

Microsoft Power Point,[®] and can be presented at different levels of knowledge and difficulty depending on the characteristics of the audience. This method was practised successfully on students of medical faculty in Prague and the same way for paramedics of the Emergency Medical Services (EMS) of the Town of Jeseník. It serves the students as the first step of introduction to the problems of shock, and helps them to keep in mind the common principles of diagnosis and therapy.

Keywords: alarm reaction; circulation; emergency medical services; insult; medical students; oxygen consumption; oxygen delivery; paramedics; shock; steady state; teaching; VO_2/DO_2 ratio

G-31

Management Technologies in the System of Emergency Prevention

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The urgency for the discussion of problems concerning the development of management technologies in the systems for medical humanitarian assistance is determined by the necessity of dispersing experience and scientific projects that are part of the structural/functional organization of the All-Russian Centre for Disaster Medicine (ARCDM) and in analogous services of other countries.

Objective: To demonstrate ways, using the experience of ARCDM, to develop management technologies to improve Disaster Medicine services. The main purpose of Disaster Medicine services is to carry out preventive measures and decrease the health aftermath of natural calamities, accidents, and disasters. The grounding of the main management technologies used legislatively on some levels of the All-Russian Service for Disaster Medicine (ARSDM), and their characteristics are the:

- 1) Level of activity of international coordinating mechanisms for promotion and mutual interaction;
- 2) Level of mutual assistance and interaction of Disaster Medicine Services in the CIS countries;
- 3) State of complex activity regulation in emergencies and mitigation;
- 4) Level of management technologies in the sphere of resolutions of the Federal Inter-institutional Commission — a lead organization for coordination and interaction between different institutions and ministries;
- 5) Hierarchy of management technologies inside the Health Ministry that reflect vertical management mechanisms; and
- 6) Vertical management and horizontal interaction from federal to territorial to regional to local levels.

The following normative regulating documents are the main papers that determined the improvement of management solutions and coordination that are aimed to increase the efficiency of the activities of ARSDM: 1) The Constitution of Russia; 2) Federal law "On protection of population and territories against natural and technological emergencies"; 3) Resolution 05.11.95, No. 1113 of the

government of Russia, "On emergency response and prevention system in Russia"; 4) Resolution 03.05.94, No. 420 of the government of Russia, "On protection of life and health of population in the Russian Federation at set-out and relief operations in emergencies, caused by accidents, natural calamities and disasters"; 5) Resolution 28.02.96, No. 195 of the government of Russia, "Problems of ARSDM"; 6) Resolution 08.07.97 on Disaster Medicine Service of the Health Ministry of Russia; 7) Federal laws, orders, resolutions of the President of Russia, other ordinances of the Government, orders of the Health Ministry, Resolutions of the Federal Inter-institutional Commission, and other normative/legislative acts.

At each of the presented management levels in the system for the prevention of accidents, natural calamities, and disasters, it is proposed that they focus on the principles of legal regulation, scientific grounding, competence and experience, sufficient financing, identifying the sources of emergencies, forecasting emergencies, and the development of criteria to estimate emergency scales and the health aftermath.

Keywords: assistance, mutual; coordination; Disaster Medicine; efficiency; emergencies, natural and technical; forecasting; interaction; management; prevention; technologies, management

General Session-II

Hospitals in Disaster-I

Monday, 10 May, 4:20–15:35 hours

Chair: *V. Anantharaman, Takeshi Shima*

G-5

Who's In-Charge for the Treatment of Disasters and Victims of Emergencies?

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Introduction: The fact is that, the actual treatment of the victims of the disasters and majors accidents starts after they are transferred from the Emergency Room or the triage area to the Intensive Care Units or to the patient care wards. Many of these patients suffer multiple injuries, and some of them must be operated and treated by different teams of different specialties. So, it is not uncommon to find confusion about who's in charge?

The answer to this question not only is important from political and legal points of views, but also, for medical care reasons, since the medical condition of the patients may change within minutes and not hours, and the role of continuous monitoring is essential for further management. Based on personal experience of direct involvement in four disasters and several mass casualties incidents, I found that this confusion is serious.

Several factors should determine who is in charge? These factors include: 1) the type of injuries; 2) the causes of the life-threatening; 3) the expected changes the conditions of the patients; and 4) the availability of well-trained intensive care unit (ICU) staff. For example, in cases of craniotomies, the neurosurgeon should direct the team.