Brochures of the Ministry of Social Affairs and Health 2006:5eng

Social Welfare and Health Care Preparedness

in case of Exceptional Situations in Finland

MINISTRY OF SOCIAL AFFAIRS AND HEALTH

Helsinki, Finland 2006

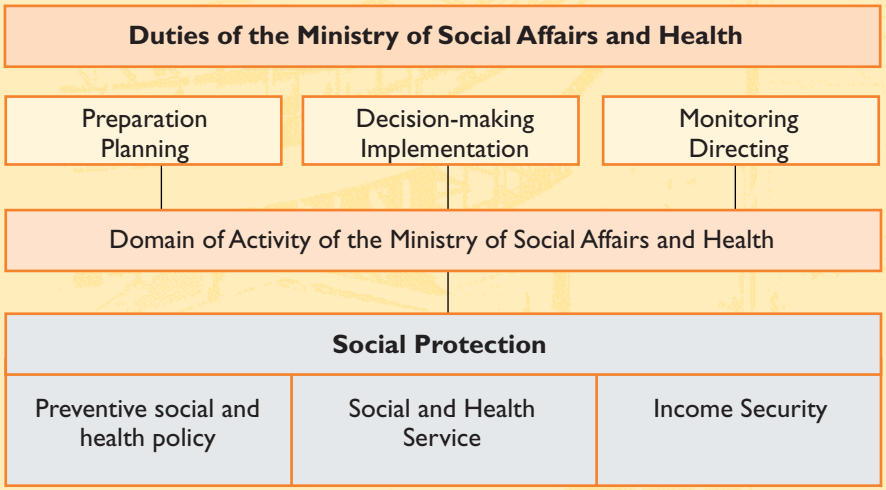
Contents

Tasks and Objectives of Social Welfare and Health Care

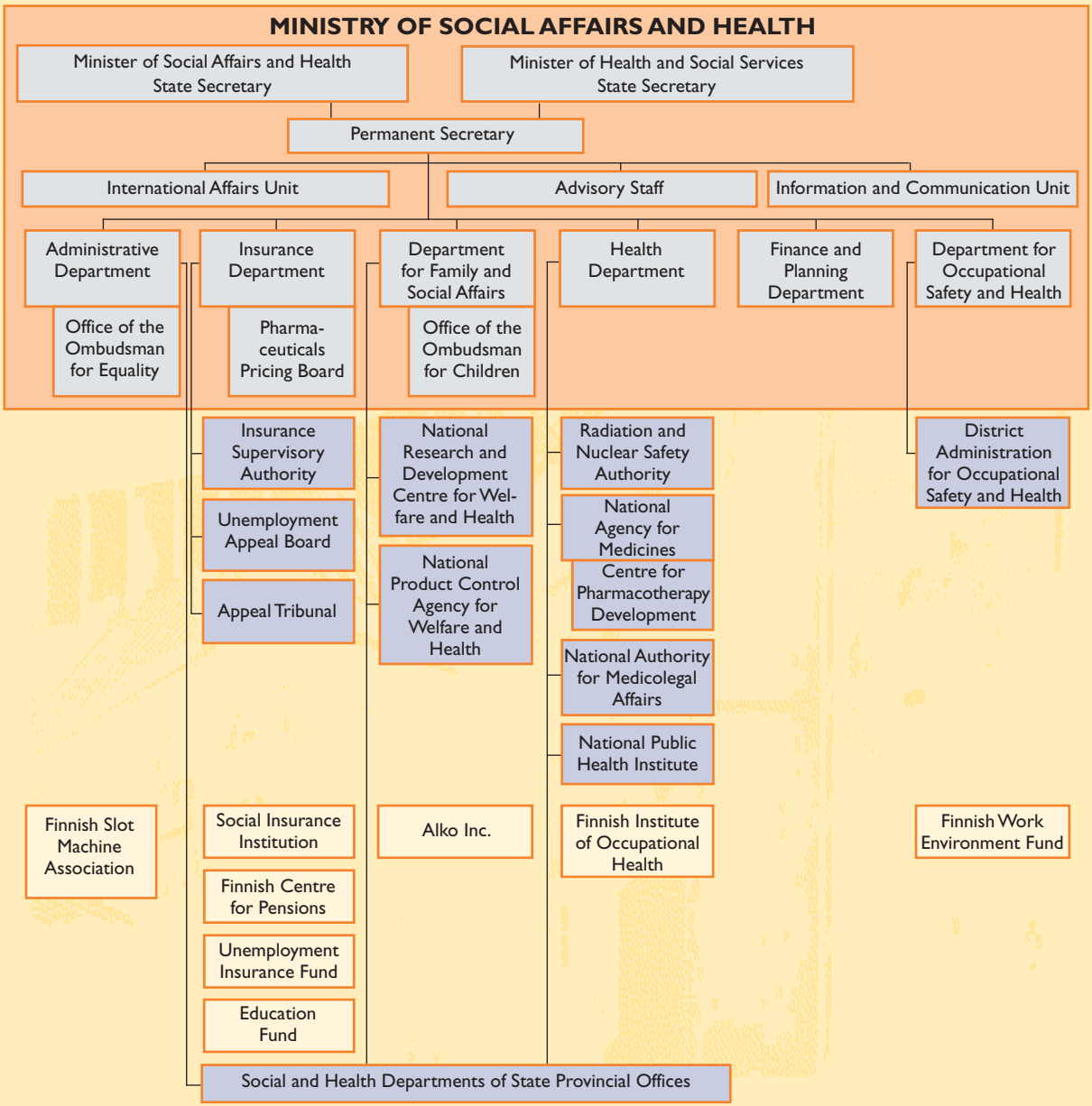
According to the Constitution, public authorities must safeguard the access to adequate social and health care services for everyone, and must promote the health and welfare of the citizens. The Ministry of Social Affairs and Health is in charge of developing social welfare and health care services, drafting legislation and directing operations in its branch of government. The monitoring and directing of social welfare and health care at the regional level is the responsibility of the Social and Health Departments of the State Provincial Offices.

