



On the state of the organization of emergency medical care in Uzbekistan during the years of independence

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ABSTRACT

Protection of the population and the territory in emergencies, prevention of accidents, saving lives, correct response to emergencies, identification of specific aspects of health care, emergency medical care in emergencies to establish.

Keywords:

Natural disasters, earthquakes, medical care, medical center, ambulance crews, medical teams, mobile (mobile) hospitals, epidemics, sanitary-epidemiological teams.

Introduction

The organizational structure of the emergency medical care system requires timely action in case of emergency, prevention of human casualties, timely provision of security to minimize economic damage. In the history of protection of natural disasters, catastrophes and various accidents in the world, various emergencies have led to the loss of lives, disruption of life, causing enormous material damage to the economy, so life itself requires monitoring and prevention. Earthquakes are one of the most dangerous events that occur in nature.

Materials and methods

The registration of earthquakes began four thousand years ago, during which time 671 catastrophic earthquakes were recorded. Of these 82 of them date back to the twentieth century. If we pay attention to the periodicity of earthquakes, an earthquake with a magnitude of 8 (on the Richter scale) is one per year; 7 of 7.9 points 18 ta; 6 out of 6.9 points -

120 points. Major earthquakes in the late twentieth century killed 50,000 people in Iraq (1990).

In fact, although the periodicity of an earthquake is several decades (sometimes 100 years), it has the power to destroy cities with a population of several thousand in a short period of time (10-15 seconds) when it occurs. Nevertheless, people do not panic in the face of such danger, but rush to deal with its consequences, to help the injured.

The number of victims of natural disasters can be reduced by 6-10 times due to the rational organization of emergency medical care. This information is consistent with the practical knowledge of the medical staff. Thus, 87 per cent of the victims of an accident with serious injuries die on the road, 55 per cent die if transported by ambulance crews, and less than 16 per cent of the victims die if transported by specially trained doctors. In addition, these data indicate that there is a need to properly organize emergency medical care in emergencies.

It also requires the training of emergency medical forces and equipment in potentially dangerous areas.

In order to successfully perform the above tasks, the ambulance service had to have and use the following forces:

- ambulance brigades (linear and specialized) working as part of the health ambulance service;

- Emergency medical brigades formed on the basis of practical medical institutions (hospitals, medical departments, clinics, dispensaries, sanatoriums, etc.). Their main goal was to strengthen the capacity of the emergency medical service;

- specialized continuous training medical brigades and emergency specialized medical care teams. They are formed on the basis of (territorial, regional, specialized) emergency care centers or the basis for their organization are republican, regional (regional) city multidisciplinary and specialized hospitals, as well as clinics and specialized centers. Their main goal is to strengthen medical facilities that provide qualified and specialized medical care to victims;

- Medical teams consisting of ambulance crews. The basis for their creation are city, central and district hospitals, which, if necessary, can be built on the basis of two or more medical institutions. The main purpose of these structures is to provide emergency first aid to those injured in the pre-hospital phase;

- mobile (mobile) hospitals (surgical, toxicotherapeutic, infectious diseases, etc.), including autonomous field medical hospitals established on the basis of emergency hospitals, emergency medical centers. Their purpose is to provide first aid and qualified medical care to victims in or near disaster centers;

- On the basis of anti-plague institutions (institutes, stations) will be formed specialized anti-epidemic brigades and operational anti-epidemic brigades, which will be used to conduct anti-epidemic measures in large-scale disaster areas;

- Sanitary-epidemiological detachments consisting of specialized groups of

emergency sanitary-prophylactic (epidemiology, hygiene and radiology) and used as a mobile part of sanitary-epidemiological stations in natural disaster zones for sanitary-hygienic and anti-epidemic measures.

During the 1.5 years since independence, the country has carried out some work on the organization of emergency medical services.

However, in order to have full emergency medical care in terms of the period, we had to address the following immediately:

Defining the role and location of the Civil Defense Medical Service and the Emergency Medical Service. Their interaction lies in the complexity of managing these services. Emergency medical care should be provided under a single direction, if necessary, with the involvement of all available local medical forces and means, regardless of departmental affiliation.

