

9. Emergency Medical Consultation Via Telemedicine following a Russian Disaster

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Purpose: In October 1993, rebel military forces attacked government buildings in Moscow resulting in 800 trauma victims including 150 deaths. A joint U.S.-Russian satellite link-up was used for emergency clinical consultation. This paper evaluates the use of telemedicine for such a purpose.

Methods: NASA established the "Spacebridge to Moscow," designed to be used for the Russian Mir space station. At the urgent request of the Russian government, the Spacebridge was utilized for trauma consultation four days following the Russian disaster.

Results: Significant differences in treatment strategies were apparent. Of the four patients discussed, three survived.

Conclusion: International emergency medical consultation via telemedicine can provide effective specialty consultation following a disaster.

10. Hospital Administrative Preparation for Pediatric Critical Care Transport during a Civil Disturbance

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Purpose: Civil disturbances are possible in the urban environment. Social threats may expose hospital-based transport systems to previously nonencountered hazards (e.g., riot, sniping, guerrilla warfare). There is nothing in the literature directed toward the preparation of a civilian hospital-based transport system for threats in the public-safety environment.

Methods: Prospective collection of incidents, reactions, impediments encountered in preparing a civilian, university hospital-based transport system for an expected civil disturbance. This collection was developed into a typology.

Results: The problems could be classified into three areas:

- 1) Law Enforcement/Emergency Medical Service (LE/EMS) interactions allowed for notification of threats and integration into emergency operations and communication with referral hospitals;
- 2) Provisions for team safety addressed physical and psychological well-being, job and income security, and lodging and meals; and
- 3) Legal problems such as labor issues, insurance coverage, and obtaining informed consent from team members entering the LE/EMS environment.

Conclusions: Hospitals must: 1) link transport to the LE/EMS community; 2) recognize the authority of LE/EMS during a civil disturbance; 3) provide for transport team safety and allow for informed consent; and (4) address legal issues prior to a civil disturbance.

11. Implementing a Hospital Incident Command System (HICS)

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Purpose/Hypothesis: Existing hospital response to major emergencies often is fragmented and disjointed in terms of the emergency medical services (EMS) in general. Hospitals also suffers from the same dilemmas of the emergency response system: high turnover, ineffective planning, and a low priority in emergency preparedness.

Methods: A hospital-specific Incident Command System was designed specially designed and customized for the hospital industry by the County of Orange, EMS Agency funded by the California EMS Authority. This new system, the Hospital Emergency Incident Command System (HEICS), has been implemented successfully in hospitals across Southern California, and has been tested during several recent major emergencies. The system also has been accepted as the framework for emergency planning by the largest health-care system in the country, the Veteran's Administration (VA) Medical Center system.

Results: A customized HICS has been implemented successfully in hospitals in Southern California and in the VA Medical Center system.

Conclusion: The HICS system has been successful in providing a simple, integrated, and cost-effective method to hospital disaster planning. It also has been successful in stimulating significant hospital enthusiasm for emergency preparedness.

12. Planning and Coordinating Rural Medical Response to Major Emergencies

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Purpose: Planning and implementing rural emergency medical services response to a major emergency can be a challenging process with limited success. Most planning models are "urban"-based. A customized "rural" planning approach is necessary to respond to unique needs.

Methods: Northern California EMS Inc. identified a need to coordinate planning and develop customized approaches to emergency preparedness in the 11-county area they serve. Specialized regional medical disaster health coordination (RMDHC) protocols and contracts were designed along with a competitive process for selecting leaders for a DMAT program.

Results: A fully coordinated and documented RMDHC has been developed for the region. A process for soliciting team leaders for a DMAT program also has been designed and implementation has been initiated. An Incident Command System (ICS) for EMS agencies' role also has been designed.

Conclusion: A relevant, customized, and coordinated disaster management process is possible to meet the special needs of rural areas. Many problems and barriers were identified. The lessons of the process as well as some of the procedures and tools used may be helpful to other rural EMS disaster planning efforts.