There are several agencies and institutions acting under the Ministry of Social Affairs and Health, which are in charge of research, development and monitoring. These include the National Public Health Institute, the Finnish Institute of Occupational Health, the National Agency for Medicines, the National Research and Development Centre for Welfare and Health, the National Product Control Agency for Welfare and Health, the Radiation and Nuclear Safety Authority and the National Authority for Medicolegal Affairs.

The municipalities are responsible for organising social welfare and health care services according to the needs of the residents. Legislation does not contain detailed provisions on the extent, content or delivery of these services. Municipalities may provide the services either through their own activity, on the basis of agreements



Ministry of Social Affairs and Health and related national authorities 1 September 2005



with other municipalities, or by purchasing them from other municipalities or from a private service provider. The quality of services purchased from private providers must be comparable with corresponding municipal services.

Det är kommunernas uppgift att sörja för att social- och hälsovårdstjänsterna motsvarar invånarnas behov. Lagstiftningen innehåller inga detaljerade bestämmelser om verksamhetens omfattning eller innehåll eller om hur den skall ordnas. Kommunen kan producera tjänsterna på egen hand, i samarbete med en annan kommun eller genom att köpa tjänster av en annan kommun eller en privat serviceproducent. Tjänster som köps av privata producenter skall hålla samma nivå som förutsätts av motsvarande kommunala tjänster.

Social and health care services are chiefly funded by tax revenue, consisting of municipal taxes, central government transfers to local government and fees charged to service users.

Social Welfare

The purpose of social welfare is to guarantee every individual the right to social security; in other words, the right to basic income during unemployment, illness, disability and old age, among other things, and the right to adequate social and health care services. A fundamental right regarding social welfare is the right to extensive social security. Social security comprises pension insurance and other income security as well as social welfare.

Municipalities are also required by law to provide guidance, advice and information on social welfare and social security for their residents, as well as to carry out research and development related to social services. Municipalities must also aim to develop the social conditions in their area and to remove social injustices.

In urgent cases, or when circumstances so warrant, municipalities must also provide institutional care and other social services for persons temporarily staying in the municipality, even though they are not residents of the municipality.

Municipalities must organise social welfare according to need. Services must be available as necessary twenty-four hours a day and on weekends. The arrangements for emergency welfare services are currently undergoing extensive development. Regarding emergency social welfare services, the Ministry of Social Affairs and Health has set as its objective that such services are available nationwide by the year 2007. Several municipalities are arranging emergency welfare services in co-operation with other municipalities in the region. Post-disaster support following

acute crises is often provided by psychosocial support groups set up in connection with health centres.

Quantitatively the most important forms of social welfare are children's day care and elderly care. Other crucial activities include social work, disability care, services for children and juveniles, substance abuse services and provision of social assistance.

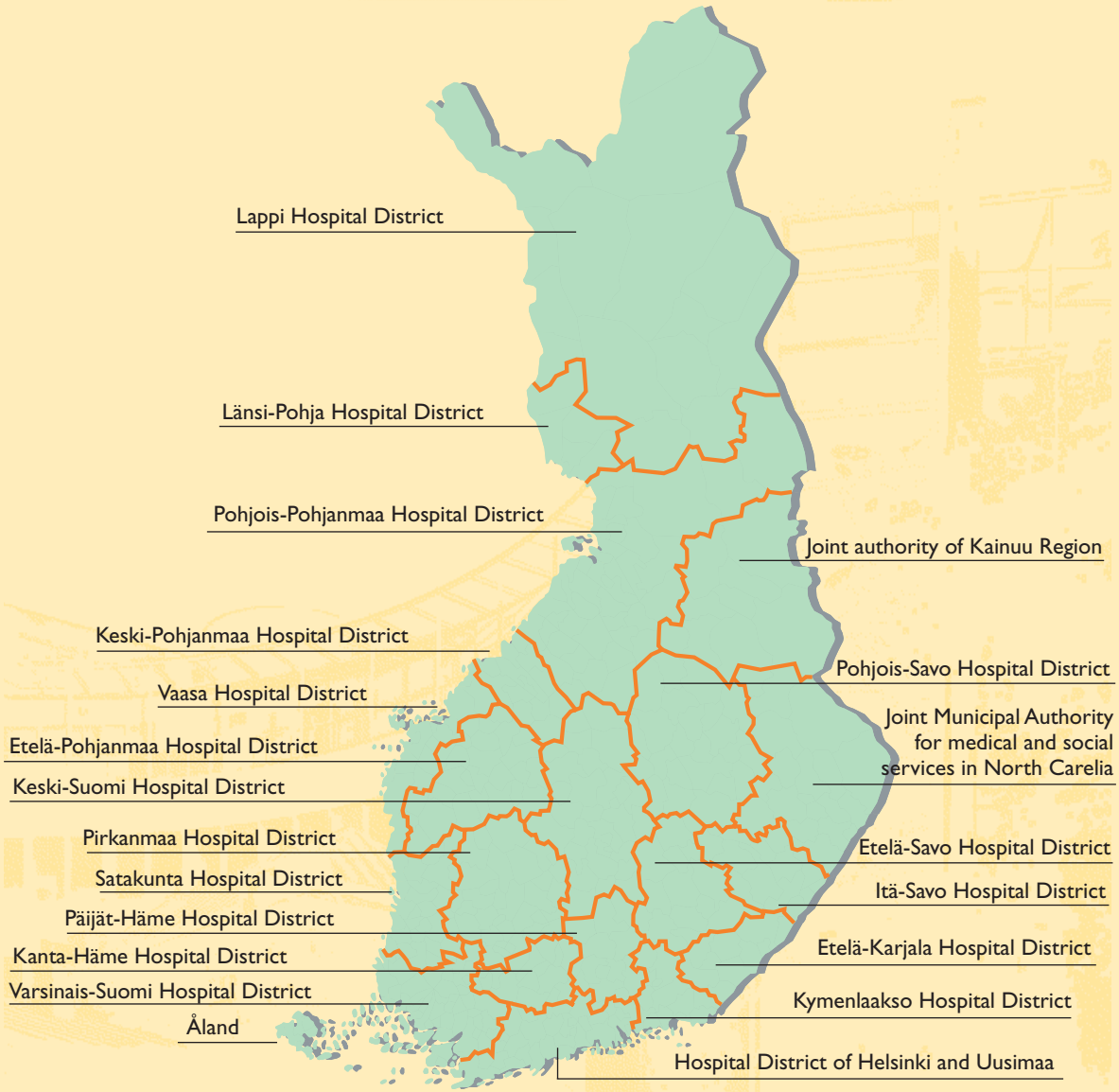
In implementing social welfare, priority must be given to forms of activity which enable independent living and create the financial and other prerequisites for independent coping with activities of daily life.

