

large-scale terrorist attack in busy town area. The recent nerve gas attack in the Tokyo subway station increased awareness and urgency for health care planners to set up HazMat facilities in hospital, particularly in emergency departments. Hong Kong is no exception. Based on the Tokyo experience, a large number of victims would be expected to arrive at the hospital using their own transport, so that hospital preparedness is essential in order to decrease the spread of contamination. We have worked out a hospital HazMat decontamination contingency plan that addresses the need for suitable personal protective equipment (PPE) and decontamination facilities. A training program was designed for doctors, nurses, and security staff, and a HazMat drill also was conducted to test the contingency plan.

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Hazardous Material Incidents: A Singapore General Hospital Experience

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Introduction: HazMat incidents involving release of toxic chemicals are capable of causing mass casualties. However, the impact of these incidents on the emergency personnel managing contaminated casualties is unknown largely. This study examines this issue in a real life HazMat incident managed at the Emergency Department.

Method: The casualties arriving from a training accident involving a gas canister explosion were contaminated by teargas. Staff members were affected secondarily by off-gassing of these chemicals. A questionnaire survey of staff involved in this HazMat incident was subsequently conducted.

Results: Of the 87 staff involved, 35 (40.2%) suffered from chemical symptoms secondary to off gassing of teargas from the clothing of the casualties. All members of the Trauma Team that were responding to the major trauma activation were overcome. Staffs directly managing the contaminated casualties were at higher risk of developing secondary chemical symptoms.

Conclusion: The impact of HazMat incidents on emergency personnel and hospital resources should not be underestimated. HazMat incident preparedness and response by emergency personnel is of paramount importance in reducing the adverse outcomes.

Keywords: contamination; hazardous nature; management; off-gassing; resources; staff

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Civil-Military Cooperation in Medical Support: The Reality for Small Countries

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Slovenia is one of the newer countries in Europe, celebrating its 10th anniversary this year. A former republic of Yugoslavia, we developed our own military corps in 1991 during which we did not forget about medical support. In the past, medical support in the Slovenian Territorial Army was provided by the National Health System (NHS). The medical personnel were employed by the NHS, and all employees of the system were reservists in the territorial army. Due to size of our military and the present developments in the military medical corps of other nations, our country strongly supports close civil-military cooperation, especially in the field of medicine.

The aim of the military medical corps is to provide the same level of medical care that is available in the country. Since the level of medical care in Slovenia is relatively high, this is a very demanding task for our military and is resolved by the rational use of available medical personnel. For maintaining their skill and knowledge, medical personnel need daily routine work with patients. For maintaining their ability to cope with military surrounding, they need to fulfill some military tasks. The current organization and plans for the future are presented.

Keywords: civilian-military; cooperation; level of care; military; medical support

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Ultrasound Treatment of Wounds in Microsurgical Wounded and Noncombat Patients

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Introduction: Local war conflicts and improved means of armed fighting have made fire wounds much more difficult to treat: 42% of these injuries are found in the lower or upper extremities. Reconstructive and plastic surgery makes it possible to replace defects of soft tissues and bone structures using both classical (traditional) methods as well as microsurgical techniques. However, some questions of preoperative preparation of the area have not been solved: 1) fire and mine explosion injuries with significant wound infection; and 2) large areas of secondary necrosis of tissues.

Methods: From 1990 to 2001, 271 wounded and non-combat patients with significant tissue damage of the extremities were treated in the Department of Reconstructive and Plastic Microsurgery of the Military Hospital. These patients underwent 319 operations including: 186 free soft tissue and bone microsurgical auto transplantations; 69 transpositions of vascularised flaps made with various microsurgery techniques; 30 skin grafts; 27 auto transplantations of the II and I toe; 6 plastic surgeries with soft tissue expansion method; and one microsurgical falloplastic. Preoperative ultrasound dissection of the recipient area was made in 31 (11.4%) cases with a specially equipped device named "SONOCA-180" produced by "Söring" company.

In order to get reliable data about efficiency of the method, all the patients were assigned into 1 of 3 groups: