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Administrative role in supporting the Emergency Medical System in disasters Witold Pawłowski¹, Krzysztof Goniewicz¹, ², Mariusz Goniewicz³, Robert Czerski², **Dorota Lasota**⁴

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Abstract

In an emergency situation, emergency services and administration Collaborating units must lead to a fast ordering in the event of disaster. They are also obligated a rapid and logical Implementation of the assistance and resources That are available and collected on in even of disaster. There is a need for the preparation of pre-developed solutions to Competent professionals, on the assessment of the risks of aid Organizations, transport and logistics tasks. The paper presents the Responsibilities of the various administration units related to the performance of tasks in the emergency medical system in the event of a disaster

Key words: administrative units, Emergency Medical System, disasters

Introduction

With international statistics show that steadily increased the frequency, magnitude and importance to both natural disasters and those caused by humans. Every year in the world happens about 150 different types of disasters. Natural disasters that accompanied the Earth since the dawn of history can not be predicted. Most of them (about 80%) are floods and earthquakes [1]. Among the disasters caused by humans dominate disaster fire that are the result of, among other things: Disaster communications (collision of trains, air accidents, road accidents) disasters buildings, factories, hospitals, sports stadiums, camping etc. Disasters fire associated with a high risk of loss of human life or serious injury victims in [2]. Also fatal to humans are related catastrophes with uncontrolled release of ionizing radiation, toxic chemicals or use of a biological agent. The combination of terrorism, weapons of mass destruction is the greatest global threat [3,4] ..

The tasks of government administration

Act regulating the functioning of the emergency medical system in Poland is the Act of 8 September 2006 the State Medical Rescue. It determines the rules of organization, operation and financing of the National Medical Rescue and rules to ensure education in first aid. The National Medical Emergency create a government administration bodies competent to perform the tasks of the system and the system unit, ensuring the maintenance of readiness of people, resources, and organizational units [6]. Running State Medical Rescue work traumatic centers and organizational units of hospitals specialized in the field of healthcare services necessary for emergency medical, which are included in the provincial action plan system and the public service established to provide assistance to those unable to sudden health threat. State Of Emergency Medical Services system interact medical schools, adult education centers and medical associations nationwide operating in the field of emergency medicine. This cooperation includes the education and preparation of personnel system, formulate recommendations procedural functioning of the system, initiation and implementation of the tasks of scientific research in the field of emergency medicine, assessment of the quality of the system and setting directions for its development. Government administration bodies competent to perform the tasks of the system are the National Emergency Medical Services minister responsible for health and province governor [7]. adult education institutions and medical associations nationwide operating in the field of emergency medicine. This cooperation includes the education and preparation of personnel system, formulate recommendations procedural functioning of the system, initiation and implementation of the tasks of scientific research in the field of emergency medicine, assessment of the quality of the system and setting directions for its development. Government administration bodies competent to perform the tasks of the system are the National Emergency Medical Services minister responsible for health and province governor [7]. adult education institutions and medical associations nationwide operating in the field of emergency medicine. This cooperation includes the education and preparation of personnel system, formulate recommendations procedural functioning of the system, initiation and implementation of the tasks of scientific research in the field of emergency medicine, assessment of the quality of the system and setting directions for its development. Government administration bodies competent to perform the tasks of the system are the National Emergency Medical Services minister responsible for health and province governor [7]. initiation and implementation of the tasks of scientific research in the field of emergency medicine, assessment of the quality of the system and setting directions for its development. Government administration bodies competent to perform the tasks of the system are the National Emergency Medical Services minister responsible for health and province governor [7]. initiation and implementation of the tasks of scientific research in the field of emergency medicine, assessment of the quality of the system and setting directions for its development. Government administration bodies competent to perform the tasks of the system are the National Emergency Medical Services minister responsible for health and province governor [7].

The minister responsible for health matters supervises the State Emergency Medical Services system in the country. As part of the supervision by the minister responsible for health matters shall approve the provincial action plan System State Emergency Medical Services and its updates, may request from the governor any information regarding the functioning of the system in the region and may carry out monitoring trustee system units State Emergency Medical Services on the terms specified in the regulations on medical activity [8].

Voivode is a field body of government administration in the province. It provides cooperation of all organizational units of central and local government operating in the province and manages their activities in the field of prevention of threat to life, health or property and threats to the environment, national security and the maintenance of public order, the protection of civil rights, as well as the prevention of natural disasters and other extraordinary risks and combat and eliminate their effects on the principles set out in the laws [9].

