and response to remote mass casualty incidents. The Australian constitution makes the Commonwealth responsible for the defence of Australia, and for the protection of states against invasion. Each State or Territory is responsible for the protection of its citizens and property.

The Commonwealth provides National emergency management programmes including the cyclone warning system, the Commonwealth Search and Rescue Organisation for response to air and maritime incidents, and Space Debris Nuclear fallout to cope with threats affecting National interests, and ideally, is suited to coordinate assistance between States, if requested.

Aid to near Pacific neighbors in times of disaster also is managed at the Commonwealth level. Each State and Territory is responsible for emergency response and recovery plans within their respective jurisdictions. This presentation outlines the measures necessary to provide effective mass casualty management for remote area incidents, and for communities that may be remote from major treatment facilities. It addresses the medical coordination and organizational issues involved with the prehospital management and distribution of casualties to appropriate treatment facilities.

Objectives: (1) To outline Australia's geographical and demographical features and the consequential effects on emergency planning nationally and between States and Territories; (2) To provide an oversight of the levels of responsibility for emergency management planning in Australia; and (3) To discuss some of the measures necessary to provide effective prehospital management and distribution of casualties to treatment facilities.

Keywords: Australia; emergency management; planning; prehospital management of casualties; remote area casualties
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Municipal Plans of Emergency in Disaster Prevention

Dr. Ernesto Pérez-Rincón Merlín, MD, EMDM

Objective: To promote the prevention and mitigation of the effects of natural and man-made disasters through knowledge about the phenomenon and by specific preparedness of the local authorities with action organizations, services, people, and resources available to respond to disasters. The aim of the Municipal Plans is to establish coordinational ties between civilians, volunteers, and local government.

During the last century, disaster prevention has become a focus of attention in emergency administration. One must understand clearly and accurately, the possible effects of a disaster, and, in case of emergency, who commands the responses. This can aid the civil defense authorities and the general population in developing specific mechanisms that reduce the impact of calamities. Municipal Plans of Emergency, also known as Municipal Plans of Contingency (MPC), develop community protection actions, and include the action organizations, services, people, and resources available to respond to disasters. It also includes the identification of specific risks, community preparedness, local response capacity, risk planning, and establishment of the structural organization (authorities, agencies, offices, volunteers) that respond to emergencies. Each element understands its respective roles, what to do, what not to do, and how to participate in a team effort. The use of MPCs obliges decision-makers to make plans and execute preventative actions and emergency projects that provide effective formulas capable of improving stability factors and response mechanisms.

Social Context: In the rural communities of Oaxaca, long-standing governmental paternalism has created an attitude of dependence. Thus, it is important that mechanisms are created that increase the ability of local actors to respond to emergency situations on the basis of their own resources and organization. The risks faced in countries of the first world differ considerably from those faced in those of the third world. The socio-economic characteristics of the population in Mexico and Oaxaca, as in other underdeveloped countries, necessitate the development of an alternative model for disaster prevention. The infrastructural conditions in the south of Mexico call for social rather than technical responses to emergency situations. While in Europe and North America, where there exist technical emergency response teams, in Mexico, the response force must derive from strengthening of social links and the capacity of ordinary citizens. This program forms a contribution to the Mexican sense of solidarity and mutual help in the face of disaster.

Keywords: disaster prevention; Municipal Plans of Contingency (MPC)
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E-mail: ernesto_rincon@hotmail.com

Training in Emergency Ultrasound for Civilian and Military Use

Suzanne Le P. Langlois

Until the introduction of truly portable high resolution ultrasound with colour Doppler, ultrasound examinations for emergency use were limited. The SonoSite 180, released in Australia in December 1999, permitted portable ultrasound examinations to be performed rapidly and easily in many emergency situations in hospital and military settings. Prior to this, a training course with accreditation and continuing assessment was formulated in 1998 by the late Dr. Marie Kuhn, Director of Emergency Medicine at the Royal Adelaide Hospital. This course was taught in the hospital, and was followed by an abbreviated course using the same teaching materials utilised in the military, both within Australia, and also during a six-month military deployment between February and August 2001.

More than 20 such courses were held in East Timor, and doctors, radiographers, and soldiers from many countries of the UN were trained to perform the FAST ultrasound scan. Since then, courses have been held for the military and civilian medical and paramedical staff in many parts of Australia. The effectiveness of the courses has been demonstrated by military medical staff deployed overseas, and in civilian hospitals by Radiology, Emergency Medicine, and Intensive Care (ICU) staff. Increased availability of portable ultrasound equipment in the Australian military setting, and its use in civilian life, including retrievals, will increase the skills of medical staff, and the use of the FAST scan as part of the initial assessment of

critically injured personnel. A nationwide accreditation scheme, not discipline-based, but skill-based, will prevent misuse of the equipment, and provide ongoing training and assessment of trained personnel.