Health Care

The majority of primary health care services is provided by health centres, of which there are some 250 in Finland. Some municipalities have organised health centre operations by themselves, others in cooperation with other municipalities under joint municipal boards. According to the Primary Health Care Act, the tasks of health centres include health counselling, general health examinations and screenings, maternity clinics, school and student health care, occupational health care, dental care, medical treatment, home nursing, ambulance services and certain mental health services. Over one and a half million working-age Finns belong to the sphere of statutory occupational health care. The majority of them are also entitled, if they so wish, to medical care services within occupational health care. Services in specialised medical care are generally not included in occupational health care. Employers may arrange occupational health care services privately, by purchasing the services from private or third sector service-providers or by purchasing them from health centres. Employers finance half of the costs of occupational health care, and the other half is covered by health insurance.

For the organisation of specialised medical care, the country is divided into 20 hospital districts. The populations of the hospital districts range from under 70,000 to 1.3 million inhabitants. In order to organise the most demanding specialised medical care along with medical teaching and research, the hospital districts form five specialised hospital regions, each with a university hospital. In addition to the central hospital, several hospital districts have one or more regional hospitals which produce basic level services in specialised health care. Some of the regional hospitals have joined forces with the municipal health centres of their region to form health care districts.

Hospital Districts



According to the Act on Specialised Medical Care, each municipality must belong to a hospital district. Municipalities may, however, also purchase specialised health care services from outside their own hospital district. The hospital districts are joint municipal boards with governing trustee organs such as Councils and Executive Boards. The hospital districts organise and produce specialised health care services for their residents. They may also purchase services from private or third sector service-providers or from other hospital districts.

By virtue of the Act on Specialised Medical Care, the hospital districts must, within their geographical area, ensure the coordination of specialised medical services and, in cooperation with the health centres, plan and develop medical services so that public health work and specialised medical care form a seamlessly operating entity. The hospital districts are also required to see to the appropriate organisation of laboratory, imaging and information technology services in cooperation with health centres. The Act on Specialised Medical Care also obligates the hospital districts to organise treatment on the basis of standardised medical and odontological criteria.

Expenditure on health care in 2003 totalled approximately EUR 10 billion. Hospital care accounted for EUR 4.2 billion, outpatient care for EUR 3 billion and medicines and pharmaceutical products for EUR 1.7 billion. In 2003, municipal health care employed a little under 130,000 people. The number of people working in private health care was 34,000. The share of health care expenses in the gross domestic product in Finland in 2003 was clearly below the average level of EU countries at 7.7%.

Preparedness within Social Welfare and Health Care

Preparedness Objectives

The objective of social welfare and health care preparedness is to secure under all conditions citizens' access to the social welfare and health care services that are essential with respect to health and functional capacity, and to secure a healthy environment and subsistence. The level of services and subsistence is adjusted according to the security situation and the resources available at each time.

Threat Assessment

Social welfare and health care may experience disruption or exceptional conditions due to, for example, prolonged economic recession, widely spread epidemics

and hazardous infectious diseases, radiation accidents and other environmental accidents, household water contamination, chemical threats, the weakened availability of pharmaceuticals and health care equipment, and large-scale immigration. Threats may be realised as a consequence of natural disasters, deliberate activity or terrorism.

A prolonged economic recession may impair the ability to produce the social welfare and health care services required by the public. New infectious diseases and wide-spread epidemics may require treatment capabilities that are not sustained under normal conditions. Extensive environmental disasters and nuclear plant accidents may require large-scale evacuation procedures and long-term supply and care arrangements in a new living environment. A strained international situation or disruptions in industrial production or the markets may significantly weaken the availability of pharmaceuticals, vaccines and health care equipment from foreign suppliers, on which Finnish health care is largely dependent.

