critical whether or not mental health services are popular in normal times.

We have provided mental health services during the reconstruction phase of the 1995 Great Hanshin-Awaji Earthquake in Japan. Our target populations have been the survivors living in temporary housing, who have experienced serious damage, and have been left behind by the reconstruction process. In the presentation, we report on the activities and the tasks for the future.

Keywords: assistance, psychiatric; disaster; labels, psychiatric; loss; mental health; reconstruction; strategies; trauma

Air Ambulance

Chair: ***Abu Hassan Asaari Abdul, Akitsugu Kohama***
Tuesday, 11 May, 10:30–12:00 hours
General Session-IX

G-42

First Steps of Air Rescue: The History of Air Rescue

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In our presentation, we will discuss the first medical-evacuation actions. Although the air rescue has not too long of a history, it has tradition from the USA to Australia.

We will present the activities of General Stratemeyer in Burma, the role of the Air Rescue Service in the Korean and Vietnam War, the origin of the Australian Royal Flying Doctor Service, and of course, in some words the Hungarian Emergency Service.

Keywords: air-medical; air rescue; history; Hungary; rescue; war

G-43

Analysis of Emergency Aeromedical Transport in Taipei—VGH

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Introduction: This study took place in the Veterans General Hospital in Taipei, Taiwan (VGH-Taipei), a 2,800-bed, university-affiliated, tertiary-care center. Daily Emergency Services of the hospital serve 250 patients. There are two helicopter pads, and Emergency Aeromedical Services are used in the management of critically ill patients. Since 1990, Taipei-VGH has served patients nationwide with Emergency Aeromedical transport. Despite the high costs associated with the provision of this service, the medical effectiveness of the service has not been studied extensively. Emergency Air Services may increase the survival rate in selected groups, such as for those with severe traumatic injuries, obstetrical, and pediatric patients. This study evaluated which groups of patients benefit the most from helicopter evacuation.

Methods: The helicopter program is based at the Taipei-Veterans General Hospital in the northern Taipei area. Since 1990, there have been approximately 220 case reports of helicopter evacuation from rural and town areas. Each case report was analyzed by age, gender, diagnosis, saved time, and estimated benefit.

Results: Of the 220 patients in the analysis, 80% were men. The median age was 50 years. In 98% of the cases, the request for helicopter assistance came from the police, and in 2% the call for assistance came from lay people. Their practitioner treated most patients before the helicopter had arrived. The most common diagnosis for the aeromedical patients was traffic injury. In older patients, cerebrovascular accidents and coronary artery disease dominated, but diagnoses varied for obstetric and pediatric patients.

Conclusion: The Emergency Aeromedical Transport is beneficial for traumatically injured patients, but the use of helicopters should be targeted to obstetric and pediatric patients.

Keywords: aeromedical transport; costs; effectiveness; evacuation; helicopters; obstetrics; pediatric; transport; trauma

G-44

Norwegian Air Ambulance: A Concept for Integrated Helicopter Emergency Medical Systems (HEMS)

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Norway is a scarcely populated country. Health services are Government funded, and the aim is equal access to advanced medical aid for everyone.

The air ambulance services in their present form were introduced in 1978, and the Government took responsibility for a nation-wide air ambulance system in 1988. The Norwegian Air Ambulance (NLA) has been a major actor in the provision of these services since the beginning. The NLA's concept is to bring the hospital to the patient, in order to introduce advanced medical treatment at the scene. The helicopter operation is not a goal in itself, but a mere tool to bring competent medical aid to a sick or injured patient as soon as possible. If indicated, it then may be used to transport the patient to the appropriate level hospital. The reason for this philosophy is the vast amount of data supporting that the time period from injury to advanced (often anaesthesiological) treatment is a crucial determinant of prognosis. Examples are early intubation and controlled ventilation for head injuries, thrombolytic therapy for cardiac coronary artery thrombosis, and defibrillation for victims of cardiac arrest. The decision to "scoop and run" or to "stay and play" is made by the crew. Key factors in the decision process are the nature of the injury, the distance to the hospital, weather conditions, and others.

The NLA's operations are integrated:

- *Internally* — within the crew: consisting of one pilot, one anaesthetist, and one HEMS crew member (assisting the pilot during flight, the doctor on scene,