

natural leaders in emergency disaster operations since their skills and mentality are extremely beneficial.

Keywords: civil-military; collaboration; Croatia; emergency; management; war

Prehosp Disaster Med

Medical Care to Military and Civil Persons in Field Hospitals during the War in South Ossetia (2008)

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Introduction: The Russian Ministry of Health and "Emercom" hospital was developed for rendering medical aid to civilians during the military conflict in South Ossetia (August 2008) in Tschinvali.

Methods: The structure of the civil hospital included doctors and medical nurses of the All-Russia Center for Disaster Medicine and the Airmobile Hospital Emercom of Russia. The field hospital was set up next to the local hospital, which was destroyed as a result of military actions. Maintenance and protection services were provided by staff of Emercom.

Results: From August 12 until August 27, 593 patients were admitted to the hospital. Among them, 43 (7.2 %) were military men from the Russian and Georgian armies (Ossetic Civil Guardsmen). Eighty-four persons were evacuated to the military hospitals and Vladikavkaz and Moscow hospitals. Five wounded Georgian military men were treated in the Russian hospital. Their evacuation to Georgia was complicated by the absence of contact with the representatives of the Red Cross. A humanitarian problem presented when rendering surgical help to elderly ethnic Georgians who lived in Georgian villages in the territory of South Ossetia. The special teams, consisting of doctors, nurses, and psychologists rendered medical aid to 44 persons. Eight patients were evacuated to the hospital for further treatment. Doctors arranged five humanitarian escorts to the city of Gory (Georgia), all 318 civil persons of Georgian nationality were evacuated there.

Conclusions: The field hospital located in a military conflict zone rendered medical aid to both civil and military persons. The most difficult organizational problem was the treatment of wounded Georgian military men and rendering medical aid to elderly people left in Georgian villages.

Keywords: civil persons; elderly persons; field hospitals; military conflict; South Ossetia

Prehosp Disaster Med

Drug Dispensing by Home Front Command Medical Units to Civilians in Shelters

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Introduction: During the 2nd Lebanon War, the northern area of Israel was under continuous missile and rocket attack for one month. The Home Front Command (HFC) formulated some basic rules for proper behavior during conventional missile fire. The population was instructed by

the HFC to stay in shelters; medical services in the community remained available by HFC instruction. Medical units of the HFC patrolled in >1,000 shelters identifying the medical problems of people with chronic diseases, such as hypertension, heart failure, or diabetes, who could not reach a pharmacy to obtain their medication. Although medical history could be provided using cellular communication, the medical units' basic equipment may not include the necessary medications, and therefore, the patient sometimes needed to go to a hospital in order to prevent deterioration of his or her medical situation.

Methods: After the war, drug consumption over six months was analyzed for the largest city in northern Israel using the electronic records of Clalit Health Services, the largest sick fund in Israel. The data were collected using generic names and daily defined dosage (DDD) (as defined by the anatomical therapeutic chemical (ATC)/DDD World Health Organization) and then categorized according to the main medical indication. Drugs with more than 1,000 DDD were categorized as an important medication to be included in the basic equipment of HFC medical units.

Results: Hypertension, mental illness, sleep disturbances, pain/inflammation, epilepsy, and diabetes were the major diseases according to the drug consumption data. The main generic names were: metformin, atenolol, furosemide, omeprazole, lorazepam, and brotizolam.

Conclusions: Historic electronic drug consumption records are mandatory for analyzing the medical needs of populations that must be protected in shelters that do not have access to pharmacies. The medical history can be confirmed by a phone call to the physician or pharmacist and then the drugs can be dispensed to patients without the need of sending the patient to a hospital.

Keywords: civilian population; dosage; drugs; medical needs; pharmacy; shelter

Prehosp Disaster Med

Natural Disasters

A National Multi-Organizational Model for the Preparedness and Immediate Response Stage to an Earthquake

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Background: An earthquake may have consequences that affect humans and the environment. Past experiences with the devastating consequences of earthquakes prove the importance of the organizational response systems to these events.

In this study, a multi-organizational model for the preparedness and immediate response stages to an earthquake has been assembled.

Objective: The goal was to construct a national, multi-organizational model for saving lives in the preparedness and immediate response stages of an earthquake.