

The Effects of an Earthquake on the Population and the Healthcare System of Vrancea, Romania

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An earthquake with a magnitude of 7.2 on the Richter scale struck the Vrancea region in March 1977, causing the loss of many lives and numerous injuries. The main seismic wave had a duration of 10 to 15 seconds. Comparisons with other seismic events that occurred during the last century show a close correlation between seismic magnitude, duration of the main seismic wave, the moment of appearance of the earthquake, and the number of deaths and injuries.

Taking the above criteria into account, the computer programs EpiInfo 6.03 and EpiMap 2 and a proper calculation algorithm were used to predict the medical forces needed during similar earthquakes in light of the expected numbers of casualties.

Keywords: algorithm; casualties; correlations; deaths; duration; earthquake; injuries; magnitude; predictions; seismic events; time
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Medical Management of Disaster Training in Romania

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In Romania, the training for physicians on the medical management of disasters is organized on the basis of Romanian Health and Family Ministry order number 923/2001, and is demanded as a medical competence. In order to fulfill this demand, the National Center for Medical Management Training in Disasters was established 07 December 2002, in addition to six other subordinate centers created in the main university centers. In order to obtain competence in the training for medical management of disasters, physicians must complete a weekend course that consists of six modules, over a total of three months.

The practical modules include: (1) Medical management of risks; (2) Prehospital phase of medical intervention; (3) Medical management of nuclear accidents; (4) Medical management of chemical accidents; (5) Hospital phase of medical intervention; and (6) Management of environmental conditions created by disasters and disaster information management. The practical training focuses on the important issues, with an emphasis on medical intervention.

Keywords: disaster; management; modules; physicians; training
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Massive Disaster Medicine Planning in the Desert – A 10-Year Experience

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While working in the Turkmenistan desert with 200 expa-

triates, an oil company had to develop a medical evacuation plan in the event of a massive disaster.

The controlled pool of expatriates in the difficult desert environment provided a reliable sample for planning for a massive disaster. The limitation of local medical facilities and the medical care of expatriates and local residents demanded specific requirements for triage, medical logistics and standardization, and blood banking.

The results of this study can be applied in any similar isolated community, with unique and specific medical circumstances identified for cases of massive disaster.

Keywords: blood banking; disaster; logistics; planning; requirements; standardization; triage
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Activity of Civil Public Health Bodies on Medical Provision of Refugees during Military Conflict

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The threat of military conflicts often presents the problem of medical care during the migration of populations (refugees). Military conflicts bring considerable change in the incidence of diseases (specific weight of infectious and parasitic diseases increase, etc.). This may be associated with sharp decreases in public health funding and activities.

For the first time in Russia, methodical approaches to public health management, organization, and priorities of disaster medicine service units in the medical provision of refugees have been identified. During a military conflict, it is necessary to make organizational decisions that differ considerably from the ones made during everyday activities. A special body (headquarters) for public health management was established. Field hospitals of disaster medicine play a very important part in it.

Analysis of the work of a field multi-purpose hospital of ARCDM “Zaschita” in the provision of medical care to refugees facilitated the setting of tasks and the development of an organizational structure, principles of deployment and organization of the work of field surgical, therapeutic, and pediatric hospitals. Depending upon the specific circumstances, these hospitals may be deployed and work with a partial staff (a separate team, functional subdivision, etc.) or with a full staff. They may be deployed in pneumo-frame modules or in tents sited on the base of local medical institutions, or in specially equipped premises, or in combined variants.

The capacities of field multi-purpose hospitals allow the provision of outpatient-polyclinic assistance to a great number of people in the hospital itself, as well as by moving its specialized teams for work in refugee settlements, or for providing consultations to specialists of the local medical-preventive institutions.

Keywords: consultations; disaster medicine; field hospitals; medical care; military; organization; public health refugees; roles; services; siting; staffing; structure; “Zaschita”
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