

PERSONAL VIEW

FROM the time of ancient Delmon, our land, Bahrain has been known for its peace and tranquility.

But now, time has changed. The sharks on our roads are bigger and more dangerous than any shark which ever visited our waters.

My intention here is to briefly mention the incidents of Road Traffic Accidents, the various factors which go to make up a Road Traffic Accident and then to outline some proposals by which we may start to have an efficient emergency medical service here in our country.

From the American Statistics, we can see that in the year 1970 more than one hundred thousand persons died as a result of external violence and for every person killed, about 10 to 15 persons required hospitalisation and this accounted for at least 12% of the total hospital space. From 1899, when the first person was killed by an automobile, until 1965, 1.56 millions have been killed by motor vehicles.

I mentioned that various factors contribute to the morbidity and mortality of motor car accidents. These factors may be divided into 3 phases :-

Pre Crash, Crash and Post Crash.

Each phase will contain human, vehicular and environmental factors each of which are worthy of,

Emergency Medical Service in Bahrain – The time is now

By Lt. Col. Dr. Ali Al-Khalifa,*

and require whole books for their in-depth study.

An Emergency Medical Service is naturally only active in the Post Crash phase, but the nature of the injuries it deals with and the conditions it has to work under are directly related to the factors involved in the Pre Crash and Crash phases.

PROPOSALS FOR AN EMERGENCY MEDICAL SERVICE

Any Emergency Medical Service must be founded on three essential elements :-

Education
Communication
Transportation

I have not mentioned these in

* Chief Surgeon,
Military Hospital,
Bahrain Defence Force.

any particular order of merit, each is a part of the whole and each is of equal importance.

Let us look at these three elements separately :-

First

Education

This involved educating both sides of the service:-

- (a) The user *or* general public and
- (b) The supplier *or* Members of the Emergency Services.

The General Public

They must be made aware of what is available to them with regard to emergency services. They should know how to obtain the service required, what information to give, what to do and what not to do whilst waiting for professional help. This knowledge can only be acquired as a result of wide band education using all the media, such as Newspapers, Radio and TV, and as part of any schools curriculum. Such education of the public should be continuous and not confined to 'one-off' high pressure campaigns.

The members of the Emergency Medical Service

These members will fall into one of two groups

- (a) The Emergency Medical Technicians or EMT's. and

(b) The Doctors

*The Emergency
Medical Technician*

The ideal situation is one in which *all* members of the community services i.e. Police and Fireman are trained to the minimum standard of EMT level one. This ideal is for the moment beyond our reach, but we should aim for *as many as possible* to be trained to this level.

From this wide base certain persons, those showing the right attitude and aptitude; are selected to undergo further training to the level of EMT 2.

Finally from the experienced EMT 2's, a necessarily small percentage will eventually be fully trained as EMT's level 3.

The Doctors

All Doctors who hold the positions of Casualty Officers must be fully conversant with all emergency procedures and be able to relate with the EMT's, so that treatment and procedures in a Casualty Department are a continuation of a team effort.

All other Doctors, from the General Practitioner to the Consultant should be aware of the service and its capabilities and be ready, if called upon, to take their place in the team.

Second

Communication

Without communications of some sort, no service can exist. In its simplest form communication consists of talking, shouting or even waving of arms between two people. With the advent of modern technology we now have telephone and radio communication and it is these two upon which the successful operation of an Emergency Medical Service will depend.

(a) Communication between the site of the injury and the service. This will normally be by telephone and may be via a Control Centre such as the 999 service.

(b) Communication between the Control Centre and the Emergency Medical Service Headquarters, or *direct to Ambulances located in rural areas*. The Control Centre will have the ability to mobilise what ever level of response is needed. In the case of a disaster then the disaster centre will assume control according to the National Disaster Plan.

(c) Communication between the Ambulance, in which there is a trained EMT, and the receiving Doctor in the Accident and Emergency Department of the Hospital.

(d) Interlink communication between the Ambulance service and the Police and Fire Services.

Third

Transportation

The method of transportation will vary depending on the location of the accident, distance from the medical facility and the nature of the injury. The vehicle of transportation could range from Boat to Helicopter, but will normally be the purpose built and equipped Ambulance.

Whichever method of transportation is used it should be that which is best suited to the needs of the patient and our EMT's should be thoroughly conversant with all the available modes of transport.

In Summary

I have stated the alarming statistics with regard to morbidity and

mortality of accidents. We all know that there is a need for an Emergency Medical Service and I have outlined such a service and the training and equipment required to implement it.

Finally I leave you with the thought that the life saved by the Emergency Medical Service could be your own. □□