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