

# REVIVE Round table questions/topics to be discussed

## Hungary

Gábor GŐBL MD

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[gobl.gabor@mentok.hu](mailto:gobl.gabor@mentok.hu); [www.mentok.hu](http://www.mentok.hu);



# Structure of the emergency system

## 1. Organizational structure of the emergency response in Hungary

### National Ambulance Service (NAS)

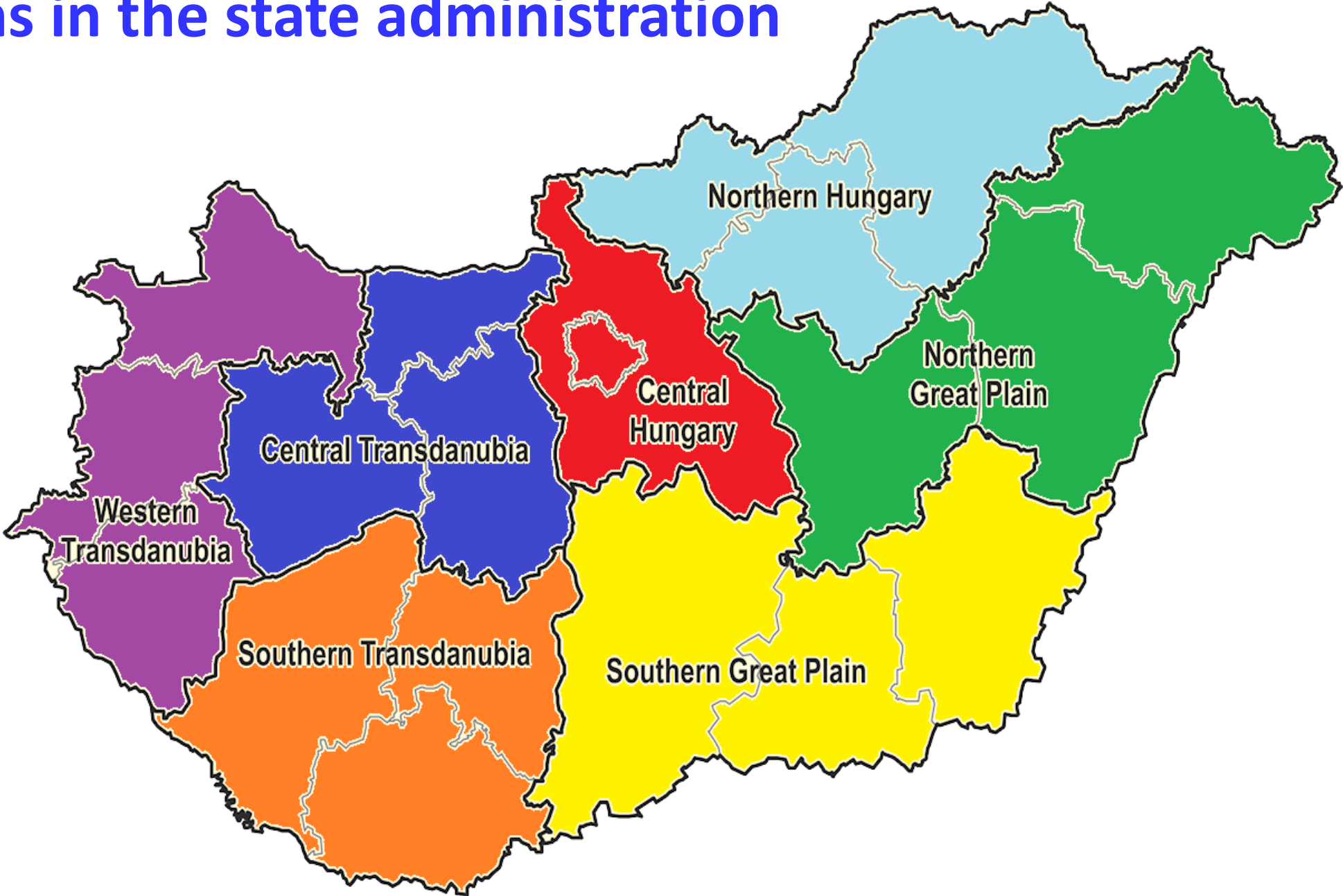
- directly subordinated to the Ministry of Human Capacities (being responsible also for health care).
- dispatch centers
- ambulance stations,
- helicopter rescue system integrated



