

RECOMMENDATIONS

The following nations and the World Health Organization's Regional Office for Europe who sent delegates to the final Working Meeting of the NATO/CCMS Pilot Study on emergency medical service systems formulated twenty-one recommendations for domestic and international action to improve the planning and implementation of EMS systems throughout the free world:

BELGIUM	EGYPT	ITALY	NORWAY
CANADA	FRANCE	LEBANON	PORTUGAL
COLOMBIA	GERMANY	LUXEMBOURG	SPAIN
DENMARK	GREECE	NETHERLANDS	UNITED STATES

Eighteen recommendations covering the following topics were made by the forty delegates at the Working Meeting, held in Munich, Germany, September 14-16, 1980: (1) organization and management; (2) communications, first response and transportation; (3) training and public education; and (4) poison control. These recommendations as well as progress reports of the Pilot Study's projects were discussed in Chapters 4 to 7. The delegates also made the general recommendation that all 18 be applied internationally, as appropriate, through WHO or other international associations. They also proposed suggestions for follow-up action to continue the international cooperation that has resulted in so many improvements in national and international emergency medical care programs over the past ten years. The recommendations are set out below.

● ORGANIZATION AND MANAGEMENT OF EMS SYSTEMS

1. Legislation should be passed at the national level to establish and implement the EMS program.
2. To enhance operational responsiveness and provide data for evaluating the system, a national EMS data collection system should be instituted.
3. Appropriate governmental authorities in each EMS service region (or service area) should determine the capability of each hospital within the region to handle specific types of emergencies, and give direction on all aspects of regional EMS operations.

4. A system for categorizing patients based on the nature and severity of their injuries should be developed. This will ensure that each patient in need of emergency care is transported to the hospital capable of providing the treatment that is most appropriate for the medical condition of the patient.
5. A government agency, council, or institute representing all aspects of EMS delivery should be established at the national level to ensure that:
  - Direct services are properly planned, delivered, and evaluated in each region (or each service area).
  - Government appropriating and funding authorities are properly advised of the performance and effectiveness of the system.

● COMMUNICATIONS, FIRST RESPONSE AND TRANSPORTATION

1. National and international standards should be developed for EMS transportation, first response, and communications equipment.
2. In several countries, rotary and/or fixed-wing emergency transportation has proven effective in certain circumstances. It is therefore recommended that governments study the feasibility of using aircraft for emergency transport.
3. Rotary and fixed-wing EMS operations should be coordinated and directed by a government health authority.
4. An EMS communications system (telephone and radio) should be developed, at the appropriate level, to permit direct communication with responsible medical authorities. This will ensure coordination of pre-hospital and hospital treatment and maintain medical control of EMS operations throughout the intervention.

● EMS TRAINING AND PUBLIC EDUCATION

1. EMS training and public education programs should be an integral part of the EMS system.
2. Training programs should be such that laymen, public officials (police and fire), and emergency medical personnel in all capacities are able to render assistance appropriate to their roles in the system.
3. Education for the general public should include, at a minimum, information on (a) first-aid, (b) simple life-saving techniques, (c) accident prevention, and (d) how to access the EMS system. An all-media approach should be used to disseminate this information. Children of all ages should receive EMS education in school.

4. EMS professional and support personnel in all capacities (ambulance drivers, rescue pilots, nurses, medical students, physicians) should not only receive initial training in all aspects of emergency health care, but must be given refresher courses to keep them up-to-date on recent advances in emergency care.
5. National standards for training EMS personnel should be developed. The standards then should be evaluated as a basis for determining a set of minimum international EMS training standards. Mechanisms should be developed for disseminating and implementing these minimum standards worldwide.

- POISON CONTROL

1. The national poison control information system developed in Italy should be studied to determine its applicability in other nations.
2. National poison control information systems should:
  - Categorize hospital facilities by treatment capabilities so that poison victims are referred to the appropriate facility.
  - Utilize epidemiological data to focus prevention activities on high risk populations.
3. An acceptable international format should be established for collecting data to support epidemiological analysis, clinical operations, and system evaluation. Establishing a common format would enhance compatibility of data among nations.
4. Poison control centers to store, process, and evaluate comprehensive information on poisoning incidents should be established as an integral part of the EMS system. These centers should also provide clinical services under medical supervision, and be associated with hospitals in the system.

- INTERNATIONAL FOLLOW-UP

Recommendations for follow-up action to continue international cooperation in planning and implementing improved regional, national, and international emergency medical systems were:

1. A World Congress on Emergency Medical Services should be held in the fall of 1981 or as soon as possible thereafter in the United States. Its purpose will be to coordinate future action on the EMS projects of the EMS Pilot Study and to decide on mechanisms for encouraging more nations to establish or improve emergency medical services systems.

2. The delegates welcome the World Health Organization's provisional proposal to assume sponsorship of the EMS Pilot Study during the 1981-82 follow-up period. WHO sponsorship, the participants believe, will inspire many more of the world's developing nations to upgrade their emergency medical systems.
3. The delegates also welcome WHO intent to establish an EMS Advisory Committee to begin planning activities to carry on the work of the Pilot Study, which has done so much to focus international attention on this critical area of health care.