

Branch is part of the Medical Department at the Homefront Command (HFC), which has responsibility upon the entire medical management for civilians during war or disaster. It is staffed by five nurses and one physician. The HEP Branch wishes to achieve maximal preparedness of the Israeli hospitals for different emergency scenarios by mutual work with the Ministry of Health.

Methods: The main principles for hospital preparedness include:

1. Development and implementation of a unique doctrine and mode of operation to different types of disasters (Conventional and Non-Conventional).
2. Planning and construction of the appropriate infrastructure. (decontamination site, treatment sites, etc.)
3. Guidance to the hospital personnel regarding knowledge and skills.
4. Strengthening ties between the hospital array and the prehospital emergency services.
5. Exercising the hospitals with demonstration casualties.
6. Implementation of the lessons learned from drills and actual mass casualty events.

Results: During the last decade, a total of 172 drills were performed in all the 24 Israeli hospitals, examining the hospitals' preparedness and ability to manage different disaster scenarios. The main lessons learned were discussed.

Conclusion: Preparedness of hospitals for management of variety of disasters by those guidelines tremendously promoted the ability of the Israeli hospitals to manage actual mass casualty events.

Keywords: decontamination; disaster; drills; hospital preparedness, infrastructure; Israel; medical management; nurses; physicians; plan; prehospital; war

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The Israeli Doctrine for Hospital Management of Mass Toxicological Incident

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Objectives: The probability of toxicological disaster has increased. The medical management includes organizations during prehospital care, but the main treatment echelon is the hospital. The Home Front Command Doctrine for Mass Toxicological Incident at the hospital level was implemented and tested among the Israeli hospitals.

Methods: Doctrine guidelines—the first casualties will arrive to a hospital that is unprepared for a toxicological mass casualty incident. An immediately available nurse and a physician protected by gas protective mask and surgical gloves will admit, undress, and treat casualties inside the Emergency Department. Within minutes, other fully protected personnel will operate a pre-prepared decontamination site outside of the Emergency Room. Undressing, antidotal treatment, and wet decontamination is performed, and then, casualties are admitted to the different treatment sites.

During the last four years, a self-funded, small decontamination site was established by all hospitals. Protective equipment and appropriate antidotes were distributed to the hospitals.

Results: During 1998–2001, 30 MTI hospital drills were performed. The main lessons learned included: 1) a lag period is expected until proper diagnosis of the type of the incident is obtained; and 2) the transition phase from conventional to non-conventional mode is complex.

Conclusion: The Israeli strategy for MTIs is feasible.

Keywords: antidotes; disaster; doctrine; drills; guidelines; hospital preparedness; hospitals; Israel; mass casualty; mass toxicological incident; medical management; protective equipment

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The Development of NDMAT in Taiwan

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Objective: To demonstrate the process and progress for establishing two national level Disaster Medical Assistance Teams (DMATs) in Taiwan after 921 earthquake, 1999.

Methods: Department of Health in Taiwanese government initiated a national DMAT (NDMAT) action plan in the year 2000. Two national university hospitals located in the northern and southern Taiwan respectively were assigned to integrate all available resources to form the response teams for coping with future disaster relief. DAMT commanders and managers from the USA were invited via internet, to assist with the training and education. The teams also serve as education centers for Disaster Medicine. Several local-level DAMTs have become affiliated with the NDAMT island wide. The infrastructure of Taiwanese disaster management was introduced.

Results: More than 1,000 medical professionals and supporting personnel underwent disaster training. Both military people and volunteers were summoned to participate. Team structure as well as personal equipment purchased for fields hospital operation, and a functional exercise model along with the outcome evaluation methodology were presented.

Conclusion: 1) "Train the trainer" to start disaster education is the lesson shared; and 2) An incident management system (IMS) is utilized by our teams.

Keywords: development; Disaster Medical Assistance Teams (DMATs); hospitals; Incident Management System (IMS); Taiwan

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Hospital Preparedness for Disasters: A Review of Hospital Disaster Management Plans in Taiwan

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Objective: To examine hospital preparedness for incidents involving external disasters in Taiwan

Methods: By using a structural checking list to review 213 disaster-responsible hospitals in Taiwan, administrative