The Israeli Healthcare System - On constant Alert
What do we have to prepare for?

- Biological events
- MCIs & conflicts
- Toxicological & chemical events
- Natural disasters
- Radiological events
Main characteristic of MASS CASUALTY INCIDENTS

Chaos
Is it possible to build and maintain ongoing preparedness for all types of emergencies?
Emergency Preparedness – The 5 C Model
Emergency Preparedness – The C Model

Comprehensive contingency planning

Capacity building

Command of operations

Coordination & cooperation

Central control
Development of a generic All-Hazards Approach

- Common components in emergency management

- Standardization contributes to capacity building
Expansion of surge capacity

- Reinforcement of EMS resources (from neighboring districts and volunteers)
- Maintaining hospitals’ capabilities to admit casualties – 20% of total bed capacity
Equipment & infrastructure

• National stockpiles of life saving equipment
• Construction of vital infrastructure
• Decontamination at hospital levels only
Emergency Preparedness – The C Model

Comprehensive contingency planning

Capacity building

Command of operations

Coordination & cooperation

Central control
Command of Incident

Fire Brigade

EPM

EMS

Command of medical operations on site
Casualty evacuation
Notifying hospitals

Police Force

Incident command

SITE of EVENT

Hospitals

Home Front Command

Search & rescue
Directing secondary relocation

Ministry of Health

Overall medical responsibility
Logistic support
Emergency Preparedness – The C Model

Comprehensive contingency planning

Capacity building

Command of operations

Coordination & cooperation

Central control
Structure of Emergency Management

Supreme Health Authority

Epidemiological Management Team (EMT)

Health Services Control Center

Home Front Command Chief Medical Officer

Psychiatric Hospitals
Geriatric Hospitals
Primary Care Clinics
Preventive Medicine
EMS Services
General Hospitals
Ongoing monitoring of Preparedness

• National development, review and approval of Standard Operating Procedures

• Daily follow-up of hospital capacity

• After Action Reviews following each event
Annual evaluation of preparedness

- Objective review of preparedness, based on objective parameters
- Central computerized database
- Periodic assessment in hospitals and EMS

Preparedness levels for mass toxicological events

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<th>Category</th>
<th>Percentage</th>
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<tr>
<td>Slight improvement needed (81%-90%)</td>
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<tr>
<td>Major improvements needed (65%-80%)</td>
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<tr>
<td>Unsatisfactory (&lt; 65%)</td>
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Locating unidentified casualty
List of casualties
Transfer of casualty
Relay of information Regarding casualties
List of hospitals
Emergency Preparedness – The C Model

Comprehensive contingency planning

Capacity Building

Command of operations

Coordination & cooperation

Central control
Coordination and Cooperation

• Joint communication systems
• Sharing of information and database
• Operating liaison officers in mass casualty events
• Joint drills and exercises
Emergency Preparedness – The C Model

Comprehensive contingency planning

Capacity building

Command of operations

Coordination & cooperation

Central control
Continuous Capabilities

• Formulation of professional training programs:
  • Policy of active learning
  • Simulation of realistic scenarios
  • Instructive feedback

• Compulsory perennial training & drills

✓ Assimilation of knowledge amongst personnel
✓ Maintenance of capabilities over time
Training Tools

• Development of instruction kits for local training
• Educational films (MCI, MTI, Chemical warfare)
• District training courses for all scenarios
• Clinical training in Medical Simulation Center
Annual simulation exercises & full scale drills

- Conventional MCI
- Mega-MCI
- Toxicological MCI
- Chemical warfare drills
- Radiological MCI
- Sentinel identification of biological event
- Avian flu/pandemic flu
- Earthquake
SAVE THE DATE – IPRED II

The Second International Conference on Preparedness & Response to Emergencies & Disasters of Health care systems –

Israel 15 – 19 January 2012
Conclusions

Effective preparedness for mass casualty events necessitates:

* Constant alert

* National control & coordination

* Integrative operations

* Continuous debriefing & learning

* Preplanning
Thank You!
After Action Reviews

Policies + doctrines

Recommendations

Lessons learned

Supreme Health Authority

Emerg. Div.

Hospitals

EMS
Ventilated patients

Week 27; June 29, 2010

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