Abstracts: III Nordic Congress of Emergency and Disaster Medicine

**ABSTRACTS OF INVITED AND SCIENTIFIC PAPERS**

**FREE Papers**

**ORAL Presentations**

Joint First Responder Unit of Officials and Volunteers—The Pyhøjoki Model  
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Pyhøjoki is a rural coastal commune of 3,800 inhabitants. The Health Station employs two full-time doctors. A 24-hour/day emergency service has its base in the Raahe Health Centre. A paramedic ambulance service operates from Raahe. During the years 1995–1996, the average time for the ambulance to reach the location of an emergency patient in Pyhøjoki was 23 minutes (range: 10–35 minutes). The average distance from the patient was 32 kilometres (range: 24–46 km). During this period, the Pyhøjoki Health Station was not informed about the situations by the emergency services dispatch centre even if the emergencies occurred in the immediate vicinity of the Health Station. It was not customary for the Health Station to provide treatment to patients outside of the station.

**Key words:** acetylcholine; anticholinesterase; DPF; heptylphysostigmine; intoxication; organophosphate; paroxone; physostigmine; poisoning; pyrostigmine; sarin; soman; terrorist

**Alarm, Response, and Command**  
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Historically, in many countries, we have thought we can bring the hospital functions out from the hospital without changing them very much from their original setting. In many countries, specialized functions for command, alarm, and response have not been well-developed until in the latest years. In some areas, this has not occurred. In many European countries and especially in the Nordic countries, experience with mass casualty situations has been limited for the last several decades. But with our sparse population, a limited number of hospitals and long distance coordination between areas and organizations far away may be necessary, even with a rather limited number of victims.

The command function must be provided by people with appropriate education and training. They should be well-prepared to use modern manual and technological systems for collecting information, calculation, decision-making, information/communication, documentation, and follow-up. The Alarm Centers must be trained, equipped, and prepared to function even under extreme workloads and stress, and must be the natural coordinators of several important tasks. The field personnel not only must be well-trained to perform their own tasks, but they need to be much more aware of the different levels of command under different circumstances than they are used in normal times. They must get the information they need appropriately and rapidly.

Within the United States of Europe, it might be more logical and efficient to transfer victims to neighboring countries rather than to transport them long distances within our own country.

**Key words:** alarm centers; alarms, command; cooperation; direction, hospitals, information; training; transport