The task of the governor is planning, organizing, coordinating the system and supervision of the State Emergency Medical Services in the province. The surveillance province governor is entitled to carry out checks of individuals cooperating with the State Emergency Medical Services system, administrators of entities operating in the province and entities qualified first aid courses. Voivode draw up an action plan Provincial State Emergency Medical Services system in the province. This plan, if needs be updated [10].

Provincial Action Plan Emergency Medical System State includes in particular: the characteristics of potential threats to the life or health that may occur in the province, including an analysis of the risks of natural disasters or technical failures within the meaning of the state of natural disaster; the number and arrangement of the land region system units State Emergency Medical Services; activity areas of medical and rescue team operating regions; way to coordinate system units State Emergency Medical Services; calculation of operating costs of medical rescue teams; way co-operation with public administration bodies and units of the State Medical Rescue System, with other provinces, to ensure efficient and effective to save lives and health, regardless of borders provinces; way cooperation of the State Medical Rescue System units cooperating with the State Emergency Medical Services system; description of the structure of the system to notify states of sudden health threat in order to make the telecommunications companies Matches necessary telecommunication links, providing the possibility of the necessary redirects calls to emergency call center to the appropriate organizational units of the Police, State Fire Service and disposer of medical rescue teams, location, area of activity and the number of medical dispatchers positions, which is determined by adopting a criterion that falls one position for every 200,000 inhabitants, but not less than 2 positions in medical dispatchers location. way cooperation of the State Medical Rescue System units cooperating with the State Emergency Medical

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The regional action plan National Emergency Medical Services system is placed in addition: appropriate to the needs of the number of hospital emergency departments and their distribution, following the criterion to ensure adequate time to reach the scene to the hospital emergency department, and the number of events; a list of organizational units of hospitals specialized in the field of healthcare services necessary for emergency medical services; trauma center with information about the range of health care benefits, for carrying out its tasks, if the trauma center is located in the given region [11].

Voivode agree on individual elements of the provincial action plan System State Emergency Medical Services with the competent director of the provincial branch of the National Health Fund, the head of the Provincial Military Staff, the commander of the Military District Preventive Characteristics, commander of the provincial State Fire Service, the commander of the provincial police, commander of the Border Guard, whose scope of action It covers the border area. Local government bodies and other entities are obliged to provide, upon written request of the governor, all the information necessary to prepare the plan. [12]

Province Governor shall circulate the draft renovation plan, the minister responsible for health matters, for approval. The minister responsible for health matters, within 30 days from the date of receipt of the draft renovation plan may raise an objection to the particular provisions of the draft plan update and supplement the draft update of the plan for the part concerning air medical rescue teams. The minister responsible for health, after the contract to perform medical rescue operations from the disposal of air medical rescue teams, communicate palatine following data on these teams, i.e. The number of teams in the province, where the medical rescue activities concluded an agreement with the administrator of air medical rescue teams; stationing place and scope of the individual air medical rescue teams in the region and the time remain on standby. In the case of objections to various provisions of the draft renovation plan, the minister responsible for health refuses to approve the renovation project plan and recommends changes to make palatine, specifying the timing of the change not longer than 7 days. Voivode changes the draft update of the plan in accordance with the recommendations of the minister responsible for health and send it to the minister for approval, unless within 3 days of receipt of the recommendations of the reports guarding them. Then, within 3 days of receipt of the objections the minister responsible for health shall examine them, if upheld - approve the renovation project plan or recommend changes to the province governor no later than 3 days. In the case of recommendation changes, changes warriors-water project plan is updated in accordance with the recommendations of the minister responsible for health. The plan is updated at the time of approval of the project plan is updated. The consolidated text of the plan, updated version, approved by the minister responsible for health, voivode makes public, in particular through the inclusion in the Public Information Bulletin. The approved plan is the basis for the conclusion by the directors of regional branches of the National Health Fund contracts to perform emergency medical activities [13]. Warriors-water changes the draft update of the plan in accordance with the recommendations of the minister responsible for health. The plan is updated at the time of approval of the project plan is updated. The consolidated text of the plan, updated version, approved by the minister responsible for health, voivode makes public, in particular through the inclusion in the Public Information Bulletin. The approved plan is the basis for the conclusion by the directors of regional branches of the National Health Fund contracts to perform emergency medical activities [13]. Warriors-water changes the draft update of the plan in accordance with the recommendations of the minister responsible for health. The plan is updated at the time of approval of the project plan is updated. The consolidated text of the plan, updated version, approved by the minister responsible for health, voivode makes public, in particular through the inclusion in the Public Information Bulletin. The approved plan is the basis for the conclusion by the directors of regional branches of the National Health Fund contracts to perform emergency medical activities [13]. Approved by the minister responsible for health, voivode makes public, in particular through the inclusion in the Public Information Bulletin. The approved plan is the basis for the conclusion by the directors of regional branches of the National Health Fund contracts to perform emergency medical activities [13]. Approved by the minister responsible for health, voivode makes public, in particular through the inclusion in the Public Information Bulletin. The approved plan is the basis for the conclusion by the directors of regional branches of the National Health Fund contracts to perform emergency medical activities [13].

