

The Utrecht Emergency Hospital has some unique facilities to assist the staff in achieving most of the conditions above. In the Emergency Hospital, the Utrecht University Hospital, the National Poisons Control Centre and the Central Military Hospital collaborate. These organizations guarantee the know-how and expertise in case of mechanical or chemical accidents and in logistical support. In the Emergency Hospital, a triage unit, an intensive care unit (ICU), nursing wards, operating theaters with a recovery unit, and an X-ray department, are immediately available for up to 100 patients. To prepare personnel, there are different educational and training programs. For the admission of large groups of patients, an automated, patient registration system has been developed.

Since 1991, the Emergency Hospital was used 18 times for the treatment of groups of patients. These patients either were victims of mechanical or chemical accidents or were wounded soldiers who were transported from Bosnia. The largest group that was admitted at one time consisted of 143 patients following the evacuation of another hospital.

A major development was the role of the Emergency Hospital to establish cohort isolation of groups of patients in case of required isolation, e.g., multiple resistant staphylococcus aureus (MRSA). Based on the experience of the last 5 years, the importance of an accurate patient registration system, an automated telephone warning system, professional psychological guidance of patients, family and personnel, the handling of patients as a group, privacy of the patient, information to the press, the use of medical treatment protocols and training and education are strongly emphasized.

Key Words: disaster management; emergency department; hospital; mass casualty incident; patient registration

Training Facilities for Disaster Medicine in the Utrecht Emergency Hospital in the Netherlands

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In order to prepare personnel for the admission and treatment of large groups of patients or victims of mass casualties, the medical and nursing staff must be educated and trained in this area, even when they are well-experienced in their own discipline. Most often, this training is provided in large-scale simulation exercises involving the use of many materials and personnel. Relative to the expenses of these exercises, the gain often is poor. In the Utrecht Emergency Hospital, which is the result of the collaboration between the Utrecht University Hospital, the National Poisons Control Centre, and the Central Military Hospital, a structured program was developed for the training of the personnel in Disaster Medicine. This program is used for the instruction of the nursing staff of the first-aid department and of one of the intensive care wards of the Utrecht University Hospital. Both of these departments play an important role in the disaster relief plan of the Utrecht Emergency Hospital.

This program also is used for the training of personnel from supportive services, the medical staff, and nurses from other departments. Furthermore, the training is used for military medical personnel who are dispatched for peace-keeping operations. The training program covers instruction on: 1) medical relief organization; 2) communication; 3) coordination and registration; 4) logistics; 5) triage; 6) medical treatment protocols; and 7) how to inform the press. There also is interest from other hospitals and organizations in the training program organized by personnel of the Utrecht Emergency Hospital.

Although the objective of the training program is to prepare personnel for exceptional occasions, the effectiveness of teamwork in the daily routines of the emergency ward also can benefit from use of this training program.

Key Words: disaster management training

Surgical Emergencies in an Urban, Tropical Environment, University Hospital

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The knowledge of the respective frequency of surgical emergencies cases can help to make a diagnostic process and help to organize and to plan an emergency unit.

The authors of this study made a retrospective study in the Kinshasa University Hospital in order to determine the emergent surgical pathology. Some results are: 1) trauma is the most frequent surgical pathology (51%) encountered, followed by abdominal emergencies (23.5%) and smooth tissue infection (13.7%); 2) males are operated on more frequently than are females, especially young men under 30 years of age; 3) Kinshasa University Hospital, the first hospital of reference in the country, now has become inaccessible to the majority of the people in surgical emergency situation; 4) the emergency unit should be restored in: a) its concept; b) its welcome structures; and c) its equipment; and 5) a permanent educational programme should be available.

Key Words: emergencies; surgical; tropical environment; urban

Patient Tracking and Registration in a Hospital in Case of Mass Casualty Incidents

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Admittance of groups of victims into a hospital after an accident easily can lead to chaos and disruption of the regular hospital organization. To ensure that the chaos that usually follows a mass casualty accident is not perpetuated inside of a hospital that receives a large number of victims, a correct and unique way for registration and continuous overview of registered patients can be very helpful.

The Emergency Hospital Utrecht which is part of the Utrecht University Hospital and the Central Military Hospital, has been confronted several times within