6) disability; and 7) the need for rehabilitation.

The database is used for: a) decision support about the size and a period of rehabilitation for the disabled children who received injuries at different disasters; b) improvement in the registration process; and c) the rational organization of the stages of the medical and a social measures being used. The database also includes: 1) an estimation of function and pathologic changes (in accordance with International Classification of Impairment, Disabilities, and Handicaps) that give the rights for disabled; 2) an analysis of the numbers and structure of the disabled children, including receipt of efficient dates; 3) control of rehabilitation for different stages of care; 4) an estimation of a level of restriction; 5)