

capable of addressing both complicated and urgent humanitarian matters. To benefit fully from the potentials of the use of these military resources, a thorough understanding of the different sets of paradigms and backgrounds as reflected in different military set-ups, is mandatory by all parties involved. This includes understanding the conceptual differences between a UN-Peace operation (commanded by the UN system) and military alliance-led operations (e.g., commanded by NATO). It includes the differences between a professional military force and a force based on drafted civilians where the population has compulsory military service. It also necessitates a thorough distinction between when Civilian-Military Cooperation is seen as a "Combat Support Operation" (current NATO-CIMIC doctrine) or as Civilian-Military Coordination (CMCoord) as presented by the UN Office for Coordination of Humanitarian Affairs. **Conclusion:** Inter-agency and international cooperation/coordination is a must for all international humanitarian assistance. Beyond providing a safer environment, military forces could contribute significantly to humanitarian operations. However, all such relationships have strengths, weaknesses, opportunities, and threats. Understanding them will facilitate any such joint operations.

**Keywords:** civil-military cooperation; health; humanitarian operations; international; North Atlantic Treaty Organization (NATO); peace; resources; United Nations (UN); war

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### How to Make a Local Plan Functional

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Norwegian municipal administrations have been making emergency/preparedness plans for decades. Former plans mainly included preparations for war, but never were put into action. By 01 January 2002, new laws of health and social emergency planning were made effective. This law shifted the focus for planning preparedness for war towards disasters in civil life.

Making a health-emergency plan for municipal services is demanding. Keeping it updated at any time is equally exacting work. At the beginning of making new plans, some principal questions had to be dealt with:

1. How can these plans be made in the most effective way?
2. Who are the natural participants in making one plan that every municipal administration easily could adjust to their own?
3. How can the plan give easy access to basic knowledge for emergency situations and at the same time give exact information about special situations considered to be at high risk for each community?
4. How can the plan be functional and easy to update?

During the session, a process originally conceptualized by public health doctors, continued to be worked on by the Norwegian Board of Health in the Buskerud. It constructed a workshop with the aim of answering all the questions above which will be presented. Did they make it? The plan can be downloaded at [www.ovre-eiker.kommune.no](http://www.ovre-eiker.kommune.no).

**Keywords:** disasters; health emergencies; plan; war; workshop

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### Cross-Professional Incident Collaboration (TAS)

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**Background:** The cross-professional incident collaboration (TAS) project includes seminars in emergency medicine, first aid, and special courses designed to promote cooperation between municipality resources, such as physicians, nurses, ambulance staff, firefighters, and police officers.

**Methods:** The whole course lasts four days: three days for health professionals and two days for firefighters and police officers. A project group with representation from Norwegian Air Ambulance (NLA) and the target group have worked out the program for the course. The purpose is for better EMS and better on-scene cooperation. TAS courses were offered to all Norwegian municipalities for free. One hundred, ninety of 435 municipalities have applied, and all applicants have been given a course in 1999-2003. The schedule currently is being revised to oblige the need for training local resources in a larger scale including the administrative machinery.

### TAS2 – A New Approach to Extrication

For the patient injured and trapped in a motor vehicle, every minute can be important. To shorten the on-scene time, supervisor Trond Boye Hansen,<sup>3</sup> in cooperation with the fire department, has developed a new method for rapid extrication.<sup>2</sup> The wreck is quickly pulled back toward its original shape using wire, chain, winch, and hydraulic rescue tools. The goal is to minimize the time to extricate the critically injured patient, to a maximum of 10 minutes. A project group in NLA, together with emergency professionals from Oslo, has developed a two-day course to implement this method for local emergency resources. The course also focuses on better cooperation on-scene.

Courses currently are offered to municipalities dealing with a large number of serious traffic crashes. Thirty courses have been accomplished.

**Results:** The participants were asked to evaluate their personal benefit through a questionnaire. More than 75% scored 4 or 5 on a scale from 1-5 (1 being "no benefits" and 5 being a "very large" benefit).<sup>1</sup>

### References

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2. Wik L, Hansen TB, Kjensli K, Steen PA: "Rapid extrication from a car wreck." Oslo, 2004.
3. Supervisor, Division of Prehospital Emergency Medicine, Ullevål University Hospital, Oslo, Norway.

**Keywords:** crashes; cooperation; education; emergency medicine; emergency medical services; extrication; firefighters; municipalities; police

**Barstein J: Cross-professional incident collaboration (TAS). *Prehosp Disast Med* 2004;19(S1):s6.**