

International Activity of the Council on Cooperation in the Field of Public Health of NIS Countries for Emergencies and Acts of Terrorism Prevention and Relief

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The Council on Cooperation in the field of public health of NIS countries is a profile working body of the NIS Executive Committee. During its regular sessions (twice each year), the council considers the most urgent topics in cooperative arrangements for prevention and relief during emergencies and acts of terrorism.

Since 1994, the council has included the coordinating group for disaster medicine problems of NIS countries. The chairman is Deputy Minister of Public Health of the Russian Federation. During each session, the council considers 4 to 5 topics on disaster medicine. The Council ratified 11 interstate documents on disaster medicine (training programs, vocabulary of terms, textbook, methodical documents).

In 1996, during an international conference, Command-Staff Exercises (CSE) relative to disaster medicine problems following earthquakes were held. International CSE "Management of Emergency Medical Relief in a Military Conflict" is to be held in 2003 in Dushanbe, Tajikistan. The Council ratified an Activity Coordination Program for emergency prevention and health relief on the territories of NIS countries for 2001–2003, and the Plan of Cooperation and Mutual Assistance of Disaster Medicine Services of the NIS countries in emergencies.

These documents envision the elaboration of a coordination doctrine of medical assistance for the injured during an emergency, including: (1) training of managerial bodies, institutions, and units for work during emergency conditions; (2) determination of the connection and the emergency notification order; (3) coordination of the force requirements and the Disaster Medicine Service resources needed for emergency health relief; (4) production of a sufficient supply of medical equipment; (5) information exchange, including the facts regarding the nature of the emergency, and the expected emergency health relief measures that will be required; (6) provision of the required manpower and supplies; (7) provision of medical staff, victims, and the population defense; and (8) organization and implementation of measures for maintaining the sanitary-epidemiological well-being.

Keywords: assistance, mutual; cooperation; coordination; Council on Cooperation; disaster medicine; doctrine; documents; emergency conditions; information; NIS; planning; relief; resources; training

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Hospital Preparedness for Mass Casualties

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Mass Casualty Incidents (MCIs) occur as an "act of God", accidents, or acts of terrorism. These events have claimed countless lives worldwide over the past 20 years. On 11 September, 2001, the recognition that those living in the United States of America were at risk in their own land due to terrorism became hauntingly real. U.S. intelligence communities agree that the weapon most likely to be used by terrorist to inflict significant injuries within the United States homeland is a conventional bomb. Any significant and effective preparation and response to a MCI must be based upon a firm understanding of the predicted "natural history" of the anticipated event. A nuclear weapon would create a large number of victims over a protracted time-frame of weeks, months, and years. The initial events of a biological event will be delayed and insidious, but will evolve rapidly and mimic a conventional event. Explosions and chemical contaminations produce an immediate and immense number of victims. The Tokyo subway Sarin gas attack in 1995, produced 5,500 contaminated victims in an overwhelmingly short period of time that required medical attention at local hospitals. The car bomb explosion in Nairobi, near the American Embassy, killed almost 300 people. Thousands required immediate medical care at local hospitals. Once an effective, consistent, and proven response and management process to a sudden MCI is established, this medical and logistical infrastructure could facilitate its adaptation to events that are insidious by nature.

Keywords: adaptation; events; hospitals; injuries; mass casualties; mechanisms; preparedness; responses; terrorism

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Mass Casualty Terrorist Bombings: Implications for Emergency Department Response

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Despite recent concerns about weapons of mass destruction, explosions are by far the most common cause of disasters associated with terrorism. Of 93 reported terrorist acts producing 30 or more casualties in the world from 1991 to 2000, 82 (88%) involved explosions. These attacks not only resulted in significant death and destruction but also challenged emergency medical systems in 27 countries.¹ The largest of these bombings were catastrophic medical disasters, generating hundreds to thousands of casualties and acutely overwhelming local prehospital and emergency department resources.

Emergency departments (EDs) play a pivotal role in the immediate medical response to terrorism-related bombing