

3. Object first-aid team — Led and organized by appointed medical units, its task is to provide medical support to important and special objects such as important operational units, business establishments and residential areas.

According to their designated responsibilities, they can be grouped into first-aid teams and medical treatment teams. As a combined team, the first-aid team is made up of members from the societal elements such as fire fighting, engineering, portage, and sanitation. It is responsible for extricating and moving the wounded persons away from the danger zone, and then to provide first aid. The medical treatment teams should be miniaturized, modularized, and specialized for provision of first aid on-site or in adjacent areas. Several medical treatment teams can form a temporary hospital if the number of wounded persons exceeds the capacity of the hospitals or difficulties are encountered in the delivery of the injured to intact hospitals, and/or that some of the hospitals are badly damaged.

Keywords: disasters; first aid; hospitals; teams; specialties; treatment; wounded
Prehosp Disast Med 2002;17(s2):s18-19.

Tactical Emergency Medical Support in Australia

David Caldicott

Tactical emergency medical support (TEMS) is the provision of advanced life support in the tactical environment, where there is a high risk of violence directed at the police and medical teams. Examples of these high-risk environments include terrorist incidents, hostage situations, clandestine drug laboratory raids, and the serving of high-risk arrest warrants. With origins in the military, and then subsequently in Strategic Weapons and Tactics (SWAT) teams in the U.S., the concepts of TEMS have begun to move into mainstream policing and prehospital care in the U.S. and Europe. Similar developments recently have occurred in Australia. Although each state in Australia has a Tactical Police Group, the level of tactical emergency medical support is variable. The requirements for the provision of TEMS in Australia are very different from those of other countries, and the adoption of pre-existing foreign models is inappropriate.

A postal survey and telephone interview with the directors of each of the Tactical Police Groups and their ambulance counterparts was conducted. This report presents the current provision of TEMS in Australia. Based on the findings, a template for a basic standard of practice in a sadly growing new area of emergency medicine also is provided.

Keywords: Australia; hostage; police; SWAT; tactical emergency medical support; TEMS; terrorist
Prehosp Disast Med 2002;17(s2):s19.

Using GIS as a Tool for Community-Based Disaster Preparedness

Edbert B. Hsu, MD, MPH; Rashid A. Chotani, MD, MPH; Gregory Bledsoe, MD; Michael VanRooyen, MD, MPH

Center for International Disaster, Emergency, and Refugee Studies, Johns Hopkins University, Baltimore, Maryland USA

Introduction: The poor, elderly, and persons in women-

headed households are at greater risk than are other populations during a disaster. Knowledge of where these groups may be concentrated within communities and their general circumstances can be important to effective emergency management and planning. Geographic information systems (GIS) can be used to aid in analyzing and presenting information that is tied to a spatial location. In addition, the use of GIS may serve as an effective tool to assist in identifying at-risk populations with creation of community-vulnerability maps for the purposes of community-based, disaster preparedness and educational initiatives.

Methods: The United States Census Bureau's Topologically Integrated Geographic Encoding and Referencing (TIGER) digital database of geographic features was used to create maps of Baltimore City, Maryland, which included census-based information. Attribute data for the census tracts, such as total population, number of males, and number of occupied housing units, were merged to the TIGER Maps from the Census Bureau's Census 2000 Summary File 1, using Arcview GIS v3.2 (ESRI, Redlands, CA 1999).

Results: Census tracts with percentages of indigent, elderly, or women-headed households above established thresholds have been targeted for a community-based disaster preparedness initiative through Civic Works Project Liberty. These areas will receive increased attention through increased recruitment of volunteers, community information sessions, and house-to-house canvassing activities.

Conclusions: GIS is an effective tool for identifying at-risk populations prior to disasters. It can provide accurate spatial data in a visual format that can be used to determine the focus of community-based disaster preparedness education initiatives that should result in reducing local vulnerabilities.

Keywords: census tracts; disaster; emergency management; geographic information systems (GIS); preparedness; recruitment; spatial location; volunteers; vulnerability
Prehosp Disast Med 2002;17(s2):s19.

Emerging Role of Occupational Hygienist in Man-Made Disasters

Jose Lauro M. Llamas

Industrial Hygiene Association of the Philippines, St Pasay City, The Philippines

Introduction: Emergency response professionals have recognized that occupational hygienists contribute significantly in disaster response. The advent of man-made disasters like the 11 September events, indicate that biochemical terrorism is a credible threat. This paper demonstrates that occupational hygienists play an important role during man-made disasters. The skills set of anticipation, recognition, evaluation, and control of health hazards is most important.

Methods: Exposure assessments made by a hygienist not only are for on-site or off-site populations, but also cover the exposure of the responders and emergency personnel. Disaster response planning and execution can be made by assessment of the magnitude and impact of exposures resulting from the release of chemicals or biological agents