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Doctors in Budapest FB are not paramedics

A világ számos országában működik olyan sürgősségi ellátó rendszer, amely alkalmas arra, hogy tömegbaleseteknél, kiemelt káreseményeknél, katasztrófa helyzetekben kiképzése és felszerelése alapján az átlagostól eltérő, esetenként zárt, veszélyes kárhelyen is képes egészségügyi felderítésre és ellátásra. Magyarországon elsőként a budapesti Készenléti Egészségügyi Szolgálat jelenti az átmeneti megoldást.

All kinds of accident can be shocker for the peoples. But there are so events, which leave a special deep mark not only on the case sees, but also on near by viewers too. To these cases belong accidents where get into trouble the people who came to the aid. These events can cause a panic between both people being under rescue and rescues.

At the time in Hungary there are two professional organization – the National Ambulance, and the Fire Department – which have a common parameter: both organization have the job to rescue peoples are in danger, avert the causes and consequences of dangers. These jobs are determined by laws regarding both organizations.

Two separated build of organization, two separated protocol-system, but the target is one: to protect the life. Both organizations operate with accuracy and precision range of them duties, but on the scene can come complication from not understanding of each others job. This can raise the time of intervention, by this can endanger the life of injured/s.

Most of standby duties fire departments are not ready to first aid of in course of jobs get injured peoples. The ambulance is not able to look after of injured on hazmat-spotted area in default of protection-equipments. It follows that injured people does not get the first aid until fire-fighters take out from the danger-zone. Similar claim can come up at traffic accident, when the ambulance – fortunately rare – arrives to the scene with some minutes late. Till then nobody is able to achieve the primary medical intervention.

It is not the competency of the National Ambulance to use the different technical equipments necessary to approach the injured. Because of this, if some member of rescue-team gets injured during using so equipment under term of office, then no responsibility or financial responsibility encumber the Ambulance.

It needs a compromise, if the staff of ambulance can not achieve the injured in default of equipments. It is true that fire-fighters make the necessary equipments available, but members of ambulance are not ready for use it, or just at themes own risk. The basic first-aid knowledge of fire-fighters is – in most cases – not enough to look after of injured. They have not suitable professional practical background to practice of safe and determined first-aid.

In addition it is very significant problem the fact, that we can feel an objective fault in a medical provision between accident and/or disaster condition differ from average. It is fact that at event where danger-zone is — inside of the zone the intervention can go just in special protective-equipments — there are not available specialists with suitable qualification. According to the present practise, inside of the danger-zone the searching and rescuing of

forced people is the job of fire department and the leader of fire-fighting assure the organization of this.

The target is: the injured person (often the interferer fire-fighter) gets early the professional provision with eliminate of loss of time, at the same time the necessary levelled ambulance arrive to the scene.

The realization of this have not only a personal advantage, but also social and economic. It is a basic and much proved fact that the time of professional provision, the time of recovery, and the necessary financial appropriation are in close connection. The time till the provision is an exponential connection with the said parameters.

In more country of the world operate so emergency care system, which is suited for medical reconnaissance and provision – by right of equipments and training – at mass-accident, disasters, closed and danger scenes. So they can help the further provision and logistic action by passing information to assign on the suitable communication systems.

To solute the problems above, first in Hungary on Budapest formatted the “Standby Medical Service”. There is available for the Service a special equipped car, where a doctor and a nurse fulfil them duty. They are medical worker but get special fire-fighter training. So we could combine the two specialities. After that they are entitled to use the fire-fighter equipments. So the problem is solute. Today we have so doctors, who can provision the injured inside of danger-zone too.

I am convinced that at city fire departments, where the first aid, fire-fighting and technical rescue operate a different organization, it is practical to establish a doctor-service, where doctors are able to make them job inside of danger-zone, and can give a first-aid to fire-fighters at extreme situation too.

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