

had 96% sensitivity, 41% specificity, and 65% accuracy (in general physicians, respectively, 100%, 70%, and 85%).

Conclusions: Considering limitations in the usage of more advanced resources in Iran for screening and earlier initiation of therapeutic measures — especially telecardiography — simultaneous use of the screening questionnaire and physicians attendance at the patient's bedside, not only results in lowering of EMS system expenses, unnecessary missions, and an increasing role of the EMS System in transportation of emergency patients, but also in comparison to present situation, do not produce meaningful differences in the rate of missed patients.

Keywords: cardiovascular diseases; chest pain; EMS system, screening
Prehosp Disast Med 2002;17(s2):s51-52.

Task Force Session: Nuclear Biological Chemical Hazards

Co-Chairs: Dr. Per Kulling,¹ Dr. Victor Koscheyev²

1. Director, Department of Emergency and Disaster Planning, National Board of Health and Welfare, Stockholm, Sweden; Co-Chair, WADEM Task Force on Nuclear, Biological, and Chemical Hazards
2. Co-Chair, WADEM Task Force on Nuclear, Biological, and Chemical Hazards

Lessons of the Chernobyl Catastrophe: A Basis for Management of Other Large-scale Events

Victor S. Koscheyev, MD, Ph,D ScD

University of Minnesota, Minneapolis, Minnesota USA

The lessons of the Chernobyl catastrophe are important. The unprecedented damage to society resulting from this disaster was on the highest social, medical, psychological, and technical scales. The size of this human-made disaster required intensive and immediate efforts from the government, specialists, managers, operators still working at the nuclear power station, clean-up workers, and still others who arrived at the scene of the disaster to provide their services. Millions of people were affected, and some still are struggling with health problems as a consequence of this disaster. The strengths and weaknesses in the disaster management at Chernobyl were analyzed in order to gain a better understanding so that future calamities can be better managed.

From a medical standpoint, there was a high level of contamination, difficult diagnosis and triage, and multifactorial health consequences. If any future disaster would have a component of contamination by isotopes, chemicals, or biological agents, the disaster scene would be dramatically changed and would require a significant correction of the management strategies at the scene. For such scenarios, it is crucial to identify common lessons and approaches for improving medical management in such circumstances.

In this presentation, a number of the lessons learned from Chernobyl will be discussed that are fundamental for improving the medical management of individuals, reconnaissance teams, and the general population.

Keywords: Chernobyl; disaster, human-made; lessons; management; reconnaissance; teams; triage
Prehosp Disast Med 2002;17(s2):s52.

Biological, Chemical, Nuclear-Radiologic Programme of the Swedish National Board of Health and Welfare

Jonas Holst, MD; Per Kulling, MD

Emergency and Disaster Planning Unit, Swedish National Board of Health and Welfare, Stockholm, Sweden

At the 12th World Congress on Disaster and Emergency Medicine, the Swedish National Board of Health and Welfare Biological, Chemical, and Nuclear-Radiological (BCNR)-programme was presented. Since then, the BCNR-threat seems to have become even more pronounced, and further measures have been taken to improve preparedness against BCNR threats.

Today, the BCNR-preparedness programme includes the following: (i) groups of medical experts in the three areas (B, C, and NR) available on a 24h basis; (ii) first responder-guidelines on how to handle different situations in the field; (iii) planning guidelines for all three areas to be used by the county councils in their planning processes of the medical care system in Sweden; (iv) stockpiles of supplementary drugs, vaccines, and other equipment stored by the government; and (v) Centres of Research and Expertise.

During the last year, the Centres of Research and Expertise have developed their activities concerning network, methods, and capacity. During the last two years, both the Centre of Microbiological Preparedness (B-Centre) and the Centre of Nuclear Medicine in Disasters (N-Centre) have been consulted in real situations, the results of which are described briefly. As part of the Centre of Microbiological Preparedness, the ward-unit for highly contagious patients has been refined along with better possibilities to transport patients in an air ambulance over long distances. In autumn 2002, the C-Centre was established and is prepared to deal with toxicology in disasters.

Co operation with the security police as with the regular police forces has been developed to ensure that the right competence is used when evaluating risks and threats. Decontamination at the scene of the accident/incident, still is a problem to be solved in co-operation with the Swedish Rescue Services Agency. International co-operation is important in sharing information, providing back-up resources, exchanging knowledge and experiences, etc.

Keywords: biologicals; centres of research and expertise; chemicals; cooperation; decontamination; experts; guidelines; international; nuclear; radiation; security; Swedish National Board of Health and Welfare

Prehosp Disast Med 2002;17(s2):s52.

A Delphi-based Consensus Study into Planning for the Emergency Medical Response to Biological Incidents

Ms. Nina Brown; Dr. Ian Crawford; Professor Kevin Mackway-Jones

Department of Emergency Medicine, Manchester Royal Infirmary, Greater Manchester Ambulance Services, NHS Trust, Manchester, UK

Introduction: The aim of this study was to achieve consensus for all phases of biological incident planning and emergency medical response.

Methods: A three-round Delphi study has been undertaken