

including emergency preparedness and information acquisition and exchange, and financial operations. The Hospital Emergency Incident Command System provides a useful framework for understanding the multiple interconnected functions of hospital emergency response that must be addressed in the hospital emergency plan.

References

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Keywords: disaster; emergency; hospital emergency incident command system (HEICS); hospitals; plan; planning; preparedness; response;

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Integrating Army and Civilian Weapons of Mass Destruction Incident Response

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The concept of U.S. Army Special Medical Augmentation Response Teams (SMART) will be introduced. How the military expertise on weapons of mass destruction (WMD) can be integrated into the civilian response system as well as the civilian incident command system.

Keywords: civilian; integration; military; U.S. Army Special Medical Augmentation Response Teams (SMART); weapons of mass destruction (WMD)

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Mass Casualty Situations: Usefulness of UN Guidance on the Use of Military Civil Defence Assets in Disasters and Complex Emergencies

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A "Mass Casualty Situation is one in which an excessive disparity exists between the casualty load and the medical capabilities locally available for its conventional management." Many natural, technological, and environmental disasters involve mass casualties and create peaks of overload on the health and emergency medical services.

International Disaster Relief Assistance (IDRA) means material, personnel, and services provided by the international community to a Receiving State to meet the needs of those affected by a disaster. In 1994, the United Nations Department of Humanitarian Affairs (UN DHA) formalised the *Guidelines On the Use of Military and Civil Defence Assets* (MCDA) in Disaster Relief. According to these non-binding guidelines (the so called "Oslo Guidelines"), foreign military and civil defence organisations can provide personnel, equipment, supplies, and services for IDRA.

This year, UN Office for the Co-ordination of Humanitarian Affairs (OCHA) launched the new *Guidelines on the Use of MCDA in Complex Emergencies that complement the "Oslo Guidelines"*. The author underlines the main differences between the UN-established principles, tasks and responsibilities of the UN-led peacetime humanitarian assistance operations, and the meaning and the value of the civil-military co-operation (CIMIC) and

humanitarian assistance in the broad spectrum of possible operations carried out under military and NATO leadership: Euro-Atlantic Disaster Response Co-ordination Center (EADRCC), combat missions, peace-enforcing, and peace keeping. Furthermore, the author underlines the need of a more accurate reference, in the UN Guidelines, to the medical issues of mass casualty situations and to the requirements for Consequence Management following the use of weapons of mass destruction against civilian population: the military may be the only organisation with good capabilities to operate in an NBCR environment!

Keywords: civilian; consequence management; cooperation; disasters; emergency medical services; guidance; health services; international disaster relief assistance; mass casualties; military; NATO; weapons of mass destruction

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Disaster Medicine: Lessons Learned

Deployment of a Field Hospital into Disaster Areas

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The deployment of a field hospital into a disaster area is a major logistical and economical enterprise. A field hospital usually is required for sudden-onset, natural disasters such as earthquakes where local healthcare facilities are partially or completely destroyed or for a humanitarian crisis, when no other medical care is available. Access routes to and from the field hospital, including a nearby landing zone are of extreme importance when choosing its location.

The epidemiological distribution of the majority of patients who seek care at a field hospital basically is the same as the distribution seen at a standard, hospital emergency room: Medical and non-traumatic surgical emergencies. A surge in the number of patients with respiratory problems, an acute myocardial event, and premature deliveries should be expected due to sudden and intense stress. Since the time elapsed from the disaster to the actual activation of the field hospital may require several hours or more, the majority of patients with "disaster-related injuries" will present with fractures, minor burns, contusions, and lacerations.

Personnel qualifications and specific equipment and supplies should be organized according to the expected epidemiological distribution of patients. Vaccinations, sewage treatment, water, and fresh food supply are a few of the logistical issues to be considered to ensure the health of the deployed personnel.

Keywords: deployment; equipment; field hospitals; logistics; personnel; qualifications; siting; supplies

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