

Establishment of Taiwan hospital emergency incident command system (T-HEICS).

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Abstract

Introduction: Because of the unique geographical features, there are many disasters occurring in Taiwan under both of the natural and artificial effects. In general, the entire emergency incident response systems are not united; therefore, it is more difficult to keep hospital emergency response in order. Objectives: Taiwan Hospital Emergency Incident Command System, T-HEICS, was established based on the integration of Taiwan's current hospital emergency response system and the United States hospital emergency incident command system, HEICS. The purpose of this study is to examine that the new-established T-HEICS can be exploited effectively in Taiwan. Materials and methods: From July to August, 2004, the associated data was collected from 43 hospitals in the nation. From November 2004 to March 2005, some professionals and experts started to establish this localized HEICS. Results: 90 percent of hospitals in Taiwan have set their own emergency incident command systems with a variation in organized structures, job identities, and discipline manuals. More than 87 percent hospitals have a well-structured emergency plan for mass injured patients. Others need to improve their emergency plan including the anti-radiation plans, the evacuative plans, and a procedure of how to deal with hazard substances. Less than 40 percent hospitals have for post-disaster plans and tracking patients' recovering conditions. For training programs and on-site demonstration practices, 78 percent hospitals have not considered table drills practice in their emergency plans or an announcing unit responsible for distributing the latest news about the incidents to the public. In order to enhance the current emergency system, a new localized HEICS must be established in Taiwan. This study verifies the functions of the training program and some beneficial advice from the experts regarding how to deal with the most common disasters occurred in Taiwan by using newly established T-HEICS. Conclusion: In order to improve the current situation, integrated T-HEICS must be established for all hospitals in the nation. It is contributive to establish vertical and horizontal communication of the disaster rescue, so that there may be a set of coherent codes and consistent structures. Furthermore, it is encourage to develop the HEICS training programs information access through the internet to conquer the

space-time limitation. Also, it is suggested that the public health office must set up a proper regulation of the identifications to distinguish quality and result of the emergency incident inspection and control.