

# The role of a paramedic in a selected countries of the European Union

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## Summary:

With the growing scale of human life and health threats, and the appearance of qualitatively new threats, the role and importance of a paramedic as well as his/her qualifications and skills are getting more and more increased not only in the field of emergency.

The hereby draft shows the organizational foundations of emergency in selected EU countries: Germany, the UK and Greece. This was followed by a summary comparison of EMS systems in Poland, Great Britain, Germany and Greece.

**Key words:** training programmes for technicians and paramedics, emergency department (SOR), EMS in Germany, SOR in Germany, prehospital care in Great Britain, EMS in Greece, away clinician, technician, emergency medical service student.

## Early notification to SOR and admittance of the patient in the emergency department

Notification to SOR about the transport of seriously ill or injured patients is proceeding according to local protocols, which allows the injury and resuscitation team for quick taking—even before the arrival of the victim—the necessary steps in order to rescue his/her health and life. Similar action is taken for patients suffering from substantial pain, whose 12-lead ECG can be transmitted from the ambulance to the hospital, which saves time starting from taking over the patient—to implementing special treatment.

The general implemented action is the transport of a person to the nearest hospital, without taking into account the opportunities and resources that it has, which in turn leads to the need to

transport the patient to a secondary center providing specialized care.

On arrival to the emergency department the patient is pre-supported and selected (triage), depending on clinical criteria. These operations are usually performed by a supervising nursing staff.

Some emergency departments using triage protocols based on the symptoms, in order to determine the case (e.g. Manchester Triage System), which should take 15 minutes since the arrival of the patient. Then the patients are followed—as needed—to clinical areas (emergency room, “severe”, “light”).

**TRIAGE CRITERIA:**  
PRIORITY 1—immediate resuscitation;

PRIORITY 2 — assessment / treatment to 15 minutes from the admission;

PRIORITY 3 — assessment / treatment to 1 hours of the admission;

PRIORITY 4 — assessment / treatment to 4 hours after admission;

PRIORITY 5 — the case is not sudden.

Until recently admitted patients were taken care of by the medical staff, now they are cared by the nurses who assess and dress minor injuries, without involving the doctors — according to the protocol.

The nurses may administer analgesics to patients who came to the emergency department and order examinations in X-ray of limb injuries. The senior clinicians select seriously ill patients in some SORs. The patients with severe conditions are assessed and segregated by the medical staff and taken by specialized teams.

Many SORs use the supervising system, where all decisions concerning examination order or discharging the patient must be approved by a senior specialist.

Standards of caring for patients in an emergency department specified by the government in the UK shows that 98% of patients should be admitted to hospital or discharged within four hours. It has become the guiding principle for all “emergency” hospitals.

## Emergency Medical System – EMS in Germany

### EMS pre-hospital system in Germany

Germany is a country of a federal system, consisting of 16 lands and population of about 82.5 min, living in the area of 350 000 km<sup>2</sup>. About half of the population lives in urban areas. The citizen has the right to use the qualified medical aid – as well as doctor attention anytime if necessary. Each of the 16 lands has its own rules for EMS, therefore there are some variation in terms of aid.

Prehospital emergency medicine has a long history in Germany. Initially, its purpose was to take

care of patients involved in accidents, in order to reduce the number of after-injury deaths and disabilities; EMS is also responsible for prehospital patient care in cases of emergency diseases.

Nowadays, in Germany there is a modern and highly efficient emergency medical system. The assumption is that a well-equipped team – if necessary with the emergency doctor – should reach every place in the area of its activity within 15 minutes. Due to the fact that the number of calls requiring to send the doctor is less than the total number of applications, the doctors are not present in some ambulances.

In Germany, local and municipal governments are responsible for ambulances, and local governments in the lands for helicopters (Helicopter Emergency Medical System – HEMS). HEMS consists of 53 bases, each with a range of 50km, and works from dawn to dusk.

Prehospital EMS in Germany provides with 1,800 bases with 3400 ambulances and 1000 emergency doctors. Organizations such as the Red Cross does not bring profit, and they are required to provide appropriate care and support government organizations.

The assumption is that the system provides with access to the ambulance with a doctor to every corner of the region, within 10-15 minutes – after receiving a call by the dispatcher. This requires an adequate number of well-equipped ambulances, as well as full coordination of actions.

