required, and that can be achieved only by assuring an ade-
quate communication network linking all of its components.

21
Disaster Planning in Hospitals: Organization
of the Emergency Department
Anantharaman V
Accident and Emergency Department
Singapore General Hospital
Singapore

In mass-disaster situations, the emergency department (ED) usu-
ally is the first area of the hospital to cope with the sud-
denly increased patient load. Activation of the ED by the re-
ponsible civil authority usually sets off the chain of events.

Recall and mobilization of staff is guided by initial casualty
estimates. A rehearsed recall system often works best. The ED
floor area then is reorganized and often temporarily ex-
panded. Staff reporting to the department is given specific
assignments by the ED director. On arrival, casualties are
tagged, allocated triage packets, and triaged by a senior doctor
to separate categorized treatment areas. At these areas, desig-
nated, organized teams backed by necessary medical supplies
provide mainly resuscitation and initial stabilization. Casualties
requiring hospitalization then are sent either to the operating
theaters, intensive care units, or designated disaster wards by
dispatch teams. Very often, a separate area of the ED needs to
be allocated for adequate care of regular emergency (non-dis-
aster related) patients who continue to arrive. Patient docu-
mntation and reporting of casualty disposition to hospital
management are important ED functions. Crowd control, traf-
ffic flow, and security should not be forgotten.

Regular exercise drills ensure familiarity of these proce-
dures by ED and hospital staff. This will decrease the chaos and
confusion inherent in disasters.

22
Improvement of Hospital Preparedness
for Mass Casualties of Chemical Warfare
in the Aftermath of the Gulf War
Medical Corps, Israel Defense Force
Israel

The Gulf War exposed the Israeli civilian population to the
reality of chemical weapon attack. The threat of such an attack
demanded preparedness of medical and auxiliary services for
handling a unique, mass-casualty disaster.

A plan for hospital organization, triage, decontamination,
and treatment had been devised previously, and the hospitals
were prepared accordingly. However, this first-time, real threat
of chemical weapon attack required prolonged hospital pre-
paredness which enabled improvement of this doctrine.
Updates of the doctrine included: 1) deployment of pre-
hospital medical units to regulate the flow of casualties and to
treat the very mildly injured; 2) organization for early intuba-
tion upon arrival at the hospital, before decontamination, by
teams wearing full protective gear; 3) construction of a pro-
gram for large numbers of psychologically affected victims; and
4) preparation of the hospital for the possibility of direct conta-
mination by the chemical agent, early detection of chemical
pollution in the hospital area, and immediate implementation
of an alternative plan of management.

Based on these principles, the improved doctrine will be
presented for hospital deployment in chemical warfare which
also may be applied in other civilian toxicological mass disas-
ters.

23
Planning and Management
of Disasters in Hong Kong
Kiao M, Lai KK
Hong Kong Emergency Society
United Christian Hospital
Kwan Tong, Hong Kong

Introduction: Some of Hong Kong's major disasters with mass
casualties in the last few years are presented. These include: air
crash; sunken oil barge; power-plant explosion; refugee fight;
and mass trampling.

Disaster Exercises: Air-crash exercise and underground mass-
transit train disaster exercise are rehearsed at least twice a year.
Major hospitals have individual disaster plans and exercises.
Highlights of these exercises are presented.

Coordinating Disaster Management: Hong Kong Hospital
Authority has developed a special contingency plan in the
event of major disaster. Two major regional hospitals will
receive and support the disaster management jointly. A casu-
alty team and a medical-control officer are available to be dis-
patched and will manage casualties through a joint coordinat-
ing procedure.

Conclusion: This presentation stresses the importance of multi-
disciplinary team work and coordination in management of
disasters. Training and frequent practices are essential to
achieve a successful outcome.

24
The “Group from Gent”: Harmonization of
the Medical Discipline in Disasters in Belgium
Bellanger C, Gillebeert M, Lejeune M, Todorov P, Verlinden
F, Winnen G
* Royal School Military Medical Service, Gent
** Red Cross, Belgium
*** Universite Libre, Brussels
+ Kath Universite, Leuven
Belgium

Objective: The country-wide standardization of procedures,
responsibilities, functions, and materials for medical interven-
tion in disasters.

Methods: After several meetings, a first draft was formulated in
accordance with elements clearly described in the law and with
the generally accepted principles of Disaster Medicine, by the
organizers of disaster medicine courses, representatives of the