11
Organization of emergency rescue

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EMERGENCY

For the physician ‘emergency’ means any disease or lesion that endan-
gers life in the short-term or that may have severely invalidating seque-
lae. The definition of ‘emergency’ is made by an expert and requires an
initial technical assessment, the rapid employment of resuscitative
procedures and, in nearly all cases, admission to hospital.

To the general public, emergency simply means rapid recourse to
assistance and care by an external agency, essentially to resolve a situa-
tion that victims cannot manage by themselves, with a response that is
as rapid as possible; this does not necessarily mean distress of a medical
nature, and even if it does, it may not necessarily require the use of
resuscitation ambulances and specialized medical staff.

For the medical profession, response to an emergency requires means
of transport and resuscitation together with qualified personnel that
come to the victim’s aid as soon as possible; however, only a physician
or somebody with sufficient medical training is capable of determining
whether or not it is an emergency in the medical meaning of the term.

For the general public, response means above all the arrival of an
external agency that may or may not be qualified, and that may arrive
by chance or in the framework of a rescue organization, and whose role
is either to directly resolve the situation that has led to the call for aid or
to make an appeal for better qualified personnel or more efficient
material means.

The common factor in both these interpretations of the emergency
concept is the notion of speed of response. This response may be either
individual (family, neighbours or local health professionals such as
nurses, paramedics, pharmacists, physicians and volunteers trained in
rescue work and first aid) or collective (local health and social services,
and charity, health or first-aid organizations). Such immediately
available responses may prove to be materially or technically inadequate
as soon as we enter the domain of medical emergency in the strict sense,
when victims need the assistance of proper rescue services.
Formerly the notion of emergency medical assistance simply meant transport of the victim as rapidly as possible to the care of trained professionals, usually in the nearest hospital or clinic.

The teaching of the armed forces medical services during the Second World War and the Korean war has led many practitioners to study the mortality and morbidity associated with this kind of transport. On the basis of this military experience, emergency medical rescue now prefers to bring health professionals to the bedside of the victims and to prepare patients for transport which will be undertaken under medical surveillance, i.e. medical preparation and transport.

In order to apply these principles it is necessary to have an alarm response centre to receive the distress calls and relay them to the rescue teams. It must therefore have telephone lines with easily memorized numbers, personnel responsible for receiving calls, and means for relaying the calls to the rescue teams. It must also have rescue teams with transport vehicles equipped with advanced resuscitation technology and qualified personnel able to assess the situation and to begin to treat victims. All this must be available 24 hours a day throughout the year and also be in a position to respond in all areas within a reasonable time.

This emergency rescue basic unit can have very different origins. It may be part of a public service (hospital units such as SAMU – Mobile Emergency Medical Service – and SMUR – Medical Resuscitation Emergency Service, fire brigade, police), profit-making private organizations (ambulance services or associations, associations of paramedics or qualified physicians) or non-profit-making non-governmental, charity or social organizations (Red Cross, Order of Malta, Friendly Societies). Different systems based on this scheme exist or have existed throughout the world. They pose two immediate problems:

- What qualifications and training are required by persons who receive emergency calls?
- What qualifications and training are required by persons who actually intervene at the site of the accident?

The emergency call may be received by administrative personnel (secretary, hospital clerk, fire brigade/policeman/gendarme/office employee) or by medical or paramedical personnel (physician, nurse). Administrative personnel present the advantage of being inexpensive in terms of salary and training and of being meticulous in the taking of bureaucratic information (marital status, exact locality where aid is required, social security cover). The disadvantage of administrative personnel is that it is extremely difficult for them to assess the urgency of emergency calls and to decide on the correct emergency response.

To be reliable and effective the response must be absolutely clear, and in every case a standard rescue vehicle equipped for every type of emergency situation must be used.

Medical personnel present the advantage of being able to make a more precise assessment of the necessary rescue means, the possible