SOCIÉTÉ INTERNATIONALE DE MEDECINE DE CATASTROPHE

SOCIEDAD INTERNACIONAL DE MEDICINA DE CATASTROFE

INTERNATIONAL SOCIETY ON DISASTER MEDICINE

الجمعية الدولية لطب الكوارث

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THE PLACE OF DISASTER MEDICINE IN RELIEF ORGANIZATION PLANS IN FRANCE

by Doctor Philippe Hrouda (*)

Following the introduction, in France, of university teaching in Disaster Medicine in 1981 and the application of European Community Directive No. 82-501 E.E.C. (the "SEVESO Directive"), the French authorities were led to draw up new **RELIEF ORGANIZATION PLANS** mainly adapted to technological developments and to the hazards that they entail.

So, the **law of 22nd July 1987** on the organization of Civil Safety and the prevention of major hazards recognizes two categories of relief organization plans intended to ensure a specific and progressive response to numerous large-scale accident or disaster situations.

THE MAIN RELIEF ORGANIZATION PLANS IN FRANCE :

The two categories of relief organization plans comprise, on the one hand, **EMERGENCY PLANS** laying down measures to be taken in the event of specific and sector-linked hazards and, on the other hand, **ORSEC PLANS** which list at Departmental level, under the responsibility of a State representative, the public and private resources which would be employed in the event of a disaster.

An **emergency plan** can be triggered on its own. However, several **emergency plans** may be implemented jointly and may even be complemented by an **ORSEC plan**, if the scale or the nature of the disaster justify it.

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THE EMERGENCY PLANS are divided into three main categories :

- Specific Intervention Plans are prepared by the State representative in the Department; they define the measures to be taken in areas surrounding some listed installations such as nuclear power plants, hydrocarbon and chemical plants, and also around constructions such as dams.

- Specialized Relief Plans are linked to a specific hazard, such as pollution, heavy snowfall, floods, etc.

- Finally, Red Plans are intended to provide assistance to large numbers of victims injured, for example, in public transport accidents or terrorist attacks among crowds.

THE DISASTER RELIEF (ORSEC) PLANS may be activated at three different territorial levels: Departmental, regional and, finally, national levels, depending on the scale of the disaster.

When an ORSEC PLAN is activated, relief operations in each Department are placed under the authority of the State representative in that Department.

If the relief operations involve several Departments, the Prime Minister may put the relief operations as a whole under the direction of a single State representative in one of the Departments.

Whatever their nature, these relief plans lead to the on-site deployment of a genuine "relief chain", made up of multiple resources from the State, the territorial communities, public establishments, and the private sector.

THE PLACE OF DISASTER MEDICINE :

The organization of medical action within the relief chain has been made possible by the reflection of doctors who for seven years have been part of a new speciality : DISASTER MEDICINE.

It is a fact that the "Operational Regulations" issued by the French authorities and adapted to the conditions of a national disaster (circular No. 86-283 dated 18th September, 1986 of the French Civil Safety Directorate) were based on the doctrine of Disaster Medicine.

Thus, according to the law on Civil Safety of 22nd July, 1987, the "Disaster Doctors" can carry out their activity by taking their statutory place in the different levels of the relief chains.

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THE MEDICAL RELIEF CHAIN :

The **Medical Relief Chain** extends from the place where the victims are picked up to their arrival at the hospitals in the national health care network and, if need be, in the medical network of neighbouring countries in the European Community.

Just where Disaster Doctors are integrated into this chain and the amount of specialized equipment used may vary depending on the nature and the scale of the relief plan.

In the most serious hypothesis, a medical hierarchy can be established from the national level, at the Civil Safety Directorate, passing through the regional level, corresponding to an Advanced Command Post, right down to the front line, where the field medical structures such as the Advanced Medical Posts are located.

THE CHRONOLOGICAL COMMITMENT OF RELIEF RESOURCES :

It is, therefore, presently feasible to suggest a chronological commitment of the relief resources starting with the initial stage of disaster.

The initial stage of the disaster is usually a short, constantly changing period during which most injuries occur.

This stage is characterized by a lack of suitable relief resources. During this period, the first relief actions can only be carried out with what remains of local resources and these are generally not adapted to the problems caused by the sudden appearance of a very large number of victims.

This period also corresponds to the warning transmission stage.

However, during this real "therapeutic-free interval" individual doctors who were not injured may be on the scene. A list of "Ten Commandments" has been drawn up for them. It will enable them to start organizing themselves locally while awaiting suitable relief.

These recommendations are the following :

1. prevent panic;
2. prevent uncontrolled evacuations;
3. indicate a compulsory meeting point for the first victims who are taken in charge;
4. set up a group of relief workers;
5. appoint provisional leaders;

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6. point out the preceding principles;
7. verify the transmission of the warning and of information;
8. specify the main features of the disaster;
9. prepare for the arrival of organized relief;
10. finally, be at the disposal of the first organized relief arriving on the scene.

