

9th World Congress for Disaster and Emergency Medicine

Oral Presentations

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Medical Response and Preparedness for Maritime Transportation Disasters in Singapore

Dr. V. Anantharaman

Accident and Emergency Department,
Singapore General Hospital, Singapore

Singapore owed much of its economic development to its strategic location in Southeast Asia. Singapore lies along the major air and sea lanes linking the east with the west. Therefore, it is not surprising that it is amongst the busiest ports in the world. The local authority has developed a contingency plan, the Ferry Mishap Plan, to provide an integrated response to a potential disaster which involves a domestic passenger ferry that services the southern islands of Singapore and the nearby islands of Riau, Indonesia. This was considered most likely scenario at that time. This plan was exercised annually.

On 23 August 1992, the *M.V. Royal Pacific*, a cruise ship with more than 500 persons on board, collided with a fishing vessel in the Straits of Malacca about 150 nautical miles from Singapore. The Ferry Mishap Plan, which was scheduled to be exercised a week later, was activated. Many adjustments had to be made to the plan to adapt to a disaster of this magnitude.

Lessons learned from this disaster were compared against those lessons and issues compiled from a retrospective analysis of postmortem transcripts of previous exercises. It was found that reality and exercises often do present the same problems. However, it was concluded that all plans must be flexible and easily adaptable to varying conditions. An example is that medical elements must have the capability to be mobile and be able to be inserted as close to the disaster site as early as possible.

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Workshop: Airway Management under Adverse Conditions

*Dr. G. Petroianu,¹ Dr. J. Fisher,² Dr. E. Frimberger,³ Dr. W. Maleck,⁴
Dr. W. Bergler,⁴ Dr. E. Dykstra⁵*

¹Heidelberg/Mannheim, Germany; ²Toronto, Canada;

³Munich, Germany; ⁴Mannheim, Germany;

and ⁵Wiesbaden, Germany

PROGRAM

1. Introduction

E. Dykstra, G. Petroianu

Importance of ventilation vs. intubation, failure to intubate; failure to recognize esophageal tube position.

2. How to decide when to intubate?

J. Fisher

Easy-to-use algorithm in- or out-of-hospital.

3. Detection of incorrect ET-tube placement in the "out-of-hospital" setting

G. Petroianu

ODD, EasyCap, StatCap, PediCap, MiniCap, Colibri, and Light-Wand are introduced; advantages and limitations are discussed.

4. Predicting the difficult intubation: Science or crystal-ball gazing?

W. Maleck

Predicting "trouble," intubation despite anatomical difficulties: special blades and tubes.

5. The BSR technique: A new method for easy-to-learn manual ventilation

E. Frimberger

The serious problem of ineffective manual ventilation; Resuscitation with the CardioVent: A new solution to the same old problems?

6. Establishing a surgical airway in the "out-of-hospital" setting

W. Bergler

A surgeon's perspective.

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Doorstep Physio-Therapy/Rehabilitation Services to Earthquake Victims

Dr. V.S. Chauhan

Project Director, AMDA-India

The devastating earthquake in Maharashtra State of India on 30 September 1993 rendered hundreds of thousands of people homeless and severely injured several thousand more. Our headquarters in Okayama, Japan, immediately arranged to send its disaster evaluation team to the affected villages.

Considering the great number of orthopaedically injured cares, AMDA-India decided to provide door-to-door, long-term physiotherapy services in at least 50% of the affected areas. To achieve this goal, a special, made-to-order vehicle was pressed into service. This vehicle is equipped with all of the sophisti-