Preparedness System

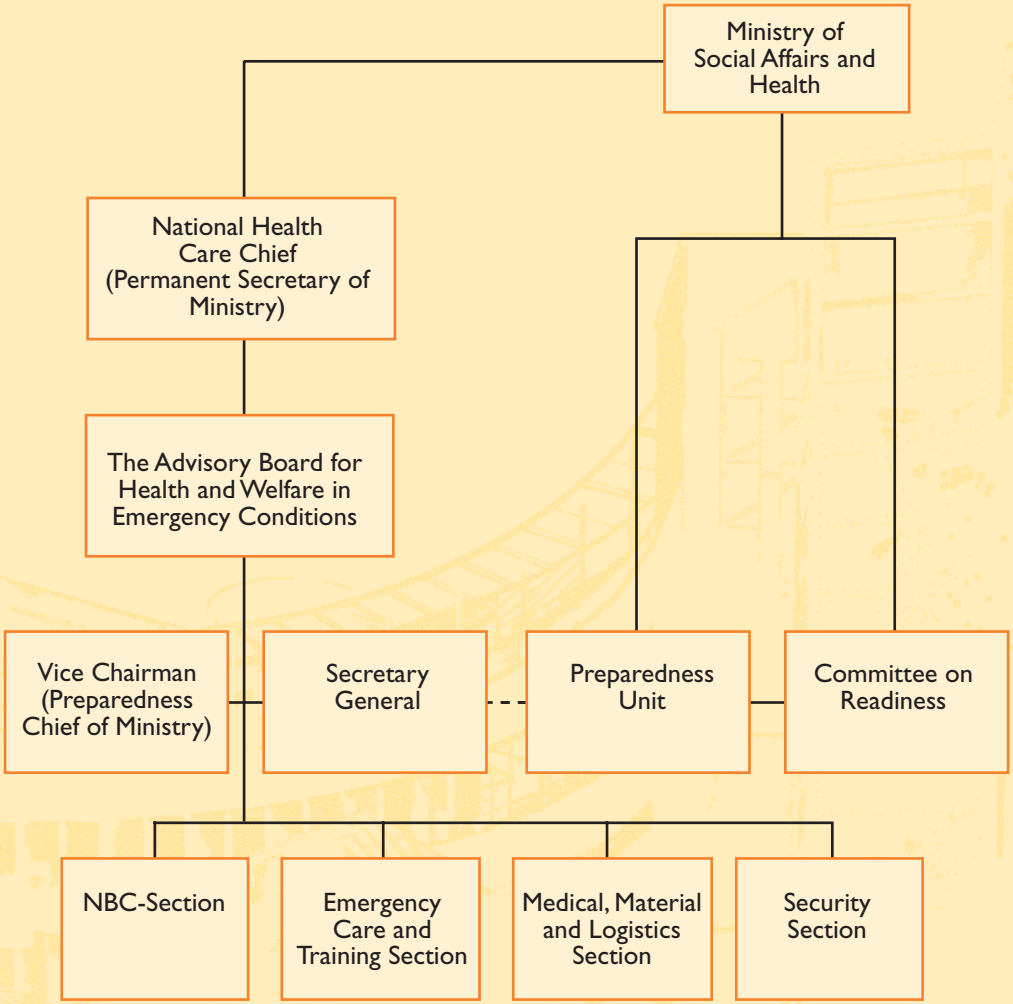
The preparedness planning for emergencies and exceptional conditions within social welfare and health care is directed, monitored and coordinated by the Ministry of Social Affairs and Health in cooperation with the Social and Health Departments of the State Provincial Offices. The Ministry also provides instructions and training in preparedness planning and preparedness for emergencies and exceptional conditions for the various units within social welfare and health care.

The Permanent Secretary of the Ministry of Social Affairs and Health acts as the National Health Care Chief, who must ensure that the necessary plans exist for the management of health care under exceptional conditions and that these plans are coordinated with other preparedness planning for exceptional conditions.

An Advisory Board for Health and Welfare in Emergency Conditions has been appointed by the Government. The Board is responsible for planning and preparing the management of social welfare and health care in emergency conditions. The Board has set up sections for the preparedness planning of certain areas of social welfare and health care.

The Social Welfare and Health Care Departments of State Provincial Offices direct the preparedness planning of the social welfare and health care of the province, and participate in its implementation and maintenance as well as assist the municipalities in keeping their preparedness plans up to date. They are also responsible for coordinating regional plans together with the hospital districts.

Composition of the Advisory Board for Health and Welfare in Emergency Conditions



Preparedness Planning

Preparedness planning includes the plans and arrangements for managing all duties during emergencies and exceptional conditions. Preparedness plans include the principles for elevating the degree of preparedness and the adoption of additional resources and crisis management systems during the disruption of normal conditions and under exceptional conditions. The overall plans are complemented by plans for technical maintenance, maintenance of emergency stockpiles, information security, communication and the security of facilities.

Health centres, hospitals and social service units have drafted unit-specific preparedness plans for the organisation of activity and provision of services under all conditions. The hospital districts and State Provincial Offices each have their own preparedness plans, covering their areas of responsibility, which lay down the procedures to be observed during emergencies and exceptional conditions. The preparedness plans of the Ministry of Social Affairs and Health and the specialised units within the sector lay down the principles of organisation of the central government's tasks, responsibilities and actions under various conditions.

In emergencies and exceptional situations the support afforded to the authorities by the resources and expertise of non-governmental organisations is often crucial. For this reason, the preparedness planning of social welfare and health care must also take into account cooperation with non-governmental organisations and must ensure the coordination of all plans.

Levels of Preparedness Planning

Preparedness plans of hospitals / health centres / social services
- the unit's operation

Municipal preparedness plans
- a combination of sector-specific plans

Preparedness plans of hospital districts / provinces
- organisation of activity within the area

Preparedness plan of the administrative domain of the Ministry of Social Affairs and Health
- operation of central administration and expert agencies

Government
- operation of the ministries

Degrees of Preparedness

In order to manage exceptional and emergency situations, the degree of preparedness within social welfare and health care is raised flexibly and steplessly.

Standard Preparedness is the degree of preparedness under normal conditions. It requires the preparedness for planning, operative capacity and advance arrangements for emergencies and exceptional conditions, as provided for by regulations.

An elevated degree of preparedness is called Intensified Preparedness. When the degree of preparedness is raised, continuous management preparedness is maintained and operations are intensified in order to control a threatening or existing situation.

