

Staff Qualifications for Providing Ventilation during Mass Toxicology Event

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A toxicology event is one of the most frustrating events that can face a medical staff. There is difficulty in identifying the cause in real time, the influence on multiorgan systems, as well as the number of injuries. This creates a challenge for medical staff anywhere in the world.

The state of Israel, with its uncertain security situation, must deal with this issue, not only in theory, but also with an operational program that can be implemented in real time.

The Medical Center's management assumed that, with most of the scenarios of a mass toxicology event, the Medical Center may be short of workers, as well as technological devices such as respirators. Therefore, the Center for Resuscitation and Emergency Medicine Education (CREME) of the Tel Aviv Sourasky Medical Center (TASMC), developed a qualification program for nonmedical staff in the Medical Center to be used as ventilators in emergencies situation. The program provides ongoing teaching and simulation for laboratory technicians to change their role. The course includes lectures and simulations of Basic Life Support and Airway Management. It continues one day, and is refreshed every three months. The participants include 180 laboratory workers of the Medical Center.

This paper presents the program as well as the evaluation of these activities after one year with updated knowledge.

Key words: curriculum; emergencies; evaluation; laboratory personnel; nonmedical staff; toxicological event; training; ventilation

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French Teaching Method to Export Disaster Medicine to Foreign Countries

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Devastated by numerous disasters, Cameroun recognized its need for disaster planning and requested assistance from Doctor X. Emmanuelli, president of SAMU Social. SAMU Social is an organization in France that provides health care access to those for whom it is not usually available. SAMU then creates partnerships with faculties already involved in teaching Disaster Medicine, such as the Faculty of Créteil.

This team addressed the issues and developed a plan to identify the groups who must be involved. The course is open to doctors, nurses, technicians, and administrators. These groups are selected cooperatively by the SAMU Social International and the University of Yaoundé.

"Teaching the Teachers" is a two-year program that

trains health care professionals to be the teachers of Disaster Medicine in a particular country. The program consists of 16 three-day sessions. Each session is similar in format. The morning program uses lectures to outline the goals of the three days and how the goals would be met. Step-by-step evaluation from research is carried out between sessions. The afternoon program is comprised of small group workshops. The workshops focus on problems that are specific to Cameroun. At the end of the three-day session, the participants are given tasks for the next session. After completing one year, participants are required to prepare a report on their area of expertise. During the second year, participants must attend a mock disaster drill in France. During these two years, other groups and organizations such as civil defense, Ordre de Malte, and/or the Ministry of Education may be invited to participate in specific sessions to create educational programs for a broader population. Certification takes place at the completion of the two-year program.

It would be essential for international aid groups to assist Cameroun in making the transition from their dependence on France to independence.

Key words: certification; civil defense; curriculum; disaster; Disaster Medicine; course development; education; population; teachers; teaching;

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Automated External Defibrillator Use during Cardiopulmonary Resuscitation in a Workplace

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Introduction: Automated external defibrillation, a new link in the chain of survival, should reduce the mortality rate after prehospital cardiac arrest. In association with basic cardiac life support, automated external defibrillator can be used by individuals other than physicians during cardiopulmonary resuscitation. Early defibrillation can be performed by bystanders in a workplace as in the following case.

Case report: A 50 year-old man presented with sudden cardiac arrest in his workplace. Basic cardiac life support was performed by trained bystanders 3 minutes later. Defibrillation was delivered by automated external defibrillator 7 minutes later with successful conversion to spontaneous circulation. The patient was admitted to a cardiology intensive care unit. Angiography performed 1 hour after recovery diagnosed acute myocardial infarction, which was treated by angioplasty. Outcome was favorable, the patient was discharged home four days later with a discreet disorientation to time and place.

Conclusion: The time interval before the delivery of the first shock clearly is a determinant for survival after prehospital cardiac arrest. Use of an automated external defibrillator, by individuals other than physicians, in the chain of survival, can contribute to an earlier defibrillation. It can be useful in workplaces after specific and basic cardiac life support training.

