• 計畫中文名稱	台灣本土化醫院緊急應變及指揮體系(HEICS)建構之整合研究		
• 計畫英文名稱	Establishment of Taiwan Emergency Incident Command System		
• 系統編號	PG9408-0488	• 研究性質	應用研究
• 計畫編號	DOH94-TD-H-113-014-(2)(1/2)	• 研究方式	委託研究
• 主管機關	行政院衛生署	• 研究期間	9407 ~ 9506
• 執行機構	台北醫學大學傷害防治學研究所		
• 年度	94 年	• 研究經費	1300 千元
• 研究領域	臨床醫學類, 基礎醫學類		
• 研究人員	邱文達,石富元,朱子斌,蔡行瀚,李友專		
• 中文關鍵字	HEICS；ICS；醫院緊急應變計畫；緊急應變計畫；緊急應變指揮體系；；；		
• 英文關鍵字	HEICS；ICS；；；；；；		

• 中文摘要

台灣地區是災難發生頻繁的地區之一，但整體的災難應變體系並不十分完整，醫院本身的災難應變計劃及指揮系統更顯得凌亂，目前完全沒有標準作業程序，因此確有必要先了解台灣地區的現況，並進一步建構一整套完整的緊急應變制度。本研究小組曾自 93.07.26 起至 93.08.12 爲止，共收集全國 43 家醫院的災難應變計劃及指揮系統作進深入調查，其中 8 家爲醫學中心，23 家爲區域醫院，12 家爲地區醫院。研究結果發現 95.3%醫療院所皆有緊急應變指揮系統之設立。90.7%有訂定組織架構與工作權責，但所有組織架構均不相同。比較美國於 1993 年發展建構的醫療緊急應變指揮系統 HEICS，我國僅有 30.2%的醫療院所參照或知道，且願意將該院既有的緊急應變機制轉換爲 HEICS 之架構模式，其餘之醫療院所則多保持觀望的態度，因此極有必要整合且統一我國醫院的緊急應變系統以符合國際標準並實際應變醫院之緊急狀況。 HEICS 是 1991 年於美國加州發展出的系統，目前全美有半數醫院使用此系統，並推展到加拿大、德國、紐西蘭、日本、南美洲及沙烏地阿拉伯等國家。爲能和國際接軌，本研究第一年將收集台灣各醫療院所之緊急應變計畫書，作現況與危害因子分析與十二種特別常見災害之類型，將依國內醫院特殊的情形，重新定義出 HEICS 動員情形並從醫學中心、區域醫院、地區醫院各取二家進行試辦計畫。建立醫院緊急指揮系統遠距教學之建構。第二年督導各目標執行情形。完成災害應變指揮中心數位平台之建構及網站之架設。最後，成立協會暨諮詢中心以推行認證制度來強化台灣緊急應變系統。

• 英文摘要

HEICS (Hospital Emergency Medical Incident Command System) is a generic disaster response plan that was developed in California and used throughout the United States. Methods listed in HEICS allows for a customized hospital response to disaster crisis at hand. This research seeks to probe into the present situation of Taiwan hospitals in disaster prevention and response system. Hospital systems here consist mostly of acute-care beds often with total number of beds being much more than is required by hospital accreditation systems. Most hospitals have in place emergency response commands and management plans though the integration such is often inadequate within the hospital, among hospitals or between emergency medical and non-medical services. In general, hospital with higher accreditation levels has better integrity. Our research shows that there was no significant difference among hospitals of different accreditation levels having knowledge of HEICS (30% of hospitals surveyed responded to having such knowledge). Additionally, the majority of hospitals that have familiarity with HEICS showed willingness to implement the plan in place of their present system. From this viewpoint, hospitals seem to be keen on utilizing HEICS as part of their emergency plans. Thus, this research shows that promotion and implementation HEICS as the standard for health care disaster response can be feasible throughout Taiwan. Furthermore, with adequate disaster prevention planning and preparation, frequent simulations of scenarios, actual application of the plans and frequent review of the effectiveness in carrying out the proposed goals, HEICS can allow us to be better prepared in managing emergencies of disastrous proportions, as well as those of a lesser degree.