After the warning has been transmitted, an estimate of the real scale of the disaster can be made only after a reconnaissance of the entire stricken zone. This overall reconnaissance must be carried out quickly and preferably by helicopter (Civil Safety). In the field, an additional sectoral reconnaissance can be quickly assured by specialized personnel (SAMU, Fire Brigade, Police) in fast jeeps with tested transmission equipment.

Centralizing the first data received will then make it possible to organize the rapid commitment in the field of resources adapted to the situation.

Disaster Medicine interventions can then be carried out in a variety of ways.

Specialized resources of the State may be called on, such as those of the Ministry of Internal Affairs, in particular the **Airborne Disaster Intervention Detachments** of the Civil Safety Instruction and Intervention Units, or in exceptional cases resources from the Ministry of Defence, such as the **Parachute Surgical Antennas** or also the **Rapid Military Medical Intervention Force.**

Specialized resources from the territorial collectivities may also be called on, such as those from the Emergency Medical Aid Services (S.A.M.U.), especially the intervention by their **Disaster Medicine Support Detachments,** as well as Fire Brigade resources such as the **Cataclysm Intervention Detachment** from the Paris Fire Brigade or else the **Specialized Operational Section** from the Naval Firemen Battalion in Marseilles or the **Specialized Intervention Element** from the Gard Fire Brigade, or again the **Medical Detachment** from the Charente Fire Brigade (all these Detachments are quoted as examples because they made up the first official French detachment that intervened in Soviet Armenia in December 1988 in the wake of a violent earthquake).

These specialized resources must be engaged in the field as quickly as possible. Transport by air is obviously the fastest way. A genuine "race against the clock" must be undertaken to set up an Advanced Medical Post as close as possible to every major "site" (where there are most victims), but away from any possibility of further danger.

While these Advanced Medical Posts are being set up, the **Detection and Rescue-Clearing Teams** are out on the scene searching for victims.

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Victims are then picked up observing elementary first-aid rules. The systematic medicalization of those picked up is not possible when an excessively large number of victims are dispersed all over the scene of the disaster.

Nevertheless, all the victims picked up (even the least injured among them) are necessarily transported to the Advanced Medical Posts set up near the sites, so that they can be examined there by a doctor and receive the care required by their pathology.

An Advanced Medical Post is composed of a command section and three operational sections : a section to bring in victims, a triage section (which is the most medicalized) and, finally, an evacuation section.

At the Advanced Medical Post every victim is given an individual medical triage and evacuation card.

A primary triage distinguishes two categories of emergencies for evacuation : "Absolute Emergencies" and "Relative Emergencies". When the victim leaves the Advanced Medical Post, it is then sufficient to follow the indications written on the card and to choose the means of transport available most suitable to the pathology and the degree of emergency for evacuation to the next stage of the medical chain.

The "Absolute Emergencies" are preferably transported by multi-stretcher helicopters. These can be medicalized by having just one doctor on board.

The "Relative Emergencies" are usually transported by road. Normally road vehicles travel in escorted convoys to enhance efficiency.

Finally, the dead are the last to be removed from the scene. They are brought to a precise spot, close to the Advanced Medical Post and transported from there.

The next stage in the medical chain is the Medical Evacuation Centre. When the high number of victims makes it necessary to take them to hospitals some distance away in the national (or even international) infrastructure, the Medical Evacuation Centre is the necessary stage for a centralized coordination of the evacuation of all the victims according to their pathology and the specialty of the beds available in the rear.

The Medical Evacuation Centre is set up at the outskirts of the disaster zone close to an airport and, of course, to a main road junction.

A Medical Evacuation Centre comprises one command section and three operational sections : a triage section, a section regulating evacuations and, finally, a medical supply section which ensures the subsistence of the medical chain towards the front when the operations are prolonged.

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The highly medicalized triage section enables a secondary classification, more precise than at the front, into four groups of victims : the "Extreme Emergencies", the "No. 1 Emergencies", the "No. 2 Emergencies" and the "No. 3 Emergencies". This categorization makes it possible to make optimum use of the resources in the rear.

On the way out of the Medical Evacuation Centre, the evacuation regulating section makes it possible to move victims to specialized evacuation points, mainly by air, by road and by rail. Transport by air is preferred for the most seriously injured and for long distance.

On arrival at their destination airports, the most seriously injured can be taken to the admitting hospitals adapted to their pathology by lighter medical helicopters. So, the installation of heliports in hospitals with specialized services has its part to play in the last stage of the medical chain.

THE COMMAND CHAIN :

The operational direction of this medical chain can be ensured only by setting up an Advanced Command Post in the field, generally besides the Medical Evacuation Centre. This Advanced Command Post is made up of a Headquarters under the command of a Relief Director surrounded by five ORSEC-type operational services. These services are responsible for the following operations : "relief and rescue", "medical care and assistance", "police and information", "liaison and communications" and "transport and public works".

The main missions of this Advanced Command Post are controlling the resources engaged in operations, promoting the Medical Evacuation Centre, regulating the transport norias, in particular the secondary evacuation noria to the hospitals at the rear, drawing up periodical reports and estimating possible reinforcement needs.