Provincial Action Plan PRM system should be regularly reviewed and modified if necessary. To do this, carry out detailed analyzes of real action and organize regular, carefully prepared exercise, which should be involved various entities rescue. Well-planned exercises allow us to consolidate the appropriate emergency habits that are so important to the need for creative improvisation on the spot the actual primarily mass accident or disaster. [14]

Emergency notification system

Act regulating the functioning of the emergency notification system in Poland is the Act of 22 November 2013 on the System emergency notification specifies the tasks and rules of operation in the framework of the emergency notification system, principles of its financing and the authorities responsible for emergency notification. The system is capable of suitably rapid response in case of the need to protect the five fundamental values such as life, health, safety and public order, property and the environment. The system consists of emergency call centers, forming a unified system for handling emergency calls directed to the emergency numbers 112, 997, 998 and 999, which enables an alarm notification in order to engage the right resources rescue. Within the system can be operated numbers 991, 992, 993, 994 and 987 and other emergency numbers such entities. Municipal police, emergency power, whose tasks include the protection of life, health, safety and public order, property or the environment. Emergency notification system operates using the principle of mutual substitution centers in the event of a local failure or data communications system overloading. This means that the application, which for any reason will not be able to be received in the centers responsible for the stay of the caller will be automatically redirected to another center. The system works with the Police, State Fire Service, disposers of medical rescue teams, and other entities, whose telephone numbers are supported in the framework of the emergency notification system in order to undertake rescue operations in connection with the received notification alarm system using ICT and ICT network to service the emergency numbers. Police, State Fire Service, dispatchers medical rescue teams, or other entities whose numbers are supported in the framework of the emergency notification system, have their own resources for the rescue scene of an accident or disaster [15,16].

The minister responsible for public administration is planning and organizing a system of emergency notification throughout the country and supervises and coordinates its operation, moreover, it ensures the dissemination of knowledge about emergency numbers and publish on the website of the Public Information Bulletin of the office supporting the minister responsible for public statistics on the operation of the system.

Voivode specifies the location and detailed organization of the emergency center with regard to financial issues, social and territorial in order to ensure the effectiveness of the emergency notification system. Moreover province governor, with a view to ensuring the efficiency of the emergency notification system, may decide to set up branches of the Center. Emergency center is located in the structure of the provincial office, but the province governor may, by agreement, entrusted with organizing and conducting CPR alderman or president of a city with county rights, health, fire inspection or forming part of a complex provincial administration. Such an agreement defines the rights and obligations of the parties and the rules of the organization, conduct, maintenance center, as well as the principles of employment center [17].

data exchange with alarm notifications processed in the IT system with the Police, State Fire Service, disposers of medical rescue teams, or other entities whose telephone numbers are supported in the framework of the emergency notification system; recording and storing in the IT system, for 3 years, data on the content of alerts, including recordings of telephone conversations involving the entire notification alarm data of applicants and other persons referred to in the process of adoption application, information on the location of the event and the type and summary of events ; perform analyzes related to the functioning of the system in the area served by the center and create statistics on the number, type and execution time alerts; cooperation and exchange of information with crisis management centers; exchange of information and data, with the exception of personal data for analysis with the Police, State Fire Service, disposers of medical rescue teams and entities whose telephone numbers are supported in the framework of the emergency notification system [18,19,20].

In the absence of the possibility of transferring notification of alarm within the system, and when this is justified by the nature of the application, the Center shall take steps to provide information on this application to entities to which tasks include the protection of life, health, safety and public order, property or the environment whose phone numbers are not supported in the system. System Act comprehensively regulates the emergency notification requirements for people operating the emergency numbers and the rules of their training. Operator emergency numbers may be a person who has at least secondary education; speak at least one foreign language on communicative level; completed the training of operators of emergency numbers, passed the examination of a theoretical part and a practical part and has a valid operator's certificate emergency numbers.

Performing tasks of the Center is supported by the ICT system. ICT system administrator is the minister responsible for public administration. The data communications system connects and exchanges data with the ICT systems of the Police, State Fire Service and disposers of medical rescue teams by telecommunication network to handle emergency numbers.

