

based emergency health for this discipline to be recognized as a sub-specialty with its own research and knowledge base, designated graduate training program, and which operates in a multi-disciplinary and collaborative environment. It suggests the benefits to the community, and governments, in recognizing community-based emergency health as a medical sub-specialty.

**Keywords:** community-based; discipline; emergency; emergency medical services; health; management; medical; multi-disciplinary; sub-specialty; training

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## **Free Paper Theme 8: Emergency Medical Services System Design—System Issues**

### **Emergency Medical System in Hyogo Prefecture and the Role of The Hyogo Emergency Medical Center**

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On 17 January 1995, a massive vertical-thrust earthquake resulted in the loss of lives and destroyed urban infrastructures. The scale of the earthquake exceeded all expectations, contributing to many problems in disaster response, including: (1) unavailable transportation; (2) severely reduced emergency medical services (EMS); (3) inadequate utilization of medical staff and facilities; and (4) insufficient stock of drugs and other medical supplies. After this earthquake, a leading role in establishing an emergency medical system for Hyogo Prefecture in disasters was taken.

Several countermeasures were developed after the earthquake. A comprehensive disaster-related medical information network system was introduced to each of various regional institutions to collect and disseminate medical information in the situation of disaster.

The Hyogo Emergency Medical Center was designated as a disaster medical center (main core hospital in Hyogo Prefecture), equipped with the ability to train EMS crews, and a stock of EMS supplies for emergency delivery. Everyday operations for the Hyogo Emergency Medical Center include offering emergency treatment as an emergency medical center, operating a doctor care service, receiving patients brought by helicopter, and managing and operating the emergency information center. During disasters, the Hyogo Emergency Medical Center operates a disaster emergency information and instruction center, receives patients from the disaster area, and dispatches relief workers.

Fifteen core hospitals are the regional bases for treatment of patients in a disaster, and have earthquake-proof buildings, large storage facilities for keeping drugs and other medical supplies, large water storage tanks, and electrical power generators.

**Conclusion:** The damage caused by this earthquake as a warning to urban civilization must be realized. Based on this experience, a proposal for an emergency care network designed to facilitate access to and level of medical care in

the face of a disaster has been presented.

**Keywords:** core hospitals; disaster-related, medical, information network; earthquake; Hyogo Emergency Medical Center; Hyogo Prefecture

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### **Development of an Emergency Medical Care System in Georgia**

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Georgia, one of the republics of the former Soviet Union, is situated on the southern part of the Caucasus Mountain Ring between the Black and Caspian Seas. Its territory is 64,700 square kilometers, with a population of 4.5 million. With the breakdown of the Soviet Union, the Soviet Healthcare System also was broken down, and the development of a new, western model of a healthcare system became difficult because of the indigence.

This presentation represents the schedule of needed measures, which are necessary to construct an orderly system. The goal of this presentation is to help reduce the mortality and fatal outcomes during emergency situations.

The system is composed of the following stages: (1) Prevention; (2) Prehospital; (3) Hospital; and (4) Rehabilitation. The *Prevention Stage* registers those measures, which will help to avoid complicated cases, such as: teaching the population how to provide emergency medical care and teaching different professionals (police, firefighters, drivers) the skills of basic life support (BLS).

The *Prehospital Stage* emphasizes delivery of adequate emergency medical care at the prehospital stage. It includes training and ensuring emergency medical care providers in transport, medications and medical equipment, verifying the arrangement and equipment of the emergency department, training the staff, and optimizing communication.

In the *Hospital Stage*, adequate and qualified medical care of the patient delivered at the hospital is assessed. Two main focuses in this stage are the optimization of communication and the development of a referral system.

The *Rehabilitation Stage* emphasizes the eradication of results, and the physical and social rehabilitation of casualties. It is important to implement rehabilitation into state programs and to create rehabilitation hospitals and hospices.

A complete system will be developed, which will allow the management of emergency situations adequately, the number of mortalities and complications of critically ill patients will be reduced, and pamphlets, booklets, and other teaching materials will be created and after their popularization, the Georgian population will become informed and familiar with the skills of first aid.

For population and special purpose groups, the audible, video, photo, and printed teaching materials will be created, which will give opportunities to develop standardized methodical model. After the integration of a pilot part, the policemen familiar with first-aid skills will serve the most crowded part of Georgian auto-lines (Tbilisi-Khashuri).

The analyses of the results of pilot studying will give the opportunity to create and realize studying process in all