Finally, national coordination can be assured by the Civil Safety Directorate. The main purpose of this central mechanism is to ensure possible interministerial co-operation as well as official information for the media.

THE COMMUNICATIONS NETWORK :

Passing on information, coordinating the different relief resources and their increasing engagement require a well-defined communications network at the medical chain level.

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This network is made up at the front of relatively short-range radiolinks using the normal equipment of the specialized relief services (SAMU, Fire Brigade). These links facilitate communication between the disaster sites and between the sites and the Advanced Medical Post on which they depend.

To the rear, heavy material usually requiring relays at the highest points is used for communications. At present, the use of satellites for mobile field base relays wherever located seems to provide a good operational solution.

CONCLUSION :

Disaster Medicine intervention in France has been regulated over these past years.

The increase in the number of doctors with a diploma in Disaster Medicine could lead to the setting up of a national Disaster Doctor Register.

In case of need, the use of a register of this type would ensure the constant professionalization of medical relief by selecting staff speaking the same language and following the same rules under a single authority.

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INTERNATIONAL CONFERENCE ON EMERGENCY HEALTH CARE DEVELOPMENT

15-18 August 1989 - Hyatt Regency Crystal City Hotel, Washington, D.C.

This Conference, organized by Medical Care Development International, will focus on issues related to the development and upgrading of emergency health care services. It will examine methods of building and improving the ability of health care systems to respond to routine medical emergencies and to coordinate the additional resources needed for response to mass casualty incidents and disasters. The Conference will address the organization of emergency health care in urban and rural areas of industrialized and developing countries.

Information regarding the Conference programme or registration can be obtained from :

EHC Conference
MCD International
1742 R St. N.W.
Washington, D.C. 20000, U.S.A.

H.E.L.P. C O U R S E

Health Emergencies in Large Populations

Every year, in June and July, in Geneva, Switzerland.

For medical professionals wishing to improve their efficiency in dealing with problems stemming from emergency situations in large populations (especially displaced populations, in the Third World) that require international aid (either in the field or at the Headquarters of relief and assistance organizations).

Subjects covered (lectures and practical exercises on each subject)

- planning and epidemiology
- nutrition under all its aspects
- environmental health
- communicable (mainly tropical) diseases
- health facilities (buildings, staff, drugs, etc.)
- teaching methods in large-scale disaster situations
- natural disasters
- protection.

Information : ICRC Medical Division / HELP
17 avenue de la Paix
1202 GENEVA - Switzerland
Tx : 22 269 A CICRCH

Note : The originality of this course lies in the teaching of very different, though complementary topics simultaneously. It is organized by the World Health Organization, the Faculty of Medicine of the University of Geneva and the International Committee of the Red Cross, in particular its Chief Surgeon Doctor RUSSBACH, Vice-President of the International Society on Disaster Medicine.

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INTERNATIONAL CONGRESS ON EMERGENCY AND DISASTER MEDICINE

23-25 October, 1989 - Congress Hall, PIESTANY, Czechoslovakia

This Congress is organized by the Czechoslovak Medical Society, and its main topics will be the medical and organizational aspects of Emergency and Disaster Medicine. This scientific meeting will gather physicians involved in urgent prehospital care and, above all, in prompt medical assistance. Discussions will include professional and organizational questions concerning medical intervention both in case of singular incidents of injured or ill persons and in mass occurrence in disaster situations. The Congress will be a platform for broad international exchange of experience and publicizing the results of the research and new information in this field.

Information regarding the Congress can be obtained from :

Slovak Medical Society
Congress Office
Mickiewiczova 18
81322 BRATISLAVA - Czechoslovakia

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A EUROPEAN PROJECT FOR 1990

This concerns you, if :

- you are in charge of a disaster medicine teaching programme;

- you have vast experience in one of the fields of disaster medicine.

TAKE PART IN THE AMIENS SYMPOSIUM IN 1990

. A symposium organised with the aim of allowing those in charge of disaster medicine teaching to meet, to lay the foundations for the different components of the theoretical and practical training programmes, to define levels of knowledge and competence, etc., to draw up guidelines for the whole of Europe.

. The number of participants will be limited; the symposium will be a place for working and for laying down guidelines and principles.

. Participate also in preliminary discussions within the scientific committee of the symposium.

BECOME A CONSULTANT WITH THE INTERNATIONAL SOCIETY ON DISASTER MEDICINE

. You will be called upon by the ISDM to answer requests concerning your field of specialisation.

. You will advise institutes, governments or the medical services of the army on the improvement of their preparedness in view of disasters.

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APPLICATION FORM

To the returned to the ISDM by the end of March 1989

NAME : FIRST NAME:

FULL ADDRESS :

Type of disaster medicine course that you are in charge of :

Institute / University :

O I wish to receive further information on the Amiens symposium.

O I am interested in participating.

O I am interested in participating actively in the symposium's scientific committee.

O I am interested in becoming a consultant, my specialisation is :

To be sent to

Doctor Marcel R. DUBOULOZ
Chairman, ISDM Scientific Commission
Le Petit-Sionnet
CH-1254 JUSSY, Geneva
Switzerland