# Counties in the state administration



# Regions in the state administration



**20 dispatch centers**

**253 ambulance stations**

**749 ambulances on duty,**

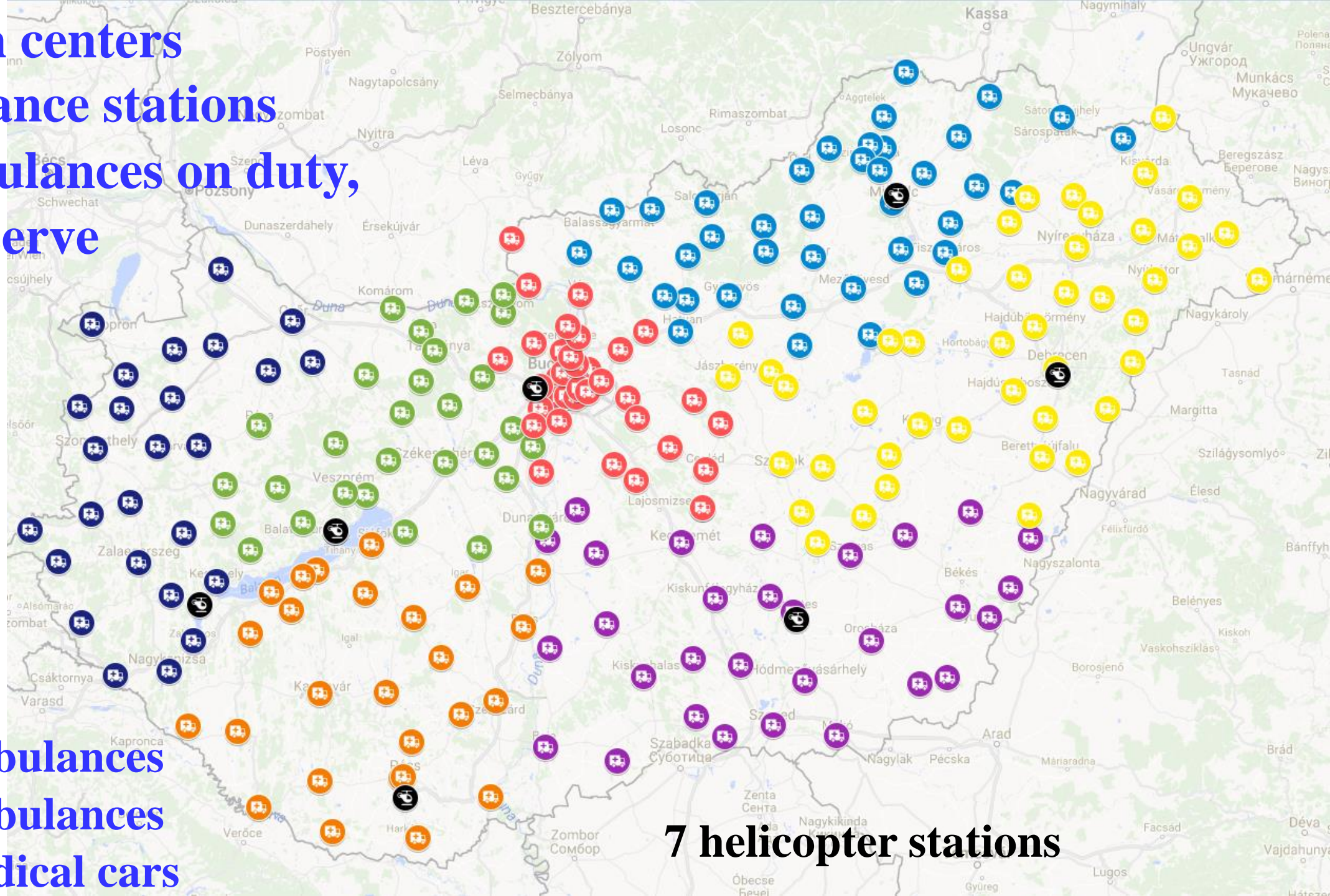
**247 reserve**

**595 BLS ambulances**

**154 ALS ambulances**

**23 (para)medical cars**

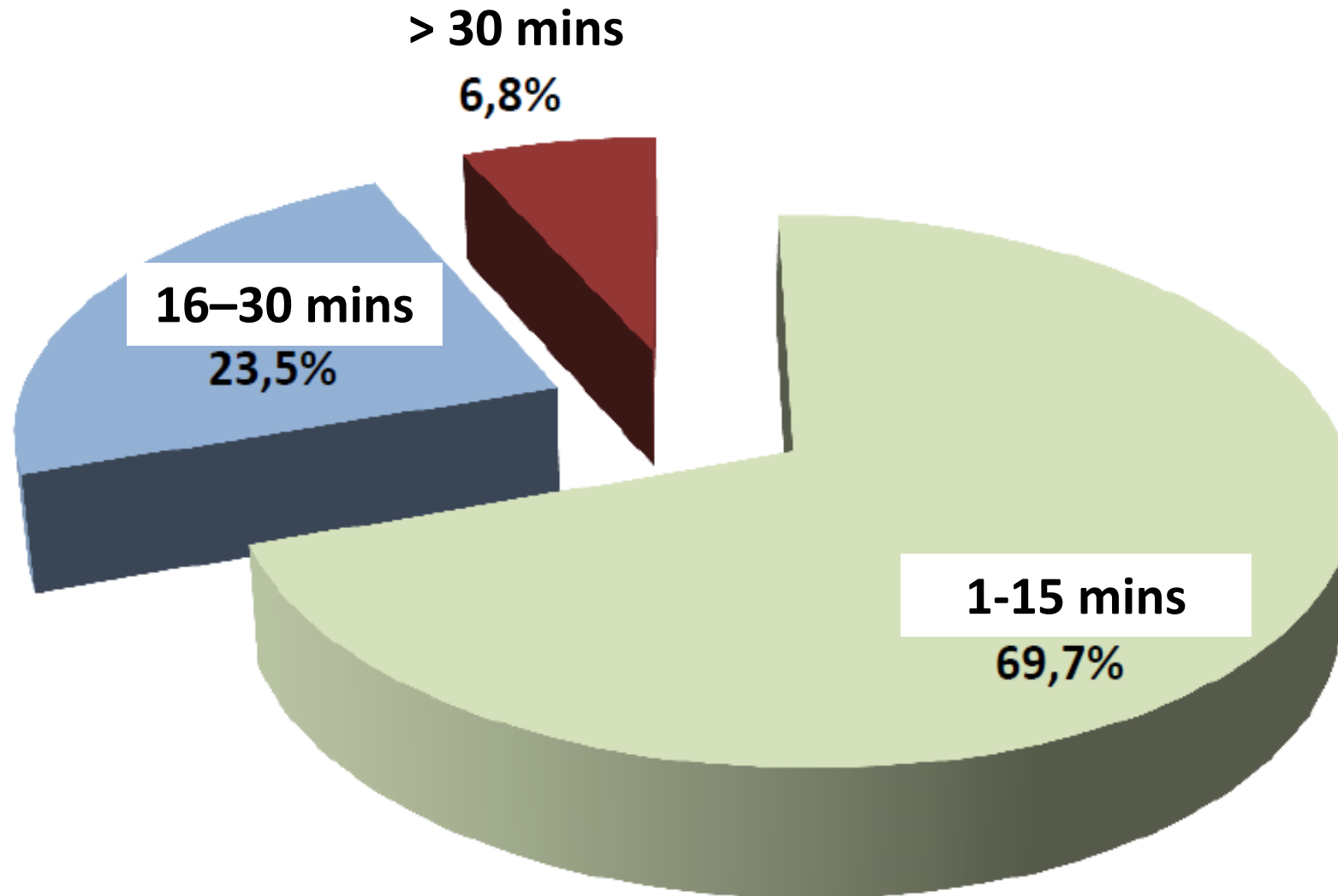
**7 helicopter stations**





Ambulance stations in Budapest

# NAS response time in 2016 (urgent cases)



## 1. a. Legal background

- Health Care Law 1997
- A standing order of the Ministry of Health Care [5/2006. (II.7.)]
- A governmental standing order [322/2006. (XII.23.)] about NAS
- (Further legislation on fire brigades and police)





## 2. Other organizations taking part in the emergency response (e.g. emergency care providers such as Red Cross or private companies or public services, fire brigades)

- National Ambulance Service
- Some private companies (mostly for non-emergency transports)
  - Hungarian Malteser Organization
  - ...