### Dispatching system in Germany

Emergency calls (no. 112) in the Emergency Communication Center are picked up by the fully trained paramedics, who were involved in a dispatcher training. Currently there are 320 such places, but they are to be reduced to 80, and therefore each of them will have to serve a larger area. 80% of CPR constitutes the integrated unit combining EMS, “not sudden” transport and the fire department.

The police has its own independent dispatch system. Depending on the situation, the dispatcher decides whether to send the paramedics or a doctors team. The criteria for paramedic sending

depends on the patient's condition and situation in which he is located. These are:

- 1) suspected disorders of basic vital functions,
- 2) loss of consciousness;
- 3) severe external haemorrhage;
- 4) chest pain;
- 5) dyspnoea;
- 6) stroke, fresh paresis or paralysis;
- 7) attack and seizure of unknown etiology;
- 8) accidents with the result of extensive injuries (traffic accidents caused by excessive speed);
- 9) a person involved in a large traffic accidents;
- 10) accidents involving pedestrians, cyclists, falls from high places;
- 11) children accidents;
- 12) births.

There are two ways of reaching to the emergency medical scene by the doctor, "stationary" and "meeting". As far as the first option is concerned, the doctor goes by the ambulance with equipment, the second one involves going by a fast transport with the necessary equipment, but without the ability to transport the patient.

The advantage of the "stationary" system is that one ambulance of the larger possibilities of action is sent.

The "meeting" system is of the greater flexibility. If the presence of a doctor is not required for the transportation of the patient, he/she may be involved in a new call immediately. Currently 87% of visits to the call is supported in this way.

The helicopter is sent in cases when reaching the rescue team is necessary as soon as possible. Indications for the call does not differ much from those formulated for the ambulance with a doctor.

HEMS is used not only in cases of injury. In urban areas, the helicopter is on the scene before the ambulance in over 40% of accidents.

### Prehospital EMS staff in Germany

There are three levels of qualification of staff without doctors:

- 1) paramedic assistant (pomocnik ratownika – RH);

- 2) orderly (sanitariusz – RS);
- 3) paramedic (ratownik – RA).

The paramedic assistant (RH) must complete 240 hours of training including: 160 lectures, and 80 hospital practice, mainly in the field of resuscitation and emergency medicine. These people mostly work as volunteers, they are led to public events or to transport ambulances.

The orderly (RS) is involved in 480 hours of training including 160 hours of lectures, 160 hours of work in the hospital and 160 hours of practical exercises in the ambulance.

That had been the basic level of curriculum for ambulances staff until 1989, when the degree of a paramedic (RA) was created, which now became an official degree of qualifications.

Training for the paramedics takes two years. In the first year, 1200 hours of theoretical and practical classes occur.

In the second year the paramedic works as an apprentice for 1600 hours in away ambulances.

In most states at least one experienced orderly and one paramedic or two paramedics are required to be present in an ambulance. Due to the fact that EMS was created from the beginning by the emergency doctors, there was not need to employ other staff in situations which, in accordance with the rules — only a doctor is allowed to obtain.

Neither paramedic, nor orderly, and most of all a paramedic assistant, are allowed to administer medications, establish venous punctures, defibrillate and intubate the patient. Despite all the restrictions – if the doctor does not arrive at the scene at the right time — it is accepted that members of the rescue team perform the above tasks. In the light of the provisions, it is called the "medical competence."

Permissible operations include:

- 1) defibrillation;
- 2) access to peripheral veins;
- 3) intubacja intubation;
- 4) crystalloid transfusion (0.9% NaCl, Ringer);
- 5) the administration of certain medicaments such as glucose, adrenaline, diazepam,

inhaled B2 – mimetics, nitrates in a form of spray.

### **SOR hospital emergency departments in Germany**

Depending on the grade level, hospitals in Germany are divided into 3 categories:

- 1) Primary care hospitals — with interna, general surgery, obstetrics.
- 2) Extended care hospitals — as above and cardiology, gastroenterology, neurology, vascular surgery, orthopedics / injury surgery.
- 3) Multi-profile hospitals — having all specialties.

It was assumed that SOR should operate on autonomous basis.

Emergency hospitals are obliged to provide the patients with this mode. It was proved that the diagnosis of patients after myocardial infarction, stroke, or major injury is better if they reach the specialist centers.

Therefore, such cases should be referred to hospital for extended care or multi-profile. If it is necessary the patient can be transported from the scene of the accident directly to a specialized unit, bypassing the nearest hospital. In such situations, helicopters are often used — HEMS (this is to reduce the time of transport). In Germany, the number of primary care and extended hospitals declines, while increasing the role of transportation between hospitals.

