retical hospital treatment capacity of 112 patients/hour was calculated for a performance score of level 5. This is served by a transport capacity of 49 ambulances directed by 8 emergency physician cars. For increasing the rescue capacities, the rescue teams could be supported by 7 local SEGs (pecial acting groups) and 5 helicopters from the vicinity.

In total, up to 05/2000 voluntary CEP system took responsibility for about 550 victims of minor injuries. According de Boer's criteria for disaster scoring, we had to deal with events of a disaster severity score from 1 to 6. The severity index was calculated between 0.3 and 3.

Conclusions: To be able to distinguish between the three degrees of Villareal's differentiation of MCs: I=B0, II=B0, III=B0, III=B0, it is necessary to know exactly the capacities of your local rescue chain elements. It is essential to be able to distinguish between MCs II=B0 and III=B0 because you have to call for help in the vicinity in time in case of MC III=B0. So you should be able to prevent that your local MC might end as a disaster because of bottleneck problems within your local system capacities.

## References

- de Boer J: Criteria for the assessment of disaster preparedness II. Prehosp Disast Med 1997;12:13–16.
- Villareal M: Quality control module for mass casualities. Prehosp Disast Med 1997;12:200–209.
- de Boer J: Definition, classification and scoring of disaster. In: Handbook of Disaster Medicine. De Boer J., Dubouloz M (ed), VDW publisher 1999, pp 227–228.

Key words: capacities; classification; coordinating emergency physicians; disaster; performance; quality assurance E-mail: bm.schneider@medizin.uni-ulm.de *Prehosp Disast Med* 2001;16(2)s65.

## The Complications in Excimer Laser In-Situ Keratomileusis for Severe Myopia Shi Xiuru; He Tiangeng; Wang Lijun; Wu Shi Ying Tianjing Medical University, Tianjing, PEOPLE'S REPUBLIC CHINA

Objective: To evaluate the safety and efficacy of excimer laser in-situ keratomileusis for severe myopia.

Method: 463 eyes of 237 cases which ranged from -6.00D to -22.00D were operated upon using Lasik using SCMD Microkeratome and NIDEK EC-500 excimer laser system. The complications and prognosis were analyzed retrospectively.

Results: Postoperative, uncorrected visual acuity increased significantly, and 75.3% of the patients achieved preoperative best corrected visual acuity or better. The perioperative complications included: incomplete corneal flap (0.86%); free cap (0.43%); decentred flap (0.22%); and limbus hemaorrhage (7.3%). The postoperative complications included: particulate debris under the repositioned flap (2.8%); over or undercorrection (9.8%); and epithelial interface ingrowth (0.65%).

Conclusion: Lasik for severe myopia proved to be safe and effective, although it needed to be improved microkeratome and experience.

**Key words**: acuity; complications; efficacy; excimer laser; keratomileusis; myopia; safety *Prehosp Disast Med* 2001;16(2):s65.

## Reducing Community Vulnerability of Lalitpur Submetropolitan City Dr. Bijaya K. Shrestha

The high rate of urbanization and haphazard urban growth coupled with change in the economic base has transformed the tiny town of Lalitpur into a submetropolitan city. Founded in 299 AD along Tibetan and Indian trade routes, the town developed based on Hindu and Buddhists planning principles into the present form. Lalitpur, within its 22 municipal wards over an area of 459 hectares, is comprised of both planned and unplanned, as well as old and new urban fabrics, exhibiting the socioeconomic reality and development process that prevailed in those earlier periods.

The consequences of this transformation not only are limiting physically, such as destruction of traditional homogeneous building stocks into inferior parts, severe deficiencies in basic urban services, conversion of court-yards and pedestrian lanes into "death traps" and so on, but also on reduction of an individual's or society's ability to cope with hazards, thus making the old neighborhood more vulnerable. The government's response to deal with various problems associated with this process through enforcing building legislation and rescue operation on an ad hoc basis is insufficient and discouraging.

This paper examines the community vulnerability from an integrated approach of Lalitpur, just next to the capital city of Kathmandu. It has four objectives. First, it demonstrates the natural hazards in the city, considers seismic risk and socioeconomic structure including variables in infrastructure, building materials, and population vulnerabilities. Second, it analyzes the preparedness level and response capacity of the city (and society) for vulnerability analysis. Also, a case study of a typical neighbourhood in the historical core area is examined in order to demonstrate the process of urban transformation and its consequences on neighbourhood vulnerability. Third, it identifies various reasons of vulnerability increases, and then, assesses the risk analysis (future probable damage). Finally, it proposes some recommendations for public authorities, communities, and policy makers in the fields of planning and development, vulnerability analysis, and capacity of local government (and ward office) and local resource mobilisation and community awareness.

**Key words**: community vulnerability; Lalitpur; seismic risk; socioeconomy; urban transformation

E-mail: shrestha@hyogo.uncrd.or.jp Prehosp Disast Med 2001;16(2):s65.

## Management of Calcium Oxide Intoxication M. Simon; M. Dubois; F. Van Trimpont 3

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Introduction: On an industrial site, an intoxication of a large number of workers by calcium oxide has necessitated strict triage so as to avoid a massive evacuation toward the hospitals.