

tion. Since November 1991, the program has become an official activity of the European Chemical Industry Council (CEFIC), involving the whole of the chemical industry in Europe. The ICE splits into two areas: 1) Prevention; and 2) Emergency Response.

Because each chemical company has a different mix of transport needs including—road, rail, sea, liquid, gas, the CEFIC Prevention Working Groups are funded and organized by interested companies. They produce Safety and Quality Rating Systems (SQRS) and apply them to the performance of distribution service providers such as trucking, shipping, and storage companies.

Emergency response, however, is required by all chemical companies. Therefore, it is funded through CEFIC and coordinated across national boundaries by Working Groups involving representatives from existing response schemes. Guidelines are developed so that schemes and centers can be set up easily where none currently exist.

The ICE aims to build upon the best existing prevention and emergency response practices and encourages their uniform application throughout Europe. It has gathered support progressively and now is in its implementation phase. This support has come not only from the chemical industry, but also from national and EC Authorities and distribution companies.

## 95 The Use of a Special Emergency Hospital in Cases of Chemical Accidents

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Exposure of a number of people to toxic chemicals will result in a need for hospital facilities to provide observation and treatment. The knowledge of medical toxicological problems in general hospitals often will not be sufficient to cope with these problems. Additional information supplied by poison information centers can provide the necessary expertise, possibly supplemented with medical assistance. It is of utmost importance that the correct sample strategy according to treatment protocols, be followed. Only then will it be possible to evaluate the accident correctly (especially the relation between exposure, body burden, and effects).

In the Netherlands, the combined efforts of the Ministry of Welfare, Health and Cultural Affairs, and the Ministry of Defense have made it possible to create facilities for the immediate admission of about 100 victims. On the ground floor of the University Hospital in Utrecht, an emergency hospital has been constructed in which the Department of Intensive Care and Clinical Toxicology, together with the National Poison Control Center, is situated as an operational unit with regular patient care. In the case of an emergency involving more casualties, this intensive care department can be enlarged from 10 to 40 beds. Apart from this, a medium care department with about 60 beds, can be made operational. This can be accomplished within the organization of the University Hospital and the Central Military Hospital. Further extension up to 400 beds is possible, but requires several days to set up. The emergency hospital has been used several times in cases of chemical accidents with a limited number of casualties.

The advantages of such a facility are: 1) all patients are evaluated by expert physicians of medical toxicology; 2) treatment is performed according to uniform protocols; 3) evaluation of the relation between exposure-body burden effects can be established; and 4) the facility is used as a training center for simulation exercises.

## 96 Overview of the Planning and the Prehospital Response of EMS in Israel During the 1991 Gulf War

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Magen David Adom (MDA), as the National Red Cross Organization in Israel, operates the prehospital medical services in emergencies. Until the 1991 Gulf War, MDA's task was to support the civil defense medical units in providing prehospital care and the evacuation of casualties to hospitals.

One of the lessons learned during the Gulf War was that MDA ambulance crews were the first responders on the scene and usually finished the evacuation of casualties before civil defense medical units appeared. A decision was made during the war, to reinforce MDA crews with civil defense medical units operating jointly. Additional lessons learned by the prehospital emergency services will be presented and discussed.