### **The role of the paramedic in the British emergency medical system**

In the British ad hoc aid system, Emergency Ambulance Service (EMS) is an individual business unit. The aid is given by two-man teams, consisting of the medical technicians and the paramedics. They are of a very high level of training in the field of emergency aid in emergency situations and have the power to:

- 1) administer certain medicaments, assess and monitor life vital functions, including: rhythm and heart rate, breathing frequency;

- 2) use of specialized medical equipment such as semi-automatic defibrillators (SEAD).

The scope of the emergency ambulance service include:

- 1) departures to emergency cases;
- 2) transport of patients to hospitals due to medical indications;
- 3) urgent transport between hospitals;
- 4) transport of persons with disabilities that require specialized or nursing care.

The emergency call shall be:

- 1) accidents;
- 2) poisoning;
- 3) bleeding from the gastrointestinal tract;
- 4) threatened miscarriage, childbirth,
- 5) suspected insufficiency of coronary vessels and blood circulation.

Urgent calls include transport orders issued by doctors and midwives concerning transportation between hospitals. Sanitary transport is considered as an integral part of the health care services. In “non-emergency” mode patients are transported for diagnostic or treatment without the need for hospitalization and medical home visits.

Emergency organizational development aims to provide with services in the event of:

- 1) severe multi-site and multi-organ damage;
- 2) time reduction to reach the victims;
- 3) the establishment of specialized centers treating these injuries.

Patients with multi-organ injury after being taken to the nearest hospital are taken by the emergency treatment teams in hospital emergency departments. They consist of a multidisciplinary team of doctors, nurses and paramedics, where the patient is diagnosed extensively. According to the British this ensures that the relevant support is given in a short time and prevents from missing any of the steps in the procedure, leading to the rapid implementation of the causal treatment.

The paramedics are independent people who work, depending on the level of competence, with patients of all ages, individually or in groups. They are essential members of interdisciplinary teams belonging to different organizations. Effective

practice requires recognition and understanding of the social and economic conditions of the patients, which helps in making, planning, delivering and improving health care.

The tasks of paramedics are classified as a five-level gradation system of titles:

- Emergency Medicine Technician (EMT);
- Paramedic;
- Paramedic Assistant (with Emergency Medicine Assistant);
- Senior Paramedic Assistant;
- Emergency Medicine Consultant.

The term “paramedic” and its meaning are protected by law. The idea of professional development lasts a lifetime. Professional training provides a basis to develop methods of teaching at the university level.

They are able to act on the first contact with the patient, without the need to refer to other health care staff. Furthermore, they are responsible for the quality of care provided the patients by the principles and application of clinical knowledge in practice.

Paramedics at all levels should have the following:

- 1) knowledge and understanding of the changes that occur with aging in the human body — from newborn to old age;
- 2) the ability to help individuals and groups of people in a wide range of situations, including in emergency care, primary and intensive therapy, presenting complex and changing problems arising from multi-causes diseases and injuries;
- 3) the ability to involve theory with practice, and create diagrams to solve problems;
- 4) the ability of critical self-evaluation and learning, the ability to apply clinical and reported cases in emergency practice, in order to provide optimal patient care;
- 5) the ability to work in a team and to cooperate with other professionals;

6) the ability to understand the patient’s independence, the internal resistance, the rights and ability to support the patients;

7) the ability to correct patient’s referral to the center of the appropriate reference level, in a situation where a patient needs go beyond the capabilities of the paramedic.

### **Differences in training between technicians and paramedics in the UK**

There are differences between the requirements of training for technicians and paramedics and paramedics training. A part of the training is carried out in ambulances, a part in the hospital; there is also the title of Master’s program ended.

Candidates are involved in an initial intensive course that lasts about 12 weeks, and includes courses in anatomy, physiology, intensive care and ambulance driving training. The theoretical part is prepared by the Institute for Strategy and Health Care (IHCD).

Clinical care is provided by the technicians and the paramedics, according to the national clinical protocols (written performance standards). They impact on local development, which can be accepted by the local committees of hospital consultants, general practitioners, pharmacists, senior managers of away services, under the direction of medical director for the emergency. The skills list and the right to administer medicines by technicians is included in Annex A.

After undergoing basic training and passed a theoretical and practical examination, the technicians work for a year under the supervision of an experienced, a trained technician or a paramedic. In some settings, the technicians conduct daily practical skills register. After completing a year-practice as well as registration, they gain the right to independent practice, however, they should be involved in further training every 3 years.

