

(78.7%), etomidate (68.5%), succinylcholine (45.5%), and propofol (39.6%). 98.7% of physicians believe that the endotracheal intubation practice does not need to be done by an anaesthesiologist, but 7% think that the rapid sequence intubation must be managed only by anaesthesiologists; 5.3% of physicians are stressed at the time of intubation, and 11% are not.

**Conclusion:** The practice of endotracheal intubation is unequally distributed among the emergency practitioners. These differences depend on the training and, probably, of the activity in France, specifically, out-of-hospital emergency medical system ("SMUR").

**Key words:** anesthetics; emergency departments; emergency physicians; endotracheal intubation; performance; practice; rapid sequence; SMUR; training

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### High School Students Assisting the Hospital

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The Israeli Medical System is committed to administrating optimal medical services to casualties during conventional and nonconventional mass casualty events. The operation of the hospital in such events, necessitates expansion of facilities, predesignation of admitting sites and operation of special roles such as decontamination teams, stretcher-bearers, and so on. This obligates expansion of our manpower and the operation of ancillary and voluntary teams. In this poster we will present a model initiated by our hospital, which displays a unique cooperation program with one of our neighboring high schools.

Approximately 300 students from the tenth to twelfth grades are integrated into our personnel during mass casualty events, in order to assist the hospital. The students serve as stretcher-bearers and other necessary tasks. Once each year, they participate in a training program and drills, and in real life during mass casualty events. As a result of the ongoing relationship between the hospital management and the director of the school over the last 10 years, the students are available to us every moment, day and night, throughout the whole year. This project has been supported by the Municipality Emergency Law and is recognized by the Israeli Defense Forces and the Ministry of Health.

**Summary:** This unique model has many benefits, both, to the community and to the hospital, but, mainly for the students themselves, because the most important education a student can receive is the ability to donate to others.

**Key words:** assistance; hospital; mass casualty events; schools; students

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### Risk Analysis Model for Health Care and Medical Service

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**Objectives:** We found that conventional methods and tools for risk assessment do not include requirements from the medical service. To tackle these problems, we have developed a new risk analysis methodology. The objectives of the work were to develop a new model for risk analysis for the health care and medical service in the Stockholm County.

**Methods:** Based upon studies of literature and risk analysis models from the municipal rescue services in the Stockholm County, we have developed a new model for risk analysis with a number of new parameters specific for the health and medical service. The model was presented and discussed during the 4th Nordic Congress on Emergency and Disaster Medicine in Copenhagen 2000.

**Summary:** Dimensioning of disaster medical resources should be based upon an analysis of risks and threats and assessment of probability and consequences of every possible scenario. In the model presented, we have defined scenarios with consideration taken to casualties and their priority for emergency care. The probability calculus describes how many times a scenario probably will occur in a specific period of time. The calculus is based on statistics and current development in the region.

To describe consequences, we analyze the capacity of the medical services to take care of casualties in the various scenarios, and if the medical services must activate the disaster medical plans. Using a simple matrix diagram, we can identify the scenarios with high probability and large consequences for the emergency medical services. According to the results, decisions can be made concerning prevention, and measures can be taken to reduce the consequences or increase the capacity of the medical service.

The model will be used in the assessment of risks and dimensioning of medical resources during the EU Conference in Stockholm at the end of March 2001.

**Key words:** assessments; capacity; dimensioning disaster; medical services; mitigation; model; prevention; risks

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