Keywords: assessment; Australia; courses; Doppler; East Timor; emergency medicine; FAST scan; intensive care; military; portable; radiology; training; ultrasound
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Are Hospitals Prepared to Face Disaster Situations?

Felipe Cruz-Vega
Mexican Social Security Institute, Mexico City, Mexico

The Pan -American Health Organization and the Mexican Federal Government signed an agreement to establish the voluntary and temporary certification at the institutional, national, and international levels of health installations prepared to face disaster situations. The Mexican Social Security Institute was very interested in this initiative, taking in to account the number of hospitals that form its infrastructure: 254 hospitals of medium and high complexity, of which 131 (52%) are situated in high risk areas; 67 (26%) in medium risk areas, and only 56 (22%) in low risk areas.

Because of the aforementioned statistics, a model to certify hospitals was designed in order to establish a permanent and priority program. The model, entitled "Hospitals Prepared to Face Disaster Situations", is in agreement with the Pan-American Health Organization's recommendations. The Institute, through, the Institutional Committee for Disaster Cases, developed the rules for the creation of the "Hospital Plan for Disaster Classes" that include structural and non-structural aspects of organization, and which specify the governing body for each. Each hospital unit is responsible for designing its own plan. The plan should contemplate the actions to be followed in an international or external disaster in the stages before, during, and after the event, including identifying the risk factors, vulnerability, human resources, and materials at their disposal (made-to-measure).

For the institutional certification stage, the Committee designed an "Instrument" of quantitative evaluation that permits the qualification of the medical units to select at the first instance, the hospitals classified as high level resolution and situated in high risk areas. Later, they programmed assessment visits, and applied the evaluation procedure. So far, 15 hospitals have achieved this certification, and others are in the process of doing so.

Mexican Social Security Institute: At the present time, the Institute is able to start the national certification stage, and later will ask other organizationss to grant international certification. In this way, the security of users and installations will be increased and will allow the decrease of insurance premiums, which will be re-invested in strengthening hospital security.

Keywords: certification; disaster; hospitals; instrument; insurance; Mexican Social Security Institute; plan; risk
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Medical Needs, Public Health, and Living Environment after 1999 Earthquake in Taiwan

Keiji Nakata;[1] Norimasa Seo;[2] Hisayoshi Kondo;[3] Yuichi Koido;[3] Yasuhiro Yamamoto[3]
1. Faculty of Health Science, Okayama University Medical School, Japan
2. Department of Anesthesiology and Critical Care Medicine, Jichi Medical School, Japan
3. Department of Emergency and Critical Care Medicine, Nippon Medical School, Tokyo, Japan

Objective: To identify changes in the medical needs, public health status, and living environment during the mission of the Japan Disaster Relief Medical Team (JDR Medical Team) following the earthquake in Taiwan in 1999 during the acute phase to the sub-acute phase.
Methods: The study was performed by using structured interviews of persons (93 households, 658 persons) who were living a refugee life, and by the examination of water and sanitation.
Results: Skin disease, trauma, and respiratory disease were the main diseases encountered in those who had not sustained serious injuries diring the early phase. The incidence of respiratory diseases increased rapidly with time, and was followed by mental or psychological dysfunction, and secondary trauma (not earthquake-related). Public health was maintained fairly well as evidenced by the quality of the water and sanitation. As for the living environment, supply of the food and drinking water, drugs, toilets, sleeping places, shower equipment, amusement facilities, were adequate. However, over a long period of time living in tent, mental stress increased gradually. Many displaced persons requested the installation of immediate, makeshift housing
Conclusions: Fairly good recovery occurred during the transition from the acute phase to the sub-acute phase following the earthquake. Mental problems increased. The probability for spreading infectious disease remained low.
Keywords: diseases; earthquake; environment; food; phases; psychology; recovery
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Establishment of a Mobile, First-Aid Rescue Team for Urban Disasters

Zheng Gao-Jiren; Zingdong Ling-Changquan
Military Medicine Service Department of the Second Military Medical College, Shanghai, China, and the Department of Chinese Traditional Medicine at the First Teaching Hospital of the Second Military Medical College, Shanghai, China

It has been shown that the first-aid system used by hospitals in the cities have not been able to undertake the tasks of associated with the delivery of timely and effective first-aid to high numbers of wounded persons. Therefore, it is important that independent or combined mobile first-aid teams be formed at medical units at all levels. Accordingly, the first-aid teams can be grouped into three levels:

1. First-aid teams at municipal level — Led and organized to provide medical support to important objects range at the city level;
2. First-aid team at district level — Led and organized by functional district units, its task is to provide mobile first aid to wounded persons within the district and medical support to important objects and neighboring areas; and