The technicians who want to gain the title of the paramedic must have at least a twelve-month experience, gained during their professional work as the skilled technicians, and be elected by the employing organization.



Nowadays, paramedics in the UK undergo at least a two-month, intensive training in:

- 1) anatomy;
- 2) physiology;
- 3) injury surgery;
- 4) conducting medical care in severe cases, including:
  - pregnancy,
  - pediatrics,
  - psychiatry.

In addition, there is a practice in the emergency departments, in the operating room and interventional cardiology laboratories. During the training, paramedics are required to:

- setting up a minimum of 25 vein puncture;
- intubate 25 times, and
- interpret ECG.

Then go through the training:

- ALS (Advanced Life Support) – in advanced rescue operations;
- ACLS (Advanced Cardiac Life Support) – in advanced rescue operations of emergency cardiac origin;
- ATLS (Advanced Trauma Life Support) – process and supply of injuries;
- train different medical scenarios for both adults and children. This is followed by practical exercises and provides with the basis to apply for a certified paramedic.

### **Additional steps for paramedics qualifications in the UK**

#### **Away clinician, technician, student of emergency medical service**

He/she should have a high school diploma and knowledge of the basic principles of patient care. In addition, he/she must include the basic training program, organized by the employer, in cooperation with the Higher Education Institutions partners (Higher Education Institute – HEI).

The staff at this level is able to put an accurate initial diagnosis and plan further action. Thanks to the knowledge and skills, the paramedics are able to differentiate the patient's condition

into: not threatening and life-threatening, they are able to interpret and record basic observations and personal, family and social data of the patient – while helping. They are able to draw right conclusions from the collected data about the patient's illness or injury and begin action to stabilize the patient's condition, based on clinical guidelines. The scope of these activities include, among other things: respiratory protection, defibrillation and pharmacotherapy.

In more complex cases requiring a wider range of knowledge and skills, they should ask for advice from more experienced paramedics.

At this stage of training, graduates from secondary education should focus on gaining personal experience and the acquisition of skills to draw the right conclusions, to be able to face the challenges. In addition, they should be co-ordinated and effective while helping the patient.

The paramedics must be able to work as a team and make contacts with professionals in various fields. They will systematically explore their abilities and develop professional career in a lifelong learning process with substantive supervision, self-reflections and discussion of each case.

#### **Post-registration paramedic**

The paramedic at this level must know, understand and be able to apply in practice the principles of work in emergency service, developed in cooperation with the Higher Education Institution (HEI), and inoculated in him/her while studying at the university.

He/she is ready to act alone as one of the team members. At this level of education he/she will be able to apply his/her knowledge to act independently, with a view to provide the best possible patient care. These include advanced techniques for airways patency protection, intravenous fluid therapy and pharmacotherapy by means of remedies allowed for paramedics, as well as other invasive techniques. He/she must also foresee the development of the situation related to the patient's condition, and – depending on the needs – decide to refer to the appropriate hospital.

At work the paramedic should be efficient, coordinated and confident in his/her abilities to help

the patient. The ability to be able to self-assess of the patient's condition, and – thanks to own experience—to take the best decision for the patient are of crucial importance. If necessary, he/she will be able to explain, step by step, the action taken by him/her.

Thanks to the knowledge acquired during studies and clinical practice he/she is not only able to improve his/her qualifications, but also currently explore his/her abilities. Furthermore, he/she will be able to take over the role of head of the medical team and to be a teacher for others.

### **Emergency Medical Service Assistant**

Emergency Medical Service Assistant has the Bachelor's degree, according to the programme developed by the employer, in cooperation with the Higher Education Institution (HEI). This requires knowledge of the level of education corresponding to 6th degree of academic teaching.

Education at this level of the Bachelor's degree is combined with efficiency, coordination and confidence in helping. The assistant can work independently—as a team manager, while obeying the specified standards of performance.

The duty of the assistant is to examine the patient's symptoms and signs. Being up to date with the results of examinations having the ability to properly assess the clinical condition, they can advise on health promotion, prevention and injury prevention.

Such educated paramedics are trained to self-making health care plans. They can also lead the role of the teacher—mentor of younger colleagues, as well as provide trainings.

### **Emergency Medical Service Senior Assistant**

In order to obtain emergency medical service senior assistant degree qualifications at 6 – 7 degree of academic knowledge is required, according to the program developed by the employer, in cooperation with the Higher Education Institution (HEI).