### 3. A difference between the transport of sick persons and the emergency service which includes also transport of a persons with life-threatening problems?

- NAS provides prehospital emergency care including urgent secondary transports and transports requiring attendance at least a skilled EMT level or higher;
- non-emergency transports are provided by private entrepreneurs



## 4. The spatial location of emergency services/dispatch centers

The current station network is a result of a continuous development since 1948. In the former decades the development has been directed mainly by the delay in alarming an available ambulance.

Since the beginning of the 90s, we aimed a response time of 15 min, now it is realized in 70% of the (urgent) ambulance runs (see slide 7)



## 5. Guidelines for the response to road collisions?

No specific guidelines at NAS but some internal SOPs exist for:

- Equipment use
- Patient assessment
- Severe injuries/polytrauma
- Prevention of hypothermia
- Airway management
- Venous access
- Volume replacement and circulatory support with drugs
- Monitoring



## 6. Guidelines/standards for the communication with the emergency staff?

- TETRA network
- Alarming the ambulances electronically (introducing an intelligent board terminal in the ambulances) is in process



## 7. Guidelines/standards for the communication infrastructure or technology?

Traditionally we alarm fire brigades and police about collisions, and vice versa

- Since 112 is operating, this is less important:
  - Currently a lot of the calls arrive via 112 as 104 is directed immediately to 112
  - 112 after getting basic infos switches the caller to 104, concurrently sends a file (yet we have to open and pair o the relevant call)
  - 112 aimed to switch the call within 40 seconds



8. Computer based support technology of the dispatch centre include: reception of calls, alarming emergency staff, support of the operation, documentation, further documentation, administration/statistics/controlling, technical (system) administration?

- under construction, not yet finished



## 9. Reception of eCall calls: is the necessary technological infrastructure in place?

- not yet
- building some elements are in process





# Availability of vehicles/staff and equipment

## 1. Type of vehicles and persons available to suit the demand?

Three basic type of ambulances:

- BLS ambulance:
  - driver (with certain skills in ambulance care) **and** EMT
- ALS Ambulance ridden by **also**
  - a paramedic
  - an emergency physician (or anesthesiologist/internist/surgeon with proper training)



## 2. Rendezvous (RV) system?

- In part: we operate 23 (para)medical cars (4 at the capital and one-one in each county)
- (We use secondary alarming of the traditional units if needed)

## 3. All the vehicles fulfill the EN 1789 standards



4. The calculation for the demand of vehicles (different types of ambulances, emergency doctors vehicle) is based on what kind of criteria?

- upon statistics, but no strict criteria
- see also slide No. 4.



## 5. Qualification of the staff

1. Drivers get a basic emergency care training
2. EMTs get a part time or full time training, typically 2 years (different schools use different curriculum)
3. Paramedics get 4 yrs (part time) training
4. Physicians get a specific qualification of 5 yrs (60 month)
  - curricula are existing
  - for groups 2-4: certain competecies are defined; periodically to be renewed
  - No volunteers at NAS as a system



5.a. ATLS training given for the staff?

5. b. Road safety (driving) training for drivers?

- a. Usually it is ITLS
- b. Yes



# Emergency service given to the victim on the spot

## 1. First aid training is compulsory to obtain the driving licence

- A FA **exam** is compulsory for obtaining a driving licence; it is organized by the Hungarian Red Cross.
- A first aid **course** is not compulsory, but offered also by the Hungarian Red Cross, moreover by several small companies giving driving training.



## 2. The syllabus of the first aid training

Items of the exam organized by the Hungarian Red Cross

- safety (scene and personal), request for further help; emergency call, extrication if possible (Rautek)
- check for vital signs – CPR?
- positioning, including recovery position, airway management
- check for injuries, neck stabilization
- helmet removal
- relief of bleeding
- wound management including burn injury
- immobilization
- knowledge of FA kit
- Some theoretical background

**Hungarian Red Cross has a standard syllabus; others' are more or less different.**



### 3. Specific traffic rules for emergency vehicle to arrive faster to the spot?

- Ambulances (as other emergency vehicles) in an urgent case use bluelight and siren (for several decades)
- Recently it is obligatory to form a corridor on motorways if a traffic jam is evolving
- At the capital the pictures of traffic controlling police video cameras are available for the dispatch center to get info about traffic jams.





## 4. Financing of the emergency system

- NAS budget is provided by the state

