on-scene supervisors are helpful. They serve as mediators between prehospital providers, EMS management, and external clients such as patients, hospitals, and police and fire departments. Aspects of their work include: 1) Customer service; 2) Quality improvement; 3) On-scene coordination; 4) Medical director privileges; 5) Public relations; 6) Continuing education; 7) Risk management; 8) Employee assistance; and 9) Research. Various social skills and special additional training are prerequisites for excellent supervisory work. Key Words: customer service; on-scene coordination; quality improvement; supervisor.

Advanced Training of Medical Personnel in Rescue Operations Initiated By Building the Oresund Bridge Marie Young, MD Department of Anaesthesiology, Malmö University Hospital, Malmö, Sweden

The building of the Oresund Bridge between Sweden and Denmark will present special problems in the case of a serious accident at sea. The highest section of the bridge will have pylons built in place which are more than 200 meters high. The building period will stretch over several years and part of the work will occur during nights.

In Malmö, on the Swedish side, this initiated the thought of training medical personnel in qualified first-aid and rescue operations in case accidents occur at sea or in hard-to-reach places. The training focused on two parts: 1) to assure that the medical personnel could operate without risking their own life; and 2) to make sure that they could function independently and in unusual situations.

Ten teams, consisting of one anaesthesiologist and one nurse anaesthetist, have undergone education for this purpose. The education had a didactic part in how to survive in sea, rough weather, and at various heights. The practical part included climbing, repelling down walls, getting winched from helicopter, and training in the water with survival equipment. They also did board one nurse anaesthetist, have undergone education for this purpose. The educational program was evolved through a joint venture between the Malmo University Hospital, The National Administration of Shipping and Navigation, and The Malmohus County Administration for Disaster Medicine.

We have prepared a 15 minute presentation including a movie sequence from the training. Key Words: adverse conditions; rescue; special training; teams.

Organization of the Emergency Medical Services of the German Federal Armed Forces in the Former Yugoslavia During SFOR Mission Detlef Nick; Michael Neuhoff

The mission of the German contingent of SFOR (GECONSFR) takes place in the region of Bosnia and Herzegovina. Besides the operation of a field hospital in Rajlovac near Sarajevo, the German Federal Armed Forces (GFAF) together with the French Armed Forces secured emergency medical services for this region. To do so, the GFAF (by the MEDEVAC-company) operate an emergency services control room, coordinates the ground-base emergency missions, together with the Aeromedical Evacuation Coordination Officer (AECO), with air-based evacuations to Germany.

For ground-based emergency services, the GFAF uses eight armored transport cars (type FUCHS/SAN). Two of them have similar equipment as a civil emergency car (NAW-DIN). The rest are similar to a civil motor ambulance. For unarmored tasks, the GFAF uses 10 cross-country transport cars (type UNIMOG). Five of them are similar to a civil emergency car (NAW-DIN) by equipment; the rest are comparable with a civil motor ambulance. Depending on the task, the crew of each craft consists of a "mobile medical unit/physician" e.g., one physician (expert in emergency medicine) and two EMTs or of a "mobile medical unit/EMT" that is two EMTs only. For emergencies in and around Sarajevo, a cross-country car (type MERCEDES WOLF with body) is used, which by equipment also is comparable to a civil emergency car (NAW-DIN).

For disasters near Sarajevo, a bus allowing transport of up to 10 severely injured persons is used. Primary air-based emergency service is performed by the French Army. They use of a helicopter (type COUGAR), able to fly at night and in bad weather, which has emergency equipment comparable to a civil emergency helicopter. It can carry up to two severely and six lightly injured persons. The medical crew of the emergency helicopter consists of a physician (experienced in emergency medicine) and an ICU nurse. If needed, an additional German physician and/or EMT can support the crew.

In case of a disaster, the staff of the helicopter is completed by a crew consisting of soldiers (physicians/EMTs/nurses) of the German MEDEVAC-company and a field-hospital. Sorting (Triage) and specific medical care is guaranteed by an executive emergency physician and medical specialist (anaesthesiologist and surgeons). Key Words: air-medical transport; emergency medical services; emergency medical technicians; emergency physicians; EMS; ground transport; helicopter; nurses.

Session 1C: Preparedness Chairpersons: J.M. Fonrouge (France) G. Kroesen (Austria)