The Master's degree is required from those aspiring to such a position.

Such educated paramedic provides the victim with clinical security, working independently as a team manager.

Senior assistants should investigate and support patients with emergency and chronic diseases, and complete the full documentation of the patient—social, medical, and family.

Due to their knowledge and skills, they can develop a plan of care that will avoid unnecessary admitting a patient to hospital.

Senior assistant should be familiar with the results of the latest research and have the ability to properly assess the clinical picture. He/she can advise on health promotion and prevention as well as injury prevention.

Such educated paramedics are prepared to self-development of health care plans. They are allowed to prescribe medicines unavailable for paramedics of the II / III level. Furthermore, they can take the role of a teacher and a lecturer due to their education and experience.

### **Emergency Medical Service Consultant**

Emergency Medical Service Consultant is the head of the organization. He/she must be a registered paramedic and have at least ten years of service in the profession.

Consultants work in four areas:

- 1) Experts in clinical practice – working on the “outskirts” of their field, they carry out clinical research, and design their own research elements and for a team. They cooperate with professional organizations to develop guidelines for the paramedics of higher levels. Moreover, they develop clinical research in cooperation with various academic organizations.
- 2) They are involved in research and other activities in support of exercises and propose a task involving a broader group of physicians; furthermore, they carry out the audits at every level.
- 3) They combine education with training (e.g. by meetings organizing), promote the analysis of clinical data based on practical experience, gained by many medical

professionals, as well as they create a culture of occupation.

- 4) They are professional leaders able to combine conclusions of the patient's condition with the guidelines of the national health care system and work with different organizations — such as for example the Department of Health, Education and Training Standards (HPC), the Agency for Quality Affairs (QAA) and the Commission of Health.

Emergency Medical Service Consultant may specialize in any area of clinical medicine, in particular:

- prehospital and outside hospital care in emergency cases (including emergency medicine);
- intensive and non-standard medical care;
- rescue operations on land and in the air — usually;
- carried out by ambulance staff.

Consultants should be involved in the development of standards for the operation of emergency services when working in any field.

The original concept of emergency tasks included rapid response to sudden events, providing first aid and transport the patient to hospital.

Over the past 25 years, this role has changed completely, now it includes pre-hospital care, often requiring advanced clinical skills. The current requirements oblige to continuous training, which increases the importance of education at university level.

Clinical medical service staff is be divided into: medical care assistants, technicians and paramedics. Most of the people providing services in ambulances starts working as an assistant, and later they are involved in the training for technicians. After further — twelve-month training they can start education enabling them to gain the paramedic title.

The staff can be registered after completion of the training. The current curriculum is validated by the Edexcel System. It includes data on professional training and education at university level.

### **Prehospital care in the UK in cases of serious illness and in injuries**

Patients who are seriously ill or suffer an injury, are treated a priori as requiring transport to hospital (for the purpose of further treatment). Transport aid is available at telephone numbers 999 or 112.

After determining the place of the event the ambulance is involved communicating via walkie-talkies or mobile phones with the Emergency Communication Center (CPR). Many ambulances have tracking system that allows dispatchers to capture units closest to the scene (usually on the ground).

### **Organisation of EMS in Greece**

In Greece, the emergency medical system (EKAB) was formed in 1987 under the Act of 1979, accepted in 1985. In accordance with paragraph 2, point 7: “the aim of EKAB is to coordinate immediate aid in emergency and intensive care for citizens and public transportation to health care facilities

In an emergency aid is available – as in whole Europe — at phone number 112 and 166 available in whole Greece.

In addition to the central database in Athens, 11 regional centers were established in major cities, at each of these lower stations are located. All of the away medical aid units have their staff, administration, communications and dispatchers, doctors and technicians, as well as ambulances and medical equipment.

In order to improve the quality of aid, in 5 major cities the teams operate on motorcycles, supported by:

- paramedics with medical equipment and automatic defibrillator;
- a doctor and a paramedic;
- EKABE has its air transport (3 helicopters) as well.

In Greece, there are two types of ambulances. Basic ambulances are equipped with simple equipment for airways patency protection, suction device, a set for wounds dressing and immobilize, set for injections and oxygen. Automatic



defibrillators will be added soon. EMS technicians are a team of ambulances.

Mobile Intensive Care Units (i.e. “R”) are equipped with equipment for airway patency, pulse gauge, ventilators, manual defibrillators with a 3-lead ECG, non-invasive transcutaneous aH pacemaker, sets for veins cannulation, fluids, medicines and H equipment to immobilize.

