

required, and that can be achieved only by assuring an adequate communication network linking all of its components.

## 21 Disaster Planning in Hospitals: Organization of the Emergency Department

Anantharaman V

Accident and Emergency Department  
Singapore General Hospital  
Singapore

In mass-disaster situations, the emergency department (ED) usually is the first area of the hospital to cope with the suddenly increased patient load. Activation of the ED by the responsible civil authority usually sets off the chain of events.

Recall and mobilization of staff is guided by initial casualty estimates. A rehearsed recall system often works best. The ED floor area then is reorganized and often temporarily expanded. Staff reporting to the department is given specific assignments by the ED director. On arrival, casualties are tagged, allocated triage packets, and triaged by a senior doctor to separate categorized treatment areas. At these areas, designated, organized teams backed by necessary medical supplies provide mainly resuscitation and initial stabilization. Casualties requiring hospitalization then are sent either to the operating theaters, intensive care units, or designated disaster wards by dispatch teams. Very often, a separate area of the ED needs to be allocated for adequate care of regular emergency (non-disaster related) patients who continue to arrive. Patient documentation and reporting of casualty disposition to hospital management are important ED functions. Crowd control, traffic flow, and security should not be forgotten.

Regular exercise drills ensure familiarity of these procedures by ED and hospital staff. This will decrease the chaos and confusion inherent in disasters.

## 22 Improvement of Hospital Preparedness for Mass Casualties of Chemical Warfare in the Aftermath of the Gulf War

Robinson A, Shapira Y, Hendler I, Ziv I, Bar Y, Meirovitch Y, Wiener M  
Medical Corps, Israel Defense Force  
Israel

The Gulf War exposed the Israeli civilian population to the reality of chemical weapon attack. The threat of such an attack demanded preparedness of medical and auxiliary services for handling a unique, mass-casualty disaster.

A plan for hospital organization, triage, decontamination, and treatment had been devised previously, and the hospitals were prepared accordingly. However, this first-time, real threat of chemical weapon attack required prolonged hospital preparedness which enabled improvement of this doctrine. Updates of the doctrine included: 1) the deployment of pre-hospital medical units to regulate the flow of casualties and to treat the very mildly injured; 2) organization for early intubation upon arrival at the hospital, before decontamination, by

teams wearing full protective gear; 3) construction of a program for large numbers of psychologically affected victims; and 4) preparation of the hospital for the possibility of direct contamination by the chemical agent, early detection of chemical pollution in the hospital area, and immediate implementation of an alternative plan of management.

Based on these principles, the improved doctrine will be presented for hospital deployment in chemical warfare which also may be applied in other civilian toxicological mass disasters.

## 23 Planning and Management of Disasters in Hong Kong

Kwa M, Lai KK

Hong Kong Emergency Society  
United Christian Hospital  
Kwan Tong, Hong Kong

**Introduction:** Some of Hong Kong's major disasters with mass casualties in the last few years are presented. These include: air crash; sunken oil barge; power-plant explosion; refugee fight; and mass trampling.

**Disaster Exercises:** Air-crash exercise and underground mass-transit train disaster exercise are rehearsed at least twice a year. Major hospitals have individual disaster plans and exercises. Highlights of these exercises are presented.

**Coordinating Disaster Management:** Hong Kong Hospital Authority has developed a special contingency plan in the event of major disaster. Two major regional hospitals will receive and support the disaster management jointly. A casualty team and a medical-control officer are available to be dispatched and will manage casualties through a joint coordinating procedure.

**Conclusion:** This presentation stresses the importance of multi-disciplinary team work and coordination in management of disasters. Training and frequent practices are essential to achieve a successful outcome.

## 24 The "Group from Gent": Harmonization of the Medical Discipline in Disasters in Belgium

Bellanger C, \* Gillebeert M, \*\* Lefebvre M, \*\*\* Todorov P, \*\*\*\* Verlinden JC, \* Winmen G<sup>†</sup>

\* Royal School Military Medical Service, Gent

\*\* Red Cross, Belgium

\*\*\* Universite Libre, Bruxelles

† Kath Universite, Leuven

Belgium

**Objective:** The country-wide standardization of procedures, responsibilities, functions, and materials for medical intervention in disasters.

**Methods:** After several meetings, a first draft was formulated in accordance with elements clearly described in the law and with the generally accepted principles of Disaster Medicine, by the organizers of disaster medicine courses, representatives of the