

has been tested and delivered in South East Asian countries. It addresses the structural, non-structural, on-site and inpatient management of disasters, including hospital evacuation.

The three priorities of HOPE are to: (1) produce local instructors; (2) institutionalize the course; and (3) to prepare the hospitals for disasters.

Twenty-nine instructors have been developed from this course. In the process of institutionalization, many sensitization programs have been conducted for high officials within the government. The result is that the Nepalese government has allocated a budget for HOPE. The sensitization also showed extra benefits; it helped us select proper, various organizations financed HOPE and also the course got known to other hospitals and they have requested for more courses.

The most important objective of HOPE is to help hospitals in Nepal prepare for emergencies. Previously, only some hospitals had non-implemented disaster plans and only one hospital held regular dispatch drills. Now, with 95 HOPE graduates from 10 hospitals, four hospitals have developed disaster plans and have performed disaster drills. Seven hospitals, including one private hospital, are preparing their disaster plans including one private hospital, after which they are planning to do a disaster drill.

Our future goal is to provide training to all the large hospitals in Nepal and to help them develop their disaster plan and drills so that when disaster occurs, hospitals will effectively be prepared because of HOPE.

**Keywords:** education; finance; hospitals; Nepal; preparedness; training  
*Prehosp Disast Med 2007;22(2):s100-101*

### Hospital Preparedness for a Mass-Casualty Incident: A National Pilot Drill

*O.B.J. Benin Goren*

Tel Aviv Sourasky Medical Center, Tel Aviv, Israel

Terrorists strike all over the world without prior notice. Unfortunately, it is not a question of “will it happen”, but rather “when will it happen”, and if so, “are we ready?” The health system in Israel is on constant alert for mass-casualty incidents (MCI) and disasters.

In April 2006, the Tel Aviv Sourasky Medical Center, a Level-1 Trauma Center, practiced a national pilot drill, the Rapid Response System for Mega Mass Casualty Incidents, for the first time. The drill was carried out in cooperation with the Israeli Defense Force (IDF) Home Front Command (HFC), Magen David Adom (the National Israeli Emergency Medical Service), the Israeli Police Force, and the National Railway System.

The drill was performed without interrupting the regular work of the hospital. Due to the continuation of the regular work, not all of the designated personnel took part in the drill. The drill was evaluated by colleagues from other hospitals, HFC, and the Ministry of Health.

Two hundred “casualties” were brought to the hospital within three hours. There were 120 minimally injured, 30 moderately injured, and 30 critically injured casualties.

The drill was performed in order to evaluate the hospital and the national response system to a major (“Mega”)

MCI. It also evaluated the cooperation and collaboration among all agencies related to the MCI response.

This paper will present the outcome of the drill as well as the recommendations to health authorities that followed the drill.

**Keywords:** drills; hospitals; mass-casualty incidents; preparedness; terrorist attacks

*Prehosp Disast Med 2007;22(2):s101*

### The Impact of Three Super Typhoons in the Philippines within One Year: Climate Change

#### Experience

*T.J. Herbosa*

Health Emergencies and Disasters Study G, Manila, The Philippines

**Introduction:** Several typhoons from the Pacific Ocean impact the Philippine archipelago each year. Category 4 typhoons strike this region every five to seven years. In 2006, three super typhoons devastated the Philippines. The experiences of dealing with the effects of these three successive typhoons damaging communities including the capital, Manila, are presented.

**Methods:** A review was conducted of the experiences in the Philippine regions affected by Typhoons Milenyo, Reming, and Seniang.

**Results:** Typhoon Milenyo directly impacted metropolitan Manila. Power lines were downed by the >180 kph winds and the damage to several billboards resulted in deaths. Typhoon Reming caused the flow of lava from the Mayon Volcano burying several towns despite excellent early warning systems. Typhoon Seniang caused the devastation of several islands as the country still was in the recovery process from the impact of the two previous typhoons.

**Conclusions:** As global changes in weather continue to occur, valuable lessons can be learned from the resilience demonstrated by the Filipino community in dealing with climate change.

**Keywords:** community; Philippines; recovery; typhoons; weather change

*Prehosp Disast Med 2007;22(2):s101*

### National Centres of Research and Development in Medical Emergency Preparedness in Sweden

*J. Holst,<sup>1</sup> P. Kulling<sup>2</sup>*

1. Swedish National Board of Health and Welfare, Stockholm, Sweden

2. Unit for Emergency Preparedness, Swedish National Board of Health and Welfare, Stockholm, Sweden

In 1999, Swedish National Board of Health and Welfare established National Centres of Research and Development in medical emergency preparedness. The centers have been linked to already existing, university institutions and other corresponding bodies. Today, five centers have been established, with an annual budget of US\$3.3 million.

These centers have been established in the following areas: Microbiological Preparedness, Radiation Medicine in Disasters, Disaster Toxicology, Disaster Medicine and Disaster Psychiatry. The centers have different tasks within their respective area of expertise—from research in psychosocial support and traumatic stress, classical disaster