

proven successful.

**Conclusion:** In cases of emergencies and disasters, the routine neurosurgical practice must be altered to cope with the situation and accommodate as many patients as possible.

**Keywords:** disasters; head injuries; multiple casualty incidents; neck injuries; neurosurgical triage; neurosurgery; triage

### G-36

#### Developing an Earthquake Strategic Plan for British Columbia

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Western Canada, like most countries on the "Ring of Fire", is at great risk to earthquakes. The destructive power and consequences are so great that many countries feel unable to address prevention activities. Countries, their provinces (states), and their communities must examine how to minimize the effects of such catastrophic events. Emergency planners recognize that effective prevention activities require community involvement with support from provincial and federal governments. There are many professions, agencies, and industries that are interested in becoming partners and contributors to plans and solutions. The Province of British Columbia (BC) has developed a significant capacity to respond to major events such as forest fires and seasonal flooding. However, a strategic plan for earthquake preparedness that would span a 10–15 year period has been lacking, and therefore, only ad hoc activities have been accomplished.

In the fall of 1998, the BC Government undertook the development of a framework for a Provincial Earthquake Preparedness Strategic Plan using a process developed by the UBC Disaster Preparedness Resources Centre. Sixty-five leaders of key interest groups spent two days putting together a framework document. The document identified the five goals listed below. Each goal had several "objectives" that would contribute to accomplishing the goal. In turn, each objective was supported by specific "activities" that would result in the accomplishment of the objective.

Strategic Goal \* Objectives \* Activities

Strategic Goals:

- Increase British Columbian's personal, family and community preparedness for an earthquake;
- Improve emergency response and recovery;
- Improve the seismic safety of public and private building and infrastructure;
- Improve essential geoscience information; and
- Assess earthquake risk and vulnerabilities.

Five multidisciplinary teams contributed to the project, each assigned to a goal. These teams developed the objectives and the activities. They also identified the lead agency, time required to do the activity, and the approximate cost to accomplish the activity.

In this presentation, the author will outline the unique symposium format used with multidisciplinary

groups, and will give examples of the objectives and activities developed by the teams.

**Keywords:** British Columbia; Canada; earthquakes; goals; objectives; plans; preparedness; prevention; safety

### G-37

#### Community-Based Disaster Medical and Health Support to Formal Emergency Medical Services

*Eric W. Williams*

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When incidents occur that produce casualties and damage to communities, the response to controlling the outcome always is in the hands of the community leaders and its people. It is the community overall that ultimately pays the price for such events.

Community emergency services such as Police, Fire, Ambulance, and Rescue Services, are structured within the community to deal with the day-to-day activities and requirements to preserve the way of life of its citizens and properties. Preplanning to support these emergency services when required in times of major emergency, is the sensible way of being able to afford the best outcome for response to incidents that overwhelm local resources. This is true particularly for medical and health response to emergencies.

This paper outlines the actions that a community can take to provide responders trained in Disaster Medicine, who can assist the formal Emergency Medical Services in communities, and so assist in providing overall medical control and mass casualty management.

**Keywords:** communities; disaster; Disaster Medicine; emergency medical services; health support; mass casualties; medical control; medical support; preplanning; response

#### Panel Discussion I

#### Coordinating Efforts Against Anti-Personnel Landmines

Monday, 10 May, 15:10–17:20 hours

Chair: *Ronald D. Stewart, Katubiko Sugimoto*

### PN1-1

#### Mine Victims Assistance: Prehospital Care Training

*Dr. Pierre Bwale*

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**Introduction:** Landmines still are one of the most fearsome weapons that continue to kill many innocent victims several years after they have been implemented and accidentally are set-off by their victims: Most of the victims are poor peasants, innocent children, and women unaware about war. Unfortunately, they have to undergo all the social and economic consequences related to landmines such as death, loss of limbs, and/or other disabilities. Otherwise, members of the community cannot access their fertilised lands and produce their food