Access to funding for emergency medical care in all regional centers;

It is important to ensure evacuation management for victims. To this end, establish a body responsible for the provision of transport, organization and conduct of evacuation, with the right to attract vehicles, regardless of departmental affiliation, responsible for the installation of mattresses, sheets, tents at both ambulance stations and emergency medical centers;

Determining the procedure for accounting and description of equipment for medical property, emergency care, medical centers. The creation of a reserve of medical property for the equipment of emergency medical centers was probably to be carried out at the expense of centralized funds of the republic.

The emergency medical service did not have mobile hospitals, including autonomous mobile hospitals to be established on the basis of the Tashkent Regional Emergency Medical Center. Equipping the work of members of the emergency medical service, providing crews with autonomous accommodation (tents, furniture, stoves, etc.),

meals (household rations, field kitchens, water bottles) for members of the permanent training teams of mobile hospitals in emergencies (dry ration) problems exist. Centralized funding was needed to address these issues.

In the system of emergency medical services, mobile phones, which are always ready, are considered to be ambulance services. In order to take full advantage of the experience and capabilities of this service, it was necessary to equip all ambulances with radio equipment, but the level of equipment in some areas was not satisfactory. This means that in Syrdarya region, all cars are equipped with radio equipment, in Khorezm region - only 67%, in Tashkent - 84%. Not all ambulances were equipped with defibrillators, portable devices for artificial ventilation of the lungs.

For the first time since the establishment of the emergency medical service in the former USSR and our republic, efforts have been made to provide social security for community members. However, this measure was not sufficient and a government decision on social protection of members of emergency medical care structures was required. Helped in determining compensation for injuries, deaths, etc. in emergencies. Countries such as Germany, Sweden and France have experience in this area.

1. Experience in dealing with the medical consequences of natural and technological disasters has shown that various levels of qualified medical personnel are not ready to provide medical care to victims and use the most effective forms and methods of work of health forces and agencies involved in the disaster zone. Therefore, it was necessary to train medical personnel in emergencies.
2. During 1991, the Tashkent regional center carried out a number of recommendations on the organization of emergency medical services in the specific conditions of Uzbekistan. That is, "Fundamentals of the organization of emergency medical care in emergencies

and accidents", "Organization of medical evacuation in terms of the concept of emergency medical care in emergencies and military medicine", "Issues of organization of medical activities."

3. During 1991, the Tashkent regional center carried out a number of recommendations on the organization of emergency medical services in the specific conditions of Uzbekistan. That is, "Fundamentals of the organization of emergency medical care in emergencies and accidents", "Organization of medical evacuation in terms of the concept of emergency medical care in emergencies and military medicine", "Issues of organization of medical activities."
4. One of the main tasks of the regional center is to develop reasonable standardized schemes for the use of means and methods of emergency care, the search for effective drugs and conservative therapies for early prevention of toxic-infectious and infectious diseases, injuries, burns, other complications of combined injuries, as well as the provision of highly qualified personnel to gain practical skills and experience in providing emergency medical care, the construction of a clinical hospital, in the future - a center.
5. Unfortunately, despite the feasibility study for the construction of the center, the Ministry of Health of the Republic could not finance the design and survey work for 1992. This required a special decree of the government of the republic. With the joint efforts of the Government of the Republic, the Ministry of Health, and the provincial health departments and administrations, a single national "Rehabilitation Medicine" service could be created with the understanding of the need.

Conclusion

As a result of the study, the state of emergency medical care in Uzbekistan during the years of independence is unsatisfactory, ambulances are not fully equipped with the necessary equipment, despite the feasibility study for the construction of first aid centers. There were no mobile hospitals in the service, including autonomous mobile hospitals to be established on the basis of the Tashkent Regional Emergency Medical Center.

Equipping the work of members of the emergency medical service, providing crews with autonomous accommodation (tents, furniture, stoves, etc.), meals (household rations, field kitchens, water bottles) for members of the permanent training teams of mobile hospitals in emergencies (dry ration) problems exist. It was found that there is a need for centralized funding to address these issues, and during 1991 a number of recommendations were made on the organization of emergency medical services in the specific conditions of Uzbekistan.

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