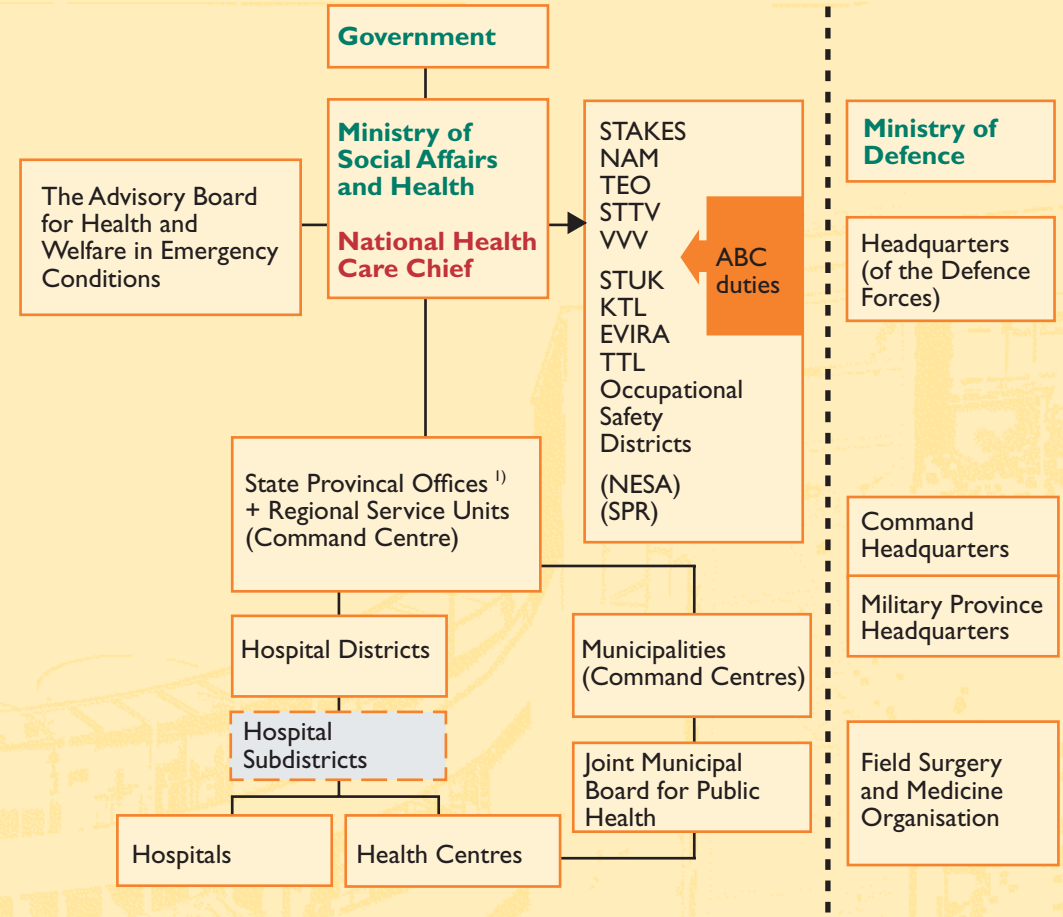
Full Preparedness is the degree of preparedness where all resources have been employed in order to prevent and survive the impacts of emergencies or exceptional conditions.

Daily ordinary accidents and disruptions are handled in Standard Preparedness. Raising the degree of preparedness to Intensified Preparedness is often required in case of various disasters, where the number of people in need of treatment and care is greater than usual and the situation cannot be controlled using Standard Preparedness organisations. Full Preparedness is the adoption of all possible additional resources. Incidents calling for Full Preparedness may include extreme disasters or emergency conditions. In Full Preparedness, the available resources are not always sufficient to gain complete control of the situation. This is why in cases of prolonged Full Preparedness, it may be necessary to weaken the level and availability of services and to prioritize services in order to secure the production of essential services.

Social Welfare and Health Care Management in Emergencies and Exceptional Conditions

The Ministry maintains national crisis management preparedness and expert guidance systems. Crisis management means intensified operations with the purpose of investigating and controlling situations. The objective of crisis management is to take systematic effort to secure the identification and anticipation of crises as early as possible, the establishment and maintenance of status reports, the establishment of correct situation assessments, the expertise needed, rapid decision-making, and effective implementation and communication of decisions.

Management of Health Care under Emergency Conditions



NB[1)] Private treatment and research facilities may be included in the management or a Hospital District

STAKES	National Research and Development Centre for Welfare and Health	STUK	Radiation and Nuclear Safety Authority
NAM	National Agency for Medicines	KTL	National Public Health Institute
TEO	National Authority for Medicolegal Affairs	EVIRA	Finnish Food Safety Authority
STTV	National Product Control Agency for Welfare and Health	TTL	Finnish Institute of Occupational Health
VVV	Insurance Supervisory Authority	NESA	National Emergency Supply Agency
		SPR	Finnish Red Cross

The crisis management system is adopted during nationally significant emergencies and exceptional conditions to assist decision-making in the Ministry and its branch of government.

In emergencies and under exceptional conditions, the Social Welfare and Health Departments of the State Provincial Offices are responsible for directing operations. They also take operative actions in order to implement measures needed to secure the social and sanitary safety of the area's population and to alleviate potentially harmful consequences. Social welfare and health care experts participate in the work of provincial command centres and operative management in emergencies and exceptional conditions at the regional level.

At the local level, the responsibility for health care management lies with the chief health centre physician, and for social welfare with the director of social services.

Health Protection

According to the Health Protection Act (763/1994), it is the task of each municipality to promote and monitor the protection of health within its area so as to guarantee a healthy living environment for its residents. According to section 8 of the Act, health protection authorities must take steps to ensure preparation for disasters or other comparable situations (exceptional situations) in order to be able to prevent, investigate and eliminate the health threats caused by them.

