

Classification System for Hospital Surge Capacity

Theo Ligthelm

World Association for Disaster and Emergency Medicine Nursing
Section Committee Member, Centurion, South Africa

Introduction: A mutually agreed upon classification system with basic norms is necessary to compare and consolidate the surge capacity of hospitals for disaster preparedness planning. **Methods:** A simple, uniform classification system to determine the surge capacity of a hospital with basic norms attached to each grouping is suggested based on empirical experience in South African hospitals. This has been implemented to determine the surge capacity of hospitals in preparation for the 2010 World Cup Soccer Tournament in South Africa.

The paper will provide an overview of the classification system as well as the norms used to classify space and facilities.

Results: An effective, flexible, practical classification system for use in both civilian and military hospital facilities allows hospitals to provide comparable data for a central planning database for disaster planning. However, this system only addresses space and not capabilities or staff.

Conclusions: Based on the classification system surge capacity, space can be classified and capabilities compared, allowing more effective planning for the distribution of patients during a disaster.

Keywords: patient distribution; preparedness; surge capacity

Prehosp Disast Med 2009;24(2):s97

The European Community Mechanism for Major Emergencies

Francis Levy

World Association for Disaster and Emergency Medicine, Colmar,
France

The European Union decided to establish a community mechanism for the civil protection assistance in case of a disaster inside the EU or for an outside state requesting assistance. This mechanism is intended to provide urgent support in the event of major emergencies or imminent threat thereof.

The European mechanism is under the control of the Monitoring Information Centre (MIC). The first step was to establish and manage a common emergency communication and information system. Second, intervention teams and intervention support available in the EU member-states were determined. The difference of language and civil protection culture needed to establish a common training program for intervention teams, experts, and assessment and coordination teams. The mechanism is activated when a member-state or other country requests help, or if a transboundary emergency is notified. The MIC collects validated information on the disaster, informs the participating states, and mobilizes teams of experts and coordinators for assessments. The states check their capacities and respond to the MIC. The affected country is informed and selects the entering responders. The coordination of the EU teams is done by the assessment and coordination team at the on-site operation command center. When the North Atlantic

Trade Organization (NATO) or United Nations teams also are involved, there is an international coordination with the Office for the Coordination of Humanitarian Affairs and NATO command. The EU mechanism is presented through examples from in and out of Europe and will focus on difficulties, but also show the benefits for European teams of the common training programs.

Keywords: assessment team; Community Mechanism for Cooperation in Civil Protection European Union; coordinator; Monitoring Information Centre; experts

Prehosp Disast Med 2009;24(2):s97

Disaster Risk-Reduction Efforts and Factors Affecting Flood Disaster Management: A Case Study of Katakwi District-Olupe and Ngariam Camps

Ssemwanga S. Ssemwanga; Namakula M. Muwanga; Mugimba R. Mugimba; Sakaza T. Sakaza

Millennium Development Consult, Kampala, Uganda

Objectives: To establish factors that affected flood disaster management in Katakwi district.

Methods: The study focused on 238 randomly selected internally displaced camp residents. Key informant interviews were conducted and were analyzed qualitatively to assess issues that impeded successful mitigation of flood disasters.

Results: The continued degradation of wetlands for crop cultivation, along with cattle over-grazing partly were responsible for increased flooding during the rainy seasons and the drought during dry seasons. The absence of accessible micro-finance credit schemes to support the recovery efforts of the communities drastically undermined measures to reduce the impact of floods. The district lacked contingency plans to show the risks and likelihood of related disasters and their potential effects at the community level. This impeded disaster management and preparedness. Neither the government of Uganda nor the local government of Katakwi district earmarked emergency funds for disaster response practically. The affected communities had no storage facilities for emergency relief items such as medicine and food. The idea of having community-level food stores and granaries died out, and this amplified the flood disaster with famine conditions, making disaster management difficult. The poor nature of the community's temporary mud bricks and wattle-roofed huts exacerbated the impact of the floods. Many huts were washed down, prompting the need for more relief items such as tents, which strained the relief efforts further.

Conclusions: A gross lack of awareness at the community level and lack of alternative means of livelihood that do not constrain non-renewable resources have provoked a greater risk to disasters caused by natural hazards in the district.

Keywords: disaster; floods; preparedness; risk reduction; Uganda

Prehosp Disast Med 2009;24(2):s97

Readiness to Confront Disaster: Families and the Disabled Speak Out

Susan Speraw

University of Tennessee, Knoxville, Tennessee USA

Introduction: Healthcare needs of disabled persons often are underserved during disasters. It is unknown how fami-