coping with MCIs and providing adequate medical care has accumulated, the increased need for *ad hoc* information required the development of a swift, effective computerized information system (CIS). The MCI CIS is designed to attach the everyday Computerized Medical Records System (CMRS) and to be operated after a MCI or during any other disaster. The ADAM CIS helps to collect a MCI patient's data in real-time and refer the information to the Information Center at Tel Aviv Sourasky Medical Center (TASMC). The ADAM system is managed by TASMC social workers working with the patients' families during the time of the event. The ADAM information system is connected to the Israeli Ministry of Health (MOH) and other hospitals. Social workers can help the families to look for their loved ones not only in TASMC, but also in other hospitals. Parallel to operating the ADAM information system, Tablet Portable Computer (TCP) is operated at the Emergency Department (ED) entrance. Data are entered into the TCP while admitting the patient into the ED; these data include demographic information as well as the first medical sorting information. All of the data are connected to the CMRS and ADAM information systems. This study will present the accumulated experience of using the computerized system in MCI in TASMC as well as the recommendations following this experience.

Characteristics of Disaster Management in China—A Preliminary Evaluation of Flood Management in Jinan, 2007

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Introduction: On 18 July 2007, a flash flood in Jinan city caused 39 deaths, 171 injuries, affected 333,000 people, and caused an economic loss of RMB$1.32 billion (US$194 million). To better understand the current characteristics of disaster management in China, an evaluation of the management of this flood was conducted.

Methods: A semi-structured, one-on-one, in-person interview was conducted with six middle-level managers from public health and seismological sectors. The theme method was applied when analyzing the open-ended questions, and the median (minimum, maximum) was reported when analyzing the scales.

Results: On a scale of 1–10, the managers gave a 7.5 (5,10) for government policies for disaster preparedness, 7.5 (5, 10) for the disaster response, and 9.0 (6, 10) for the disaster recovery. Aspects that were managed well included: (1) strong political leadership in command and control; (2) swift mobilization of army personnel; (3) effective public health management in the field; and (4) management of casualties. Challenges in flood management included: (1) timely and accurate flood warning; (2) dissemination of the warning to public; (3) limited power of public health sectors in command;

(4) absorbing capacity in infrastructure; and (5) buffering capacity in resources such as antiseptics.

Conclusions: The managers appreciated the government policies for disaster management and were pleased with the outcome of the management of this flood. The advantages and challenges experienced while managing this flood may represent the characteristics of disaster management in China and could stimulate critical thinking in managing disasters worldwide.

Development of Disaster and Emergency Medicine in Nepal

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Nepal, a landlocked country between China and India, is developing disaster and emergency medicine. The Nepal Disaster and Emergency Medicine Center (NADEM) was created in 2007 with the goal of developing this specialty in Nepal. The first hospital was built in July 1889 and only planned with a Disaster Response Team in 1988 following a stampede at the national stadium in Kathmandu. Nepal is geographically, naturally, and politically prone to disasters and emergencies. In 1984, the Institute of Medicine at Tribhuvan University Teaching Hospital began providing emergency services using general practitioners (GPs). Since then, nearly all emergency departments are run by GPs along with house officers, nurses, and paramedics. There still is a lack of training, proper management, equipment, and infrastructure to provide disaster and emergency services to the public. The NADEM Center is creating coordination objectives between different institutions to organize a method of providing service. Other NADEM projects include: (1) NADEM continuing medical education; (2) publishing J-NADEM (the *Journal of the Nepal Disaster and Emergency Medicine*) and NewsHealth; (3) coordinating prehospital (emergency medical services), in-hospital, disaster, and critical care medicine; and (4) planning and implementing research, training, workshops, seminars, and conferences.

The NADEM Center will develop an International Institute of Disaster and Emergency Medicine with worldwide support and collaboration.

Disaster Medicine Care in Tschinvali

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Introduction: The Disaster Medicine Centre "Zaschita" is a head coordinating body of the Russian Ministry of Health with the purpose of managing and providing medical relief in response to emergencies. The objective of this study was to analyze the field experience obtained by the All-Disaster Medicine Centre field hospital in Tschinvali, Georgia.

Methods: An analysis of lessons learned from complex emergencies complicated by local military conflicts was performed.