In order to identify and prevent health threats, authorities maintain a notification and laboratory system for both infectious diseases and epidemics suspected of being food- and waterborne. Authorities also cooperate in the fields of risk assessment and epidemic investigation.

The health care and municipal environmental health care units must ensure that their preparedness plans take into consideration the identification, prevalence assessment and monitoring of health threats and hazards, the assessment of health hazards and the carrying out of counter-measures. The units must ensure that cooperative procedures between them and the laboratory network and expert institutions are in place and that these procedures are agreed and tested. The content and implementation of the procedures are based on a risk analysis and will vary from one region to another.

Environmental Health Care

Environmental health care refers to the health protection of individuals and their living environment. Exceptional situations for environmental health care may be particularly caused by the contamination of drinking water, nutrition or the air with microbes, chemicals or radio-active substances. Exceptional situations for environmental health care are relatively common in Finland. Several epidemics of water or food poisoning occur every year, along with situations involving chemicals, where the measures taken by municipalities have to be complemented with outside expert assistance.

Municipalities have drawn up preparedness plans for exceptional situations in the field of environmental health care. Plans have been drawn up for chemicals accidents in particular, but also with respect to other threats. Most municipalities have active investigation teams for cases of food poisoning and epidemics, with action plans for cases of large-scale epidemics. Different municipal sectors and institutions have also taken steps to prepare for exceptional situations they have specified.

In exceptional situations the tasks of municipal environmental health care include:

1. assessment of the health threats caused by the exceptional situation, decision-making with respect to the prevention/elimination of the health threat (for example, interrupting water supply, removing foods from the market, closing down schools, vacating areas)
2. providing rapid and truthful information on the exceptional situation – municipalities must have the capability to distribute information to the entire population, certain apartments, regions or individuals, and to the media, their own organisation, their cooperative organisations, neighbouring municipalities etc.
3. assisting other authorities in their decision-making (Rescue Services, the Police, environmental protection, health care etc.)
4. monitoring the situation and the environment from the perspective of health (for example, obligating water intake facilities to monitor water quality, prevalence monitoring, locating the source of the epidemic)
5. drawing conclusions and issuing orders in order to prevent the recurrence of exceptional situations (issuing permanent orders, changing permit conditions, intensifying monitoring).

The body in charge of planning and coordinating operations within State Provincial Offices is Rescue Services, which is responsible for alerting the officials in charge of environmental health and infectious diseases issues in exceptional situations if necessary.

Epidemic Investigation

Municipalities have prepared for different kinds of epidemics by appointing so-called epidemic investigation committees. The committees comprise at minimum the director of health services at the health centre or physician in charge of infectious diseases issues, the health centre liaison for infectious diseases issues, the leading health monitoring official, the veterinarian in charge of foodstuffs monitoring, the health inspector and a sufficient number of experts depending on the nature of the epidemic. The investigation committee convenes regularly even in the absence of an epidemic. The committee has specified in advance the internal division of responsibilities and modes of operation in situations of an epidemic, as applied to local conditions.

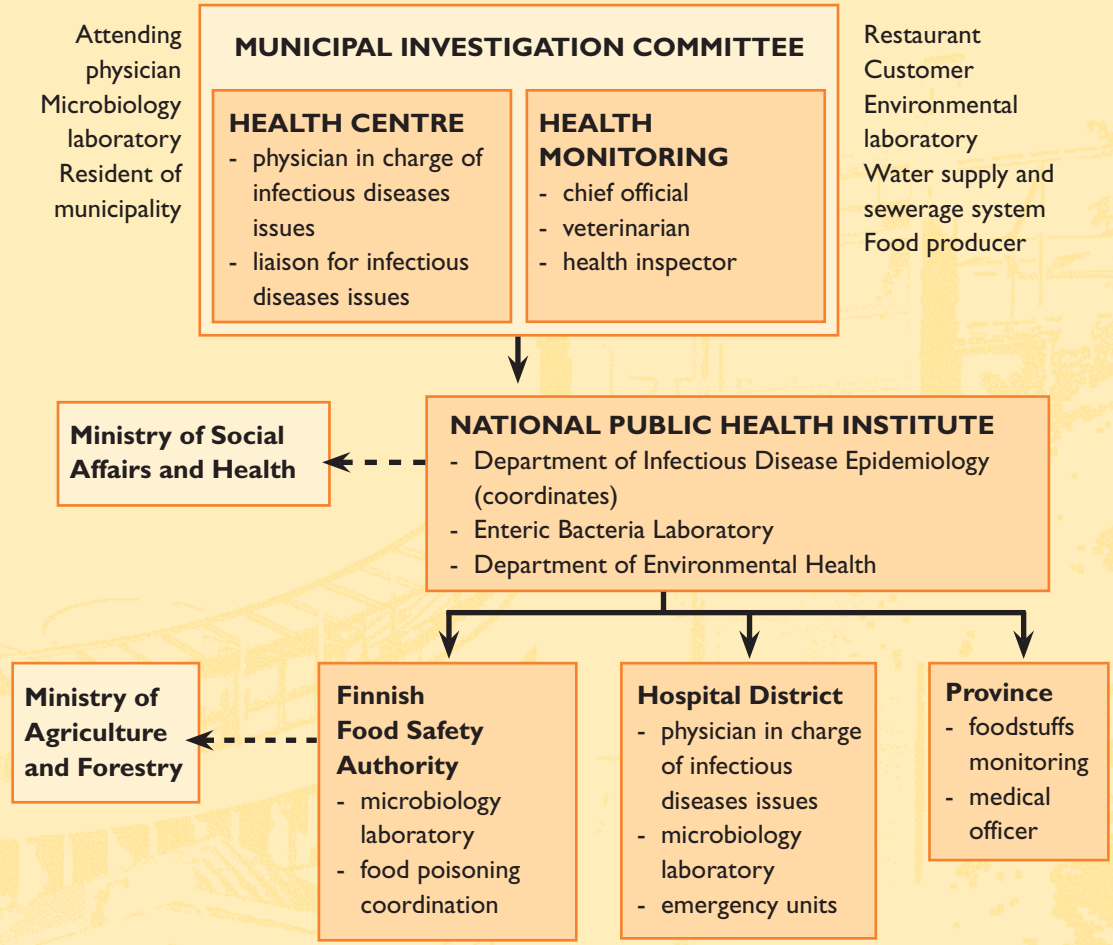
The objectives of each epidemic investigation and the resources allocated to it depend on factors such as the number of people exposed, the exposure situation and the suspected agents, the severity of the condition of those exposed, and the identified or likely agent microbes. An epidemic that municipal health and foodstuffs monitoring authorities are investigating may be part of a larger phenomenon, which is why rapid information relay to regional and national experts and authorities is vital with respect to gaining control of the situation.

