

Management Authority embarked on the task of formulating the guidelines on this sensitive and vital issue. These Guidelines are designed to provide not only technical information, but also dwell on administrative aspects that will support the correct approach in handling dead bodies with the highest possible quality of standards/measurements, and functioning in an interdisciplinary manner to ensure positive identification of victims. Management of the dead after disasters is under the ambit of the Incident Response System being incorporated in the National, State and District “all hazard” Disaster Management Plans are intended to achieve the desired aim that no unidentified body should be laid to rest.

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### (A237) Management of the Dead during Mass Casualty Disasters in South Asia: Perspectives of the First Decade of the 21st Century

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The first decade of the 21<sup>st</sup> century will go down in history as an era of major disasters. Disasters have occurred in all corners of the world and ranged from events such as the 11 September attack, the London bombings, the Asian Tsunami, Hurricane Katrina, earthquakes in India, Iran, Pakistan, China, and Haiti, and cyclones and floods in Bangladesh and Myanmar. The unavoidable common factor of all these disasters was the massive number of casualties and deceased witnessed within a short period. The effective intervention of governmental agencies to manage casualties during the immediate aftermath of a disaster often is restricted by many technical and circumstantial factors. However, it was observed during the last decade that during disasters, volunteer members of the affected and surrounding communities form a huge supportive force to meet most urgent tasks, including managing the dead. This was best witnessed in 2004, after the Asian tsunami disaster. The management of the dead during disasters is a multidisciplinary, multi-stage task and a medico-legal emergency that should be commenced during the immediate post-disaster period. Community first responders comprise an easily accessible, readily available task force in the field of managing the dead, especially in the recovery and transportation of dead during disasters. The first attempt to regularize the role of community first responders during disasters was made in 2005 with the post-Asian tsunami experience through a joined effort of many international organizations. Since then, south Asian countries have been more concerned about developing capacity of first responders via community-based disaster management schemes. The services of first responders could be greatly enhanced through training and integrating them into mass casualty management plans in less resourced countries as elaborated in this paper.

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### (A238) Optimizing Medical Response to Large-Scale Disasters: The Ad Hoc Collaborative Healthcare System

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During the authors' recent experience in Haiti during the early aftermath of a major earthquake, it was discovered that more optimal use of field hospitals could be achieved through increased coordination across the deployed medical resources. Moreover, if it were possible to standardize both the capabilities of these resources and their inter-operational guidelines, further improvement in resource utilization could be achieved. Resolving the bottleneck particularly was crucial as the impact on mortality that specialized field hospitals may affect in disasters is observed primarily early on. Confronted with tremendous need in the face of massive devastation, a solution was improvised: For every patient requiring a higher level of care sent by a light hospital, it would have to take a patient being cared for by the authors' in exchange. This arrangement allowed the admission patients who had been screened by other health professionals as requiring an acute intervention that the authors were in a unique position to provide, and ensured that patients would remain under medical care until they were stable enough to be discharged. Additionally, senior medical staff to light hospitals to help identify which patients would most likely benefit from being transferred to the authors' facility. With the other hospital teams' cooperation, surgeons performed needed morbidity and mortality reducing operations on more patients than would have otherwise been possible. Implementing a collaborative health-care system would help achieve more optimal use of all the medical resources available in a disaster. Further optimization could likely be achieved if participating countries and organizations adhered to a standardized classification and coordination system. Both levels of coordination, at the preparatory and deployment stages, would likely lead to decreased mortality, morbidity, and disability among the devastated population.

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### (A239) Programa Hospital Seguro Y Unidad Médica Segura En México

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El programa se estableció en el año 2006 dentro de la Coordinación General de Protección Civil de la Secretaría de Gobernación e incluye un Comité Nacional de Evaluación, Diagnóstico y Certificación integrado por todas las instituciones del Sector Salud Público, Privado y Social. Se han acreditado cerca de 700 evaluadores de más de 2,700 que han tomado el curso. Se han realizado más de 1,700 autoevaluaciones y se han evaluado de 205 hospitales. En el marco legal se ha integrado el Programa Hospital Seguro en la Ley General de Protección Civil, se ha incluido en la Norma Oficial Mexicana que tiene relación con instalaciones de salud, se ha logrado el acceso al Fondo de Prevención de Desastres que maneja la Secretaría de Gobernación y se ha establecido que previo a la Certificación de Calidad del Consejo de Salubridad General (que incluye los criterios internacionales de la Joint Commission) sea evaluada como Hospital Seguro. De los hospitales calificados como no seguros ya se han evacuado dos (que serán demolidos) con alternativa de construir nuevos con alto nivel de seguridad. En un gran número de hospitales se han mejorado los sistemas de