Doctors and technicians are a team of these ambulances. However, most of the ambulance is equipped with basic equipment.

The central units of EKAB protect adjacent areas, covering JH demand for emergency aid to nearly the entire population. The areas were divided into smaller areas with provincial hospitals “coordinating activities of the centers”.

In order to meet the demands of mass events, EKAB has a special branch of medical emergencies, which provided with aid during various events in Greece, such as the earthquake in Athens in 1998 and in Turkey, 1999.

The Committee of the Ministry of Health for Affairs of Safe Driving works by EKAB. The aim of the committee is to collect data on all types of accidents and preventive programming procedure.

## EMS education system in Greece

In 1987 training center at almost every station was created in EKAB. Till 1989 each technician (EMT) had taken part in 40 hours of basic education.

According to the guidelines of the Ministry of Health, in 1989, a program of EMT basic training was created — it lasted about a year and included 1000 hours of learning. During the training future paramedics learned how to support the patient in critical condition, segregate the victims and further proceedings, basic airways patency protection, BLS and cardiopulmonary resuscitation, wound dressing, immobilize fractures (including fractures of the spine) proper transport of the patient to hospital.

Since 2000, technicians training program has changed. A group of professional “emergency medical service technicians” was created. State

Institute was established with the task of organizing and lecturing as well as additional teaching. Its delegations are in almost all stations of EKAB. Training lasts for 2 years (4 terms) and includes 1400 hours.

The basic curriculum also includes: anatomy, physiology, infectious diseases, pharmacology, medicine of emergency conditions, procedure protocols and algorithms, systems and communications technologies, ALS, intravenous accesses establishment techniques, ECG monitoring, manual defibrillation, safe driving, English and IT.

Advanced curriculum lasts 800 hours of theory and 600 hours of clinical training in the form of workshops and classes at the hospital and ambulances.

Two-term professional training was introduced in order to raise the level of competence of technicians already working.

## EMS dispatch in Greece

Each EKAB station has its dispatch center with telephone and radio connectivity as well as computer network for the collection and processing of data. Aviation department has also wireless communication. Two dispatchers cover one shift works, one receives phone calls, the other – on radio — manages the units in the field.

In addition to basic training, as it is for technicians, the dispatcher involves the appropriate practical training in principles of communication, segregation of calls.

In the larger cities in one-call a number of “telephone” and “radio” dispatchers work.

They specify the priorities of calls as needed. Furthermore, they decide to which hospital the patient will be transported. Added to this, in collaboration with coordinating doctors, they notify the hospital.

In the event of a disaster, dispatch room is also responsible for communication and coordination with other units such as, the fire department, the police or the military.

## EMS air transport in Greece

EKAB has a branch of the air operations center in Athens and base in Rhodes. The Ministry of Health has three helicopters that were transferred to the U.S. Air Force transport coordinating and supporting them with their helicopters and planes.

Air transport in Athens is managed: one doctor and one dispatcher. Three doctors and three technicians are in helicopters. Annually, three helicopters carry about 2,500 calls, 85.5% of which comes into effect, and 14.5% are cancelled.

## Emergency departments in Greece

In all health care facilities (hospitals, district hospitals, health centers) SOR either already operates, or it is planned to be established. In 2003

a law regulating the work and organization of such centers in every hospital having more than 200 beds was accepted. SOR cooperates with dispatchers and are designed to provide with:

- 1) admission of a patient for treatment,
- 2) segregation of patients (triage)
- 3) immediate support of life-threatening conditions in the emergency rooms,
- 4) diagnosis and treatment for up to 72 hours,
- 5) admission of the patient to hospital.

## The comparison of emergency medical systems in Poland, Great Britain, Germany and Greece

According to the Act of Law in the ambulances in Poland, the following are allowed to go – a doctor specialized in emergency medical service, surgeon, anesthesiologist or pediatrician.

**Table 2:** Comparison of IRMS team in selected European countries.

	POLAND	GREAT BRITAIN	GERMANY	GREECE
STAFF IN AMBULANCE BLS („W”)	Doctor, 1 paramedic or 1 nurse	2 paramedics or 1 technician + 1 paramedic	2 paramedics; 1 paramedic + technician	2 technicians
STAFF IN AMBULANCE ALS („R”)	Doctor, 1 paramedic or 1 nurse	2 paramedics + 1 technician	1 doctor + 1 paramedic + 1 technician	doctor + 2 technicians

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