Epidemics cannot be investigated without special arrangements, except for minor outbursts. The investigation committees must agree at a date as early as possible on the use of sufficient resources. The epidemic investigation should take priority over less critical tasks, which usually means that the health centre liaison for infectious diseases issues must work full-time on the investigation.

Upon request, the National Public Health Institute can send an investigation team to the location of the epidemic, usually consisting of 1–2 physicians and 1–2 nurses.

The Finnish Food Safety Authority can also provide assistance in the form of consultation. Provincial health inspectors, foodstuffs inspectors, provincial veterinary officers and provincial medical officers from the State Provincial Offices can provide assistance especially with large-scale epidemics investigations and with coordination. In hospital districts, the role of the clinical microbiology laboratory

Information flow in cases of suspected food- or waterborne epidemics



of the central hospital in epidemic investigations is often critical. The hospital district's person in charge of infectious diseases issues and the infectious diseases issues liaison can support the operations of the investigation committee.

Infectious Diseases Monitoring System

In order to make the treatment and prevention of infectious diseases more effective, the diseases are monitored. In Finland, monitoring is done at local, regional and national levels. The infectious diseases monitoring system and related disease register are essential tools in the monitoring activities. Effective monitoring helps improve the treatment of those who have contracted an infectious disease, enables the prevention of epidemics and can be used to assess the impact of prevention measures.

The operation of the national Infectious Diseases Register is based on the Communicable Diseases Act (583/1986) and the Communicable Diseases Decree (786/1986). The National Public Health Institute maintains the register at the national level. The regional registers are the responsibility of the hospital districts, and are maintained at the central hospitals of the districts.

Physicians and microbiology laboratories examining patients' samples are obligated to notify the registers of any infectious disease incidents and laboratory findings indicating the possibility of such incidents. The data is checked and, if required, supplemented by the register's administrator. A pivotal feature of the system is the identification of cases of the monitored diseases readily, accurately and in real-time.

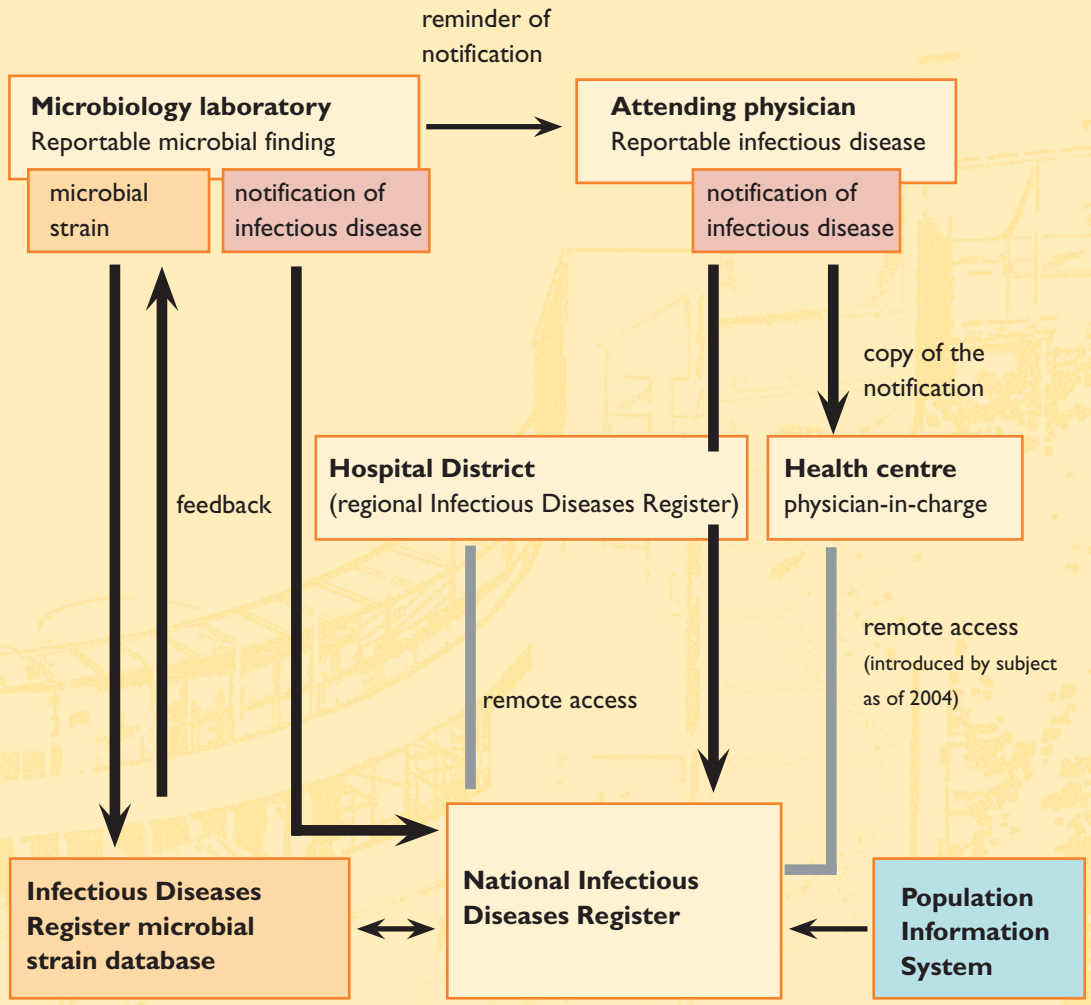
Because the Infectious Diseases Register contains personal information, the notifications are handled with the utmost attention paid to information security, as is the management of the data in the register. The information can be utilised regionally and locally by persons who are in charge of the work against infectious diseases.

