technologic disasters.
Keywords: disaster, natural; disaster, technological; international law;

G-23
Identification File and Guidelines for Identifying Disaster Victims Before Evacuations

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The concept of evacuating comatose victims is valid in disaster situations, particularly in fire disasters (Los Alfaques-Spain, Dabwali-India, Mecca) because burn patients require care in a specialized hospital unit in a neighbouring country.

Each emergency unit should have both evacuation and identification files at its disposal. Such files must:

1) Enable simple, rapid comparable identification (Interpol);
2) Allow comparison with information supplied by teams investigating close families and structures possessing useful information; and
3) Enable follow-up of this identification by the medical unit receiving the patient.

For this, it is necessary to organise, in each emergency service, an initial training in identification data for all physicians, nurses, emergency medical technicians, and paramedics who might be the first on-site at a disaster. This organization requires the coordination with the forensic physicians.

This lecture presents the different examples of files (USA, Austria, France, and Interpol) and the programme of this teaching for the emergency and prehospital medical team.

Keywords: disaster; identification; prehospital medicine

G-24
Complex Emergency and Its Health Impact in Indonesia

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Introduction: Recently, the people of Indonesia have been plagued by an economic crisis, political instability, imbalance, and unequal people's welfare as well as decreasing ability of the people to pay. Indonesia has shifted from a peaceful country to one that is vulnerable and prone to man-made disasters such as civil unrest, terrorism, social/ethnic conflict, as well as other conditions that tend to create a high tension environment. Since the 1998, riots have killed more than 2,000 people, injured approximately 50,000 persons, and more than 2,000,000 people suffered from psycho-traumatic diseases, and, thousands of people were homeless. Prehospital and hospital emergency services in Indonesia have functioned normally during the crises.
Purpose: To observe and identify emergency and disaster medical services problems at the affected provinces.
Methods: Observation and site visits were conducted in some affected areas in Indonesia by personnel from the Crisis Center to collect information about emergency medical relief activities during one month after the disaster from hospitals, health centre administrations, police departments, and the local governments.
Results: The existing hazards and economic crisis have caused budget constraints. Thus, funds were not available for drugs including emergency drugs, medical supplies/consumable goods, laboratory reagents, emergency operations, and maintenance costs of medical equipment.
Conclusion: The integrated Emergency Medical Services System did not function well at hospitals surrounding the emergency and disaster site. The public health problems in the affected areas should be controlled soon after disaster, because of the possibility for outbreaks of infectious diseases.

Keywords: budget; civil unrest; complex emergency; disaster; economic constraints; economic crisis; emergency medical services; health; Indonesia; public health; riots; terrorism

G-25
15 Multi-Casualty Incidents Caused by Terrorist Bombing Explosions — Treated by Magen David Adom in Israel

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Ever since the Oslo agreement, scores of terrorists bombing explosions have been perpetrated by Palestinian terrorists. Fifteen of these incidents were multi-casualty events in that in each event, at least 20 casualties were treated and evacuated from the scene. In all these incidents, the prehospital treatment was provided by Magen David Adom.

In the 15 incidents that occurred in urban localities, there was a total of 143 persons killed, and 678 wounded (an average of 45 per incident). About one-third of the wounded were urgent cases (ISS: 9–75). The average number of medical teams per incident was 62 consisting of all levels — physicians, paramedics, emergency medical technicians (EMTs), and volunteers. The average number of evacuating vehicles per incident was 23 ambulances and mobile intensive care units (MICUs). Total evacuation time (until the last casualty was evacuated from the scene) averaged 38.4 minutes.

The main conclusions regarding treatment, evacuation, and channeling of casualties from these terrorist incidents include:

1) Despite the short length of treatment time on the scene, lifesaving procedures were carried out (intubations and clearance of airways, tourniquets, and chest drainage) in 30% of the severely injured;
2) A correct dispersion of the casualties was carried out