

involved all agencies taking part in such an event. Five medical centers took part in the drill. Four of them were trained and evaluated at the command function level, one of the hospitals; TASMC, additionally was trained and evaluated, according to its function at the command level, on the quality of medical care, hospital infrastructure and capacity, staff deployment, patient observation, and secondary evacuation due to hospital incapacity.

This work will share our experience with the infrastructure of one of the biggest medical centers in Israel prepare for compound MCIs. It also includes the training program, staff deployment and the establishment of guidelines for in-hospital site function and medical protocols. It also includes the results and evaluation of the drill performances among all the cooperating agencies.

Keywords: Israel; mass-casualty incident; trauma center
Prehosp Disast Med 2005;20(2):s26-s27

Emergency Treatment Models of Trauma in China

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Up to 35% of the deaths from severe trauma can be prevented if treatment is appropriate and timely. The preventability and impact of trauma care systems on disability is predicted to be similar.

In the early 1980s in China, emergency medical services (EMS) began to develop rapidly and many emergency medical centers or stations were established. In 1986, the National Department of Public Health and the National Department of Post-Telecommunication jointly declared 1-2-0 as the nationwide emergency telephone number. In a city of >400,000 people, emergency medical organizations must be established. To date, there are four emergency medical models in China.

In the Beijing model, centers consist of a complete set of advanced equipment and units, including a garage, intensive care unit (ICU) with 28 beds, hyperbaric oxygen chamber, CT scan, operating room, emergency department, first-aid room, pharmacy, dialysis room, and blood bank.

In the Shanghai model, there is a municipal emergency medical service center responsible for prehospital emergency treatment of the whole city. Intra-hospital emergency treatment and the ICU are controlled with different levels by the hospital emergency departments. Most of the >100 emergency centers in China follow this model.

In the Guangzhou model, there is a municipal emergency medical communication-conducting center. Prehospital emergency treatment is provided by the emergency department of various hospitals which are responsible for a given district or area.

In the Chongqing model, the emergency center is attached to a modern and advanced hospital. In fact, prehospital emergency has become a part of the hospital. Even though this model is different, its function is the same, i.e., providing first aid on the scene and giving the best life support to patients with severe trauma.

Keywords: China; emergency center; models; prehospital; treatment
Prehosp Disast Med 2005;20(2):s27

Citizen and Emergency Responder Shared Values: Enabling Mutual Disaster Management Performance

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An emergent paradigm in the United States post-11 September 2001 is the need for increased recruitment and training of citizen responder volunteers to work in tandem with professional emergency responders in order to expand the capacities for damage mitigation, and disaster, preparedness, response, and recovery. A Community Emergency Response Team (CERT) served as the model for this study of a citizen and professional partnership.

This research sought improved knowledge regarding the shared values of the citizen and emergency responders, which motivate and sustain their mutual association. The CERT participants were the sole entities that could identify, acknowledge, and validate the aspects of their mutual experience that had value. A participative action research (PAR) method entitled Appreciative Inquiry (AI) was utilized to investigate citizen responder values, emergency responder values, and shared values of the CERT partners. Professor David Cooperrider of Case Western Reserve University in Cleveland, Ohio, USA, established AI as a viable PAR in the 1980s. AI encourages story-telling of best moments shared by a cohort, and themes emerge from the stories.

Positive and progressive conversations surrounded the four questions posed to research participants: (1) Describe a peak experience or high point with your CERT. This would be a time when you were most alive and engaged; (2) Without being modest, what is it that you most value about yourself, the nature of your work, and your CERT?; (3) What are the core factors that give life to your CERT, without which the CERT would cease to exist?; and (4) What are three wishes you have to enhance the health and vitality of your CERT? The AI questions evoked affirmations of CERT past, present, and future experiences, and a total of 94 values were identified.

Findings from this study suggest that both the citizen and emergency responder share four value groupings identified as: (1) functioning/task-related; (2) cohesiveness/relationship; (3) development/change-related; and (4) stability/status quo. Recommendations from the study will enable improved recruitment, training, and sustainability of volunteer citizen responders, and enhanced job satisfaction of professional emergency responders. An improved knowledge-base and understanding of shared values of a CERT should increase municipal disaster management capability.

Keywords: Appreciated Inquiry; citizens; Community Emergency Response Team (CERT); disaster management; job satisfaction; responders; values; volunteers

Prehosp Disast Med 2005;20(2):s27