Key words: automatic external defibrillator; cardiopulmonary arrest; chain of survival; defibrillation; nonphysicians; survival; training; workplace
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The CDC National Pharmaceutical Stockpile

Program: An Overview

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A release of selected biological or chemical agents targeting the United States civilian population will require rapid access to quantities of pharmaceuticals, antidotes, vaccines, and other medical supplies. In such an event, state, local, and private stocks of medical material will become depleted quickly. No one can anticipate exactly where a terrorist will strike, and few local governments have the resources to create sufficient stockpiles on their own.

With this in mind, the Centers for Disease Control and Prevention (CDC) have created the National Pharmaceutical Stockpile Program (NPSP). The NPSP is responsible for the purchase, storage, and deployment of pharmaceuticals, supplies, and equipment that localities will need in a chemical or biological terrorist incident. The NPSP can help bolster state and local response capacity, and be one of the keys in mitigating the results of a bioterrorist incident.

The broad role of the CDC is to ensure that Federal, State, and local levels of the public health partnership coordinate efforts and work with the medical and emergency response communities to prepare for acts of biological and chemical terrorism.

Attendees at this session will have an understanding of the role and capability of the National Pharmaceutical Stockpile Program.

Key words: bioterrorism; CDC; emergency response; stockpile

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Peculiarities of Medical-Sanitary Provision of Peaceful Population in Conditions of Complicated Emergencies

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The 20th century in the history of mankind will be judged not only by its scientific and technical achievements, but also for its tragic public and social phenomena, one of which is a local military conflict. The world permanently collides with considerable expansion of geography of interethnic, religious, and territorial conflicts. The experience with complex emergencies' health relief operations

proves that a great number of the civil population suffers in these emergencies. One of the most difficult problems is the fact that the public health system must organize and implement, in difficult conditions and in the shortest time, the provision of health services for a great number of displaced people.

At the same time, very often, some part of public health infrastructure on the territories where these people are mainly located, cannot satisfy the provision of their full medical necessities. While studying the experience of health provision of population in the Chechen Republic in 1999–2000, it was established that: (1) the population had moved to the nearest areas of the Russian Federation (98.2%); (2) the structure of temporary displaced population belonged, for the most part, to children and women (45 and 40% respectively), and to men, only 15%, and (3) the temporarily displaced population was located in specially equipped settlements (camps) and dwellings.

From available data, it may be assumed that population movement outside the zone of the conflict is a process that is difficult to control. Not the least of the factors that negatively impact public health rehabilitation is the absence (from the first days) of the administrative governmental bodies, as well as disorders of public health management system for the territory liberated from illegal military units. In organizing medical care to the peaceful population, it's necessary to have data on medical-evacuation characteristics of sanitary losses among civil persons. However, this question hasn't been solved theoretically, and it demands further scientific working out.

Key words: camps; complex emergencies; demography; displaced populations; management; military; public health
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Prehospital Management of Acute Myocardial Infarction: Role of a Medical Network

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Corsica, one of the widest of the Mediterranean islands, has two difficult-to-manage specificities: (1) a rough topography with a lot of isolated villages in mountainous areas, and (2) one of the highest rates of Acute Myocardial Infarction (AMI) in France. The cold and treacherous winter weather exacerbates the problems with both specificities and turns early AMI management into a challenge. In order to respond to "Time is Muscle", an Emergency Medical Network was developed in September 1999. This network is based on "first-line" private practitioners, some of them also being fire-brigade physicians, distributed across the countryside, and trained in emergency care, including the prehospital management of patients with an AMI.

The network, coordinated by the SAMU (Prehospital EMS), includes a Medical Rescue Helicopter as the spearhead of the system. Public advertising of the system was done. First-line physicians are activated by direct calls by the patients (private practice) or by SAMU regulation. As