

JULY 2025

ISSUE 08

IMRUA MAGAZINE

NEW, EVEN BETTER THAN OLD ONE.



WE ARE BACK!



**IF YOU WANT TO PUBLISH ARTICLE OF YOUR MRU OR YOUR STORY IN
IMRUA MAGAZINE, PLEASE SEND IT TO:
MARKO.KUKOVEC@IMRUASSOCIATION.ORG**

WE ARE HAPPY TO SHARE YOUR STORIES WITH OUR IMRUA FRIENDS

**IMRUA PRESIDENT: DR. PATRIC LAUSCH
IMRUA VICE-PRESIDENT: MARKO KUKOVEC
IMRUA SECRETARY: YVES MARX**

EDITOR OF IMRUA MAGAZINE: MARKO KUKOVEC



The gift of love. The gift of
peace. The gift of happiness.
May all these be yours at
Christmas.



On the road to success, the
rule is always to look ahead.
May you reach your
destination and may your
journey be wonderful. Happy
New Year.

IN THIS MAGAZINE:

- **BLOODBKES AUSTRALIA**
BY PETER DAVIS
- **MRU PUERTO RICO**
BY ALBERTO E. COSTAS
- **EKAB (HELLENIC CENTRE OF
EMERGENCY CARE)**
BY NASIA GKOUVEROU
- **IMRUA CONGRESS 2024**





In the midst of the 1919 Spanish Flu pandemic a group of Sydney motorcyclist formed a group of volunteers called SOS motorcycles to help transport medical supplies, doctors and nurses from where they were to where they needed to be.



Role forward 100 years and totally ignorant of this history, retired Ipswich Bus Driver, Peter Davis, decided to follow the example of a mate who volunteered for Bloodbikes Scotland and form Bloodbikes Australia.



Mr Davis said, “ I loved the idea of having an excuse to go for a ride and do some good at the same time.” So partnering with Mater Pathology in Brisbane in September 2019 Bloodbikes Australis was formed, still totally oblivious to what had gone before.



News of Bloodbikes Australia’s activities quickly moved through the Australian motorcycle community until quite quickly it became National with volunteers in all States and Territories. Then history repeated itself and along came COVID and Bloodbikes Australia was there to help just like their forebears 100 years previously. In the two and a half years since it was started Bloodbikes Australia has completed 5797 deliveries for 63 healthcare providers, 80% of which have been creating capacity and stepping up to help with the huge increase in need to transport medical supplies and tests as a result of the COVID pandemic.

Bloodbikes Australia offers a last resort service and specifically do not compete with in house our commercial medical transport but offer a last resort, volunteer service when all normal avenues are not available or fit for purpose. They transport whatever is needed from where it is to where it needs to be and this includes COVID tests, blood tests, biopsies, medicines, in home treatment packs, paperwork, consumables, files and of course whole blood.

Today Bloodbikes Australia has 528 volunteers on their books, in all states, territories, in all capital cities and regional Australia. Bloodbikes Australia is not a charity and asks for no money from anyone. Volunteers agree to a stringent set of rules which cover blood transport qualifications, code of conduct, licensing, registration, insurance and uniform But every volunteer looks after their own expenses.

Peter Davis says “motorcyclist love to ride and when we are able to do this and help others in an extremely tangible way it’s makes you feel like a million dollars”

Author: Peter Davis



Puerto Rico is a country which is small. It is 100 miles long by 35 miles wide. It has 3.2 million habitants. Being a small country, but with a large population, something happened that increased response times to emergencies. In metropolitan areas, there was a lot of vehicle congestion. This made it impossible for ambulances to respond quickly to emergencies and reduce response times. In addition, people made false calls to the emergency system. For this reason, Dr. Juan Marin, Medical Director of Medical Emergencies of the Capital, San Juan Puerto Rico, began his pilot plan to use motorbikes as emergency vehicles like the police.

They started with Yamaha RD 350. motorcycles. This service continues active in the capital of Puerto Rico, San Juan. Thus, this continued to evolve over the years using them in places like Old San Juan and areas of great congestion.

Then in 1995, the Medical Emergency System of the Autonomous Municipality of Ponce, under the Emergency Medical Director, Dr. Cynthia Banuchi, created the first non-motorized division. These personnel used bicycles, which saved fuel costs, mobilization of resources to activities and they could move quickly through the congested streets of the urban area of Ponce, Puerto Rico.



In 1997, under the administration of Executive Director Heriberto Saurí, of the Puerto Rico Medical Emergency Corps, this pilot plan began to be implemented in our agency. This is because response times began to increase, as did emergency calls to the 9-1-1 System. Our goal. Response in less than 10 minutes. The first units were Yamaha Dragstar 1100. These units were distributed in the cities with the greatest traffic congestion and the highest number of emergency calls. his included SUV vehicles that, in addition to having all the medical equipment, had battery equipment to perform vehicle extrications.



The rapid response division grew over the years. What started with a handful of motorized units grew. For 2004, they change to Harley Davidson Sporter 883 motorcycles. In 2007 they changed units to Honda Shadow Aero 750. For the years 2010, 2016 and 2023, the units change to Suzuki Boulevard C50. All motorized units have highly trained personnel. They have all the necessary equipment to handle all types of emergencies. Furthermore, over the years, this motorized division has become a specialized mega unit. The personnel are trained in Hazmat, WMD, rescuers, flight paramedics and tactical paramedics. It is understood that this division is one of the most complete and prepared in Puerto Rico. These are moved to any situation of magnitude.





The division currently has twenty motorized paramedics, distributed in the cities with the highest incidence of cases. This division is the first to be mobilized in any situation of magnitude or in mass activities. We hope that this division continues to grow so that we can have a greater presence in a greater number of places.



Author: Alberto E. Costas



EKAB (Hellenic Centre of Emergency Care) was established in 1987 with the Law 1579 passed in 1985. It's purpose is to coordinate the immediate assistance in emergency situations and urgent medical care to citizens and the transport of these citizens to health care facilities.

It comes under the Ministry of Health and is financed by the state budget. EKAB is subdivided into 12 self-governing regions. Each district has its own administration, staff, medical equipment, vehicles and call center.

EKAB is organized nationwide in order to quickly send specialized staff to the place of the event and in a safe and fast way to transport the patient to the nearest health formation, by using different means.

That is :

EKAB has two types of ambulances:

- **BLS or Type B ambulances**

They have equipment for simple airway, trauma management. They also have equipment for immobilization, securing an IV line, and an Automated External Defibrillator (AED).



- **ALS or Type C ambulances**

Mobile Medical Units, which have equipment for specialized airway management, ventilator and cardiograph-defibrillator.



- **Motorcycles**

Small Vehicles of Rapid Access. In Athens, Motorcycles with 43 members, is a key arm of Prehospital Care



- **Helicopters**

Self-propelled coordinating centers



ETIK:

EKAB has also a specialized Department for dealing with Mass Health Losses. The Special Department of Disaster Medicine (ETIK), was created after the Kalamata earthquake and has participated in numerous missions.



EDUCATION:

Studies are four (4) semesters and an additional semester of practice, following the certification exams.

2000 - Today: I.E.K EKAV (public vocational training institute (1400 hours).

2007: P.D 62, Official Gazette 70/2007; Professional Rights of Rescuer-Ambulance Pay.



Author: Nasia Gkouverou

IMRUA CONGRESS 2024



WELCOME