

Keywords: code of conduct; conflicts; crisis; disaster management; first aid; management; Red Cross; Sweden; training

Molde Å: Selection and training of personnel for disaster management. *Prehosp Disast Med* 2004;19(S1):s12–s13.

The Response of the Health and Social Welfare System to National and International Challenges

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Today's most severe threats to the health and welfare of society primarily involve potential nuclear, biological, and chemical (NBC) terror, mass casualties, global contamination, and vulnerable infrastructures. The challenges these threats present to the healthcare systems comprise four parts: (1) incidents that are significantly different from our daily medical problems (e.g., NBC events, accidents, or terrorism with unfamiliar types of casualties which demand special treatment); (2) accidents where the number of casualties with "normal" injuries exceeds what is covered in the traditional contingency and preparedness plans (e.g., fire in ferries, train or aircraft crashes, in which a large number of casualties demand enormous healthcare resources); (3) situations in which a complete hospital or significant parts of a hospital is rendered dys- or non-functional (e.g., fire or contamination); and (4) situations in which medical supplies to the country are disturbed or stopped (e.g., production failure or an international crisis that challenges a marginal buffer capacity ("just-in-time" principle)). A combination of these situations/events will challenge the Norwegian Health Care Preparedness significantly.

With regard to the prehospital emergency medical service, there has been a significant increase both in capacity and competence during the last 10–15 years. This has been demonstrated during the large accidents (e.g., the sinking of *M/V Sleipner*, the train collision at Åstas, and also this year, the capsizing of the ship *Rocknes*.) Nevertheless, there still is concern regarding the hospital capacities, both intensive care treatment and the overall buffer capacity to deal with larger events and accidents, since hospitals, and especially the intensive care units, are running at full capacity to cover their everyday challenges. With regard to national challenges, this is especially worrisome within contingency and preparedness against terrorism, management of information to relatives and the media, and development and coordination of psychosocial support functions. Of the international challenges, infectious diseases like SARS have demanded much from Health Care Preparedness. Further, uncertainties with regard to guaranteed supplies of drugs and medical commodities, represent a challenge forcing joint response from different countries and activities.

Keywords: accidents; buffering capacity; emergency medical services; healthcare system; nuclear, biological, chemical; prehospital; response; social welfare system; terrorism

Larsen BI: The response of the health and social care to meet national and international challenges. *Prehosp Disast Med* 2004;19(S1):s13.

Local Contingency Preparedness Plan—How to Make It Functional

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This presentation focuses on contingency plans for the Municipality Health Care Preparedness—an algorithm produced under the auspices of The County Senior Representative and the County Department of Health. This contingency plan is a good example of how, through a proper algorithm and structured design combined with administrative and professional content, unwanted events, crises, and disasters can be handled in a rational way. Consequently, the contingency plan can become a tool applicable for healthcare preparedness.

Further, the presentation focuses on the use of risk and vulnerability analyses as a tool to create a platform to facilitate future work to develop well-functioning crisis management and contingency plans.

A proposition to clarify the most commonly used/misused terms and definitions within the planning for crisis management plans also will be presented for the panel discussion.

Keywords: algorithm; contingency plan; disaster; emergency plan; healthcare preparedness; planning

Bjerkaas E: Local contingency preparedness plan—How to make it functional? *Prehosp Disast Med* 2004;19(S1):s13.

Electrical Power Failure Experienced in the Greater Copenhagen Metropolitan Area

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Tuesday, 23 September 2003, at 11:30 hours, eastern Denmark experienced an electrical power outage. It took some time before the full scope of the power outage was acknowledged. The power cut lasted 3–7 hours for different regions. During this time period, eastern Denmark had ample time to identify which of the contingency plans worked and which did not. Especially with regard to the communication and power supply to medico-technical equipment in private homes, the problems could have become very worrisome. People were stuck in elevators and stationary pumps did not work. Fortunately, the time of day and the limited duration of the power outage made it possible to handle the emerging challenges without serious problems. The dispatch center for Greater Copenhagen experienced a very busy period, especially since a significant number of people called to inform them that there was no electricity in their area. Further, several automatic fire alarms were activated to the dispatch center. In the aftermath of the power outage, a report from the Copenhagen Authorities and the Capitals Joint Hospital Organization developed necessary recommendations of actions needed to mitigate the consequences of potential (future) electrical power cuts.

Keywords: communications; Copenhagen; dispatch center; electrical power failure; medical equipment; power supply

Brydholm SV: Electrical power failure experienced in the greater Copenhagen metropolitan area. *Prehosp Disast Med* 2004;19(S1):s13.