Conclusions

Assisting at the crash site is not an individual benefit, but results from law enforcement cooperation, technical, medical and administrative staff. Medical aspect is only a small, but very important part of the whole problem. Medical services will be helpless if you do not give them access to victims and safe places for their relief and if this access will be maintained. Effective conduct of medical emergency treatment in mass accidents and disasters depends on the proper organization and coordination of rescue, training and experience of emergency services personnel, the quality and efficiency of technical rescue equipment, access to reliable information through modern communications technology and information systems, the number of victims and the nature of damage suffered by them, the number and capabilities of involved forces and means of rescue services. The dynamics of events and unique developments in mass accidents and disasters requires not only great consistency in the organization of rescue operations, but above all to preserve the coherence between the type of events, the forecast of its development, the risks that this situation is for the people, and accepted methods to respond. With a large number of victims at the crash site team and organizational projects - rescue determines the possibility of providing specialist help the largest possible number of victims in the shortest time [21,22]. The dynamics of events and unique developments in mass accidents and disasters requires not only great consistency in the organization of rescue operations, but above all to preserve the coherence between the type of events, the forecast of its development, the risks that this situation is for the people, and accepted methods to respond. With a large number of victims at the crash site team and organizational projects - rescue determines the possibility of providing specialist help the largest possible number of victims in the shortest time [21,22]. The dynamics of events and unique developments in mass accidents and disasters requires not only great consistency in the organization of rescue operations, but above all to preserve the coherence between the type of events, the forecast of its development, the risks that this situation is for the people, and accepted methods to respond. With a large number of victims at the crash site team and organizational projects - rescue determines the possibility of providing specialist help the largest possible number of victims in the shortest time [21,22].

References

- Baumberg, Practical aspects of medical rescue operations in cases of loss of mass, [in] Rasmus A. (ed.) Emergency Medicine and Disaster Medicine, Medical University of Lodz, Lodz, 2004.
- 2. J. Jakubaszko, paramedic, Górnicki Medical Publishing House, Wrocław 2007.
- J. Konieczny, Chemical-Emergency Medical Garmond Publishing House, Poznan
 Warsaw 2007.
- 4. J. Konieczny, Management in crisis situations, accidents and disasters, Garmond Publishing House, Poznan Warsaw 2001.
- 5. Chomiczewski K. et al., Epidemiology of war and catastrophes, Alfa Medica Press, Bielsko-Biala in 2001.
- 6. .
- Chips J burns in and mass disaster events. PZWL Medical Publishing, Warsaw 2004.
- The Act of 22 November 2013 year emergency notification system (Dz. U. item. 1635).
- 9. Act of 8 September 2006 on State Emergency Medical Services (Dz. U. No 191, item. 1410, as amended. D.).
- W. Gaszyński, intensive therapy and emergency medicine selected issues. Repetitory, PZWL Medical Publishing House, Warsaw 2008.
- Goniewicz, K., Goniewicz, M., Pawlowski, W. et al. Eur J Emerg Trauma Surg (2016) 42: 433. https://doi.org/10.1007/s00068-015-0544-6
- Goniewicz K, et al. "Road safety in Poland: magnitude, Causes and injuries." Medical News 70.2 pt 2 (2017): 352-356.

- Brongel L .: Heavy and multi-organ injury. In: A. Zawadzki (ed.): Emergency Medicine and disasters. PZWL Medical Publishing, Warsaw 2006.
- Goniewicz, K., Goniewicz, M., Pawlowski, V., Fiedor, P., Lasota, D. Risk of road traffic accidents in children. Medical Studies / medical studies, 2017; 33 (2), 155-160.
- Di Maio VJ Di Maio D .: Deaths caused by traffic accidents. The VJ Di Maio, D.
 Di Maio: Forensic medicine. Elsevier Urban & Partner, Wrocław 2003.
- 16. Teresiński G .: Biomechanics pedestrian accident. Ed. In Lublin 2004.
- 17. Goniewicz, M., K. Goniewicz "Road accidents in Poland-causative factors and prevention." Work Safety: Science and Practice (2010): 14-17.
- Klukowski K. Medicine transport accidents. PZWL Medical Publishing, Warsaw 2005.
- Goniewicz K., et al. "Children road traffic injuries in Poland." Polish Journal of Public Health 127.1 (2017): 44-48.
- 20. Lasota, D., et al. "Drunkenness and the risk of death in a traffic accident = Insobriety and the risk of death in traffic accident." Journal of Education, Health and Sport 5.6 (2015).
- 21. Goniewicz K., M. Goniewicz "European initiative to improve road safety." Work Safety: Science and Practice (2014): 24-29.
- 22. Goniewicz K., et al. "The analysis of activities and social campaigns Aimed at Reducing children's risk of traffic incidents." Journal of Education, Health and Sport 7.8 (2017): 1494-1505.