Treatment of Children with Severe Road Trauma at the Prehospital Stage

Dr. Rasmik Keshishian; Professor Leonid Roshal, MD; Dr. Leonid Puzhitsky; Dr. Taisia Chernysheva; Dr. Denis Ratin; Dr. Svetlana Borisova; Dr. Mihail Vertopetov; Dr. Natalia Selutina
Research Institute of Pediatrics Russian Academy of Medical Science, Moscow, RUSSIA

Mortality analyses of children with severe road trauma indicate that nearly half died during the prehospital stage and 34.4% of them died even before the arrival of the medical brigades. The main mortality factors during the prehospital stage were shock and bleeding (38.2%). Destruction of vital function regulation caused death in 16.3% of injured, and respiratory insufficiency in 15.8%. Factors incompatible with life were present only in 30%; 70% of the injured could have survived had professional medical aid arrived in time.

Drivers and policemen are the first to reach the victims, but their medical skills are very low. At the same time, our legislation forbids them to render even first aid. To lower children's mortality rate, it is necessary to improve medical training of drivers and policemen, and make alterations in the present legislation.

Key words: children; legislation; prehospital; roads; survival; traffic; trauma
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Co-Ordination of Transboundary Collaboration in Emergencies

Gennady Kipor
ARCDM "Zaschita", Moscow, RUSSIA

The history of formation of an international system for preparedness and adequate response to major emergencies extends for more than 30 years. From our point of view, the principal component of this system is the delivery of prompt, medical, humanitarian care, as only in this particular case, can one really speak about rescue of human lives or relief of human sufferings.

At present, the only central coordinating mechanism of humanitarian care delivery is based in the UN Office for Coordination of Humanitarian Affairs (OCHA), but the medical aspects of humanitarian assistance are managed mainly in the WHO Department of Emergency Humanitarian Affairs (EHA).

The goal of the presentation is to demonstrate how the OCHA coordinating levels, namely—strategic, tactical, and operational—determine the mechanisms and tools of coordination in different countries and regions when delivering humanitarian medical care. Our presentation emphasizes detailed practical models promoting the analysis of prolonged activity of Disaster Medicine service, primarily in complex emergencies (situations complicated by local armed conflicts). It is stated that in the initial phase of forming contingents of refugees (or temporarily displaced persons), the adequacy of response influences the levels of morbidity, mortality in temporary camps, and the subsequent dynamics of the public health of the affected population. Specific field practice examples are given, as well as processes of continuity, succession, and adequacy of delivery of different types of humanitarian medical care. The mission of peacemaking activity, presuming the formation of a temporary demilitarized zone in complex emergencies (as it is clear from field experience), can be realized adequately only in the obligatory presence of hospitals (temporally medical posts), where medical treatment and delivery of all types of medical care are organized.

Humanitarian medical care is considered a triggering mechanism for a temporary armistice between conflict parties. The feasibility of developing principles of humanitarian medical pacifism irrespective of political and other interests of parties in conflict, and organization of participants delivering humanitarian aid is discussed. Ethical postulates of paramount importance for the priority of the health of displaced persons in complex emergencies are suggested as a principles reflecting priority of health importance.

Key words: care, medical; complex emergencies; coordination; displaced persons; ethics; humanitarian; public health
E-mail: rcdm.org@g23.relcom.ru
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Epidemiological Status of the Baltic Region as a Potential Challenge for the Onset of a Crisis Situation

Gennady Kipor
ARCDM "Zaschita", Moscow, RUSSIA

Statistical data on dynamics of contagious diseases in the countries of Baltic region demonstrate their unstable epidemiological status and the presence of the latent threat in case it becomes impossible to take organizational and practical measures to stabilize the situation. A group of experts from 11 countries, created by an initiative of the Norwegian government, analyzed the situation, and identified five basic problems of international importance for which decision-making could promote the epidemiological welfare of the Northern Europe as well as of its other regions. The decision-making process is connected with a considerable increase of statistical data on morbidity and the factors provoking its spread, in particular—with an increase of a number of migrants from those region where the given forms of diseases spread to a major degree. Finally, proceeding from the experience and assessment of the situation, there now exists a certain latent "biosocial threat" for the emergence of a critical situation, which is likely to develop into a prolonged catastrophe.

The goal of this presentation is to provide a brief description of the problem and some step technologies for its resolution. This aim has global significance as the given example of the situation analysis represents a model of coordinating administrative and organizational decisions and launching international executive mechanisms for realization of medical humanitarian assistance in the field of emergency epidemiology. The main problems of the Baltic region epidemiology are the following: (1) a great number of HIV-infected patients and sexually-transmitted dis-