

Key words: automatic external defibrillator; cardiopulmonary arrest; chain of survival; defibrillation; nonphysicians; survival; training; workplace
Prehosp Disast Med 2001;16(2):s19.

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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Prehosp Disast Med 2001;16(2):s19.

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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Prehosp Disast Med 2001;16(2):n19.

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

soon as they confirm the presence of an AMI, they start the first part of the thrombolytic protocol, while SAMU dispatches the medical rescue helicopter with an emergency physician and thrombolytic drugs to the scene. If the first line is outside a reasonable time line to reach the scene by the "first line" physician, SAMU will send the helicopter team as a first response. The objective is to start thrombolytic therapy wherever the patient is. So, easy to utilize drugs (e.g. as one-shot thrombolytic and LMWH), are the best choice in such difficult areas.

In the 20 months from implementation, the network has managed nearly 100 patients with an AMI, with an average time of less than 1 hour between alert and initiation of thrombolysis, and with good results.

Key words: acute myocardial infarction (AMI); helicopter; outcome; physicians; remote areas; responses; SAMU; system; team; thrombolysis

Prehosp Disast Med 2001;16(2):s20.

Typhoon-Related Disasters

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On 22 August 2000, Typhoon Bilis, by far the strongest of the season, approached Taiwan and left 14 people dead including 8 villagers buried in a mudslide in central Taiwan where a major earthquake had occurred just the previous year. Some people in a mountain climbing exploration were missing. On 28 August 2000, 6 days after Typhoon Bilis, a major bridge in southern Taiwan collapsed suddenly and injured 22 people. On 31 October, Typhoon Xangsane moved closer to Taiwan.

In the meantime, a Singapore Airlines Boeing 747 jetliner carrying 159 passengers and 20 crew bound for Los Angeles, crashed shortly after takeoff leaving 83 people dead and 56 injured. Although the weather conditions at the airport were within safe takeoff tolerances, the visibility was very poor and the pilot chose the wrong runway. The next morning after the airplane crashed, flooding in northern Taiwan killed at least 61 people: some people were down in the basements, including 14 elderly people in a nursing home.

The impact of typhoons should not be underestimated. Serious damage can occur before, during, and even days after the arrival of typhoons. Preparedness in all aspects is needed to cope with these disasters. Loss of electricity, water supply, and telephone services including cellular phone dysfunction could be serious problems in a rescue work. Alternative measures must be planned.

Key words: air crashes; damage; events; flooding; infrastructure; mudslides; typhoons

Prehosp Disast Med 2001;16(2):s20.

Surveillance and Care System for Abdominal Trauma

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This is a description of a system for surveillance and care for victims of abdominal trauma. According to an objective assessment and score of the severity of the trauma to the abdomen, we classified the nursing care into three types, and drew up eleven principal nursing-care policies. In clinical practice, it has been effective both in improving the working initiatives and enhancing the comprehensive analytic ability of nurses. It has also increased the injured patient's survival rate.

Key words: abdomen; care; effects; injuries; nursing; policy; surveillance

Prehosp Disast Med 2001;16(2):s20.

Disaster Medical Team Deployment for the Sydney 2000 Olympics

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Sydney hosted the 2000 Olympics during September 2000. As part of the medical support of the Olympics, a number of disaster medical teams were organised and deployed. This presentation describes the organisation of these teams and their preparation for the Olympics. In particular, the findings of the first multiagency CBR exercise will be described, and how the health teams interfaced with the other agencies. The presentation also will describe what was learnt and will discuss and debate the challenges apparent in initiating such a deployment to an event as large as the Olympics in the city of Sydney.

Key words: deployment; interface; medical support; Olympics; organization; preparedness

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Prehosp Disast Med 2001;16(2):s 20.

Quality Care of Short Stay Unit Relevant to Critical Care and Emergency Services

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Objective: Assess care indicators of a Short Stay Unit to: (1) to know care activity, and (2) to detect modifiable problems by care improvement measurements.

Methods: A retrospective observance study was conducted and included all patients attended in a Short Stay Unit (relevant to Critical Care and Emergency Services) at Virgen del Rocío University Hospital (Sevilla), during the first semester of the year 2000. This Short Stay Unit is defined as a prolonged observation unit, basically a therapeutic, multifaceted unit for the care of patients that have