

well-prepared contribution to the field of medicine. The Summit brought presidents, kings, ecologists, and politicians from 142 countries to Rio, along with 10,000 official international participants, and 28,000 people from non-governmental organizations.

Description: Medical assistance was available on a 24-hour basis and was provided in three locations: 1) at meeting sites; 2) designated hotels; and 3) hospitals (two public trauma centers and six private hospitals). Medical providers included 400 doctors, nurses, paramedics, and administrative personnel, all contributing to an efficient operation. A total of 2,840 medical reports emerged over a period of 10 days. Three patients with heart attacks were diagnosed early and treated at the scene; the patients were stabilized and returned home after protocols were completed.

Presentation: This paper will present world-wide pathologies, trauma education, and some peculiarities that occurred within the meetings.

343

26 Years of Motor Racing Trackside Rescue

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The author first attended a motor racing circuit as a medical officer in 1964. The facilities were rudimentary to the extreme. Medical officers were handed a small sandwich box containing a triangular bandage, an ampoule of morphine, and a lunch ticket. The ambulances were old and for the most part decrepit with no oxygen and often no petrol. The medical ethos of the time was to load-and-go; indeed, many senior medical colleagues believed that delay at the scene of the accident, for resuscitation to take place, was detrimental to the patients' overall survival.

This paper outlines the development of a medical service that has been copied around the world, much of which is now mandatory for Formula-1 racing: the Grand Prix Mobile Medical Operating Unit of 1965, the world's first motor racing rescue unit of 1968, the first small medical intervention car of 1973, and the high-speed Jaguars equipped with pulse oximetry and full resuscitation equipment.

It is difficult to believe in this high-tech era that such simple principles as on-site resuscitation have taken well over a decade before becoming generally accepted.

344

Medical Reponse in High-Rise Buildings

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Singapore is a highly urbanized city. More than 80% of its population live in high-rise flats. This poses special problems to ambulance teams, especially when patients have to be evacuated to the hospital. A three-week study on emergency ambulance runs was conducted. A total of 2,930 runs were analyzed. The results are as follows:

Story	No. of Cases	%	Ambulance Location to Patient (mean time minutes)	Patient to Ambulance Location (mean time minutes)
1st	1,656	53.1	2.24	6.79
2nd-5th	604	20.6	2.79	8.60
6th-10th	511	17.4	2.86	10.20
11th-20th	242	8.3	2.96	10.34
21st-30th	17	0.6	3.53	12.30

The amount of time required to locate and evacuate patients increased in relation to the height of the story on which the patient was located. Factors contributing to this included distance, the presence of elevators on only certain floors, elevators stopping at multiple levels, and narrow staircases causing increased difficulty in carrying patients. This delay affects the care given by the ambulance team and has medical repercussions, especially in patients with cardiac arrest and major trauma. Public education and modifications to buildings, e.g., having lifts that will stop on every floor, have been suggested to reduce medical response times in high-rise buildings.

345

What is the Proper Role of Physicians and Nurses at the Scene of a Disaster? Lack of Benefit with On-Scene Triage

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Objective: To review the performance and benefit of hospital medical teams who responded to two disasters.

Methods: A retrospective analysis was undertaken to review the roles of all medical personnel involved in the rescue efforts after two airline crashes, Delta 191 and Delta 1141.

Results: The initial response to both airliner crashes was made by fire/rescue, police, and paramedic personnel stationed at the airport. Paramedics from neighboring cities responded quickly. Initial search and rescue was begun. Hospital medical teams arrived 45 to 54 minutes after the crash. In both crashes, all but five survivors had been transported to the hospitals. The remaining survivors had undergone triage and were treated prior to the arrival of the medical teams. Statistics are in Table 1.

Table 1

Statistics of Crashes	Delta 191	Delta 1141
Persons on aircraft	163	108
Dead at scene	134	14
Serious injuries	29	26
Minor injuries	0	68
Crash to hospital notice (min)	14	5
Crash to hospital team arrival	54	45

Of the 10 survivors examined by hospital teams, no changes were made in the treatment of the victims. Hospital medical