units (18%). Specially equipped motorcycles or super-mini city cars provided initial care in 1% of the cases. The observed cancellation rate was 20%.

Conclusions: The center of Athens was particularly aggravated, probably due to the lower socioeconomic level of the inhabitants. Women are more vulnerable than men, probably due to the underlying intentional poisoning that in turn may reflect the social pressure imposed upon them. Shorter daylight duration during winter may account for the observed peak in January.

Keywords: Athens; dispatch center; drug poisoning; emergency transport
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(75) The Australian Emergency Prehospital Pandemic Influenza Project: A Methodology for Operational Evidence

V. Tippett;[1] F. Archer;[2] K. Jamrozik;[3] H. Kelly;[4] K. Watt;[1] S. Raven[1]
1. Australian Centre For Prehospital Resear, Brisbane, Australia
2. Monash University Centre for Ambulance a, Melbourne, Australia
3. University of Queensland, Brisbane, Australia
4. Victorian Infectious Diseases Reference, Melbourne, Australia

In early 2006, a collaborative, national and international team led by the Australian Centre for Pre-hospital Research and Monash University Centre for Ambulance and Paramedic Studies was funded by a National Health and Medical Research Council Urgent Research Grant to study risk perception.

The study examined the perception of risk of Australian paramedics and their families to working and living in pandemic conditions. The study also assessed the utility of ambulance call-taking and dispatch data in constructing population-based models of surveillance and triage. This project secured early support from the National Council of Ambulance Authorities and the eight individual Ambulance Service jurisdictions across the country. The consultative approach and methodology applied for this project have provided an important platform for the development of evidence-based approaches to issues of national significance for Ambulance Authorities in Australia. This paper will describe the methodology applied to this project and emphasize the opportunities the project presented to facilitate national engagement, as well as to develop a governance structure to ensure good practice in the transition of research into operational policy.

Keywords: ambulance; Australia; pandemic conditions; paramedic; risk perception
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(76) Air Ambulance Emergency Medical Services in the Greek Island Complex of Dodekanisos

C.L. Lavdas;[1] K. Kavvada[2]
1. Greek Emergency Medical Services/National Center for Emergency Health Care, Rhodes Island, Greece
2. Rhodes General Hospital, Rhodes-Dodekanisos, Greece

Introduction: The Emergency Medical Services (EMS) of an island complex may face many difficulties with emergency evacuations. The Dodekanisos island complex of southern Greece solved these problems through the implementation of a well-organized system of physician and paramedic-staffed helicopters. The Rhodes helicopter EMS (HEMS) model is under the direct supervision of a nationwide air ambulance service based in Athens (EKAV—Department of Air Ambulance EMS).

Methods: The Rhodes HEMS model conducts air ambulance evacuations between smaller islands of the complex and Rhodes Hospital. Only few evacuations are directed to Crete or Athens. The statistical analysis results of Rhodes HEMS reports and EKAV air ambulance EMS reports were evaluated.

Results: A total of 1,071 cases were evacuated by air ambulance in Dodekanisos during 2003–2005. There were no significant differences in the rates of Rhodes EMS model evacuations through this period. In 2003, a total of 331 cases were evacuated. Rhodes HEMS model serviced 108 of these cases (32.6%). Respectively, in 2004, 151 of a total 390 (38.7%) cases were covered by the HEMS model and in 2005, 135 cases of a total 350 (38.6%). The rest of the evacuations were managed through aircrafts from the Athens Central Department of Air Ambulance EMS.

Conclusions: Air ambulance EMS systems are challenged all over the world. Rhodes HEMS model covers more than one-third of the evacuations yearly, representing an efficient local air ambulance model appropriate for an island complex.

Keywords: air ambulance; air evacuation; emergency medical services; Greece; island complex
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(77) Expanding the Scope of Paramedic Practice in Rural, Remote, and Isolated Communities

J.P. Higgins
Queensland Ambulance Service, Brisbane, Australia

The Queensland Ambulance Service (QAS) is the fourth largest Ambulance Service in the world. The QAS provides state-wide coverage to an area of 1.77 million km^2 from 282 service locations serviced by 2,800 clinically active staff. Due to the vast area of Queensland and the number of remote, rural, and isolated communities—including many island communities—Queensland is expanding the role of paramedics in these communities to increase their ability to support primary health care as part of a wider healthcare team including rural doctors and nurses.

Since 2004, QAS has worked with James Cook University, Mount Isa Centre for Rural and Remote Health, and Queensland Health to develop the Graduate Certificate in Rural and Remote Paramedic Practice. The Graduate Certificate in Rural and Remote Paramedic Practice aims to produce graduates who are able to provide expanded support services to medical, nursing, and allied health professionals. The certificate students will be prepared to integrate and acquire skills and knowledge relevant to the context of practice for their communities in the area of ambulance service operations, primary health care, and public health. The students will have an understanding of the context in which rural and remote health services are delivered. The program has a primary and public health focus that enhances skills in patient assessment, decision-