The Finnish Infectious Diseases Register is part of the Communicable Diseases Surveillance System of the European Union and the World Health Organization.

Radiation Monitoring

The Radiation and Nuclear Safety Authority of Finland (STUK) is responsible for national radiation monitoring, which includes the automated monitoring of external radiation and the measurement of the concentration of radioactive substances in foodstuffs, drinking water, humans and the environment.

Infectious Diseases Monitoring System

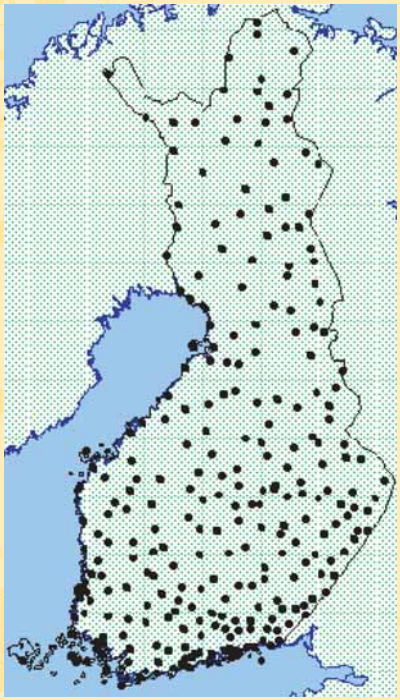


Radiation monitoring ensures rapid reaction to abnormal radiation situations and enables the production of the necessary data to act as the basis for measures protecting humans, the environment and production. Measuring is carried out with the help of a comprehensive external and automated monitoring network, STUK laboratories, regional laboratories and local foodstuffs and environmental laboratories.

The functioning of the automated radiation monitoring network and the laboratory network under all conditions has been ensured by securing appropriate equipment for the observation, analysis and communication of abnormal radiation situations, and by securing sufficient and appropriate infrastructure for laboratories. Radiation monitoring is related to Finland's obligations to participate fully in the monitoring of the international non-proliferation treaty.

Information on domestic radiation hazards is available from the moment the first disruptions occur. International communication on abnormal radiation activity has been secured by way of agreements.

National external radiation monitoring network



The on-call officer at the Radiation and Nuclear Safety Authority of Finland receives all notifications regarding radiation and nuclear safety. Operations are commenced within 15 minutes during all hours. STUK alerts the on-call officers of the Ministries. The Ministries alert their own organisations to commence operations, and, if necessary, alert their regional and local organisations. If necessary, STUK sends alerts to emergency response centres, which relay the information to the provinces and municipalities.

In cases of severe radiation hazard, the essential procedures to reduce exposure include seeking shelter indoors, taking iodine tablets, restricting passage and protecting animal production.

According to Ministry of Social Affairs and Health guidelines, social welfare and health care units must reserve iodine tablets amounting to a supply of a minimum of two tablets per each employee and patient. The guidelines state that in hazardous situations health centres must be prepared to distribute iodine tablets to those who do not have them at home.

Chemical Threats

Exceptional situations and disasters caused by chemicals may cause a serious threat to public health and safety. Expertise in several sectors is often needed to handle such situations. As a result, it is necessary that those primarily responsible for operations in such situations can, if needed, rely on experts on issues such as the behaviour of chemicals in the environment, analytics, risk assessment and different kinds of risk management procedures.

In preparation for chemical threats, the Ministry of Social Affairs and Health will launch in 2006 a centre of excellence for serious chemical threats. The centre of excellence for serious chemical threats is a cooperative network of chemical threat experts that will act in the facilities of the organisations involved, utilising existing infrastructure. The Finnish Institute of Occupational Health, the National Public Health Institute, the Finnish Food Safety Authority, the Defence Forces, the National Bureau of Investigation and the Finnish Institute for Verification of the Chemical Weapons Convention will take part in the project.

The primary tasks of the centre of excellence shall be supporting health care and other authorities (the Police, Rescue Services, Customs, Border Guard) in the preparation for serious chemical threats, and providing assistance in the handling of such situations. The centre of excellence shall support and develop national preparedness for various health threats caused by different kinds of chemicals

by way of training, production of information and research. In preparation for chemical threats, the centre of excellence shall launch and maintain a system of emergency response consisting of chemical threat experts that shall be available twenty-four hours a day. The centre of excellence shall support and provide expert guidance on local level preparedness planning. The Finnish Institute of Occupational Health shall coordinate the operations and information production of the centre of excellence.

Should the situation require taking environmental samples and monitoring with chemical analyses and investigations, the centre of excellence shall have access to the existing laboratory network of the parties involved. The Finnish Institute of Occupational Health has field teams in its regional offices that can be sent on location to perform assessment and sampling if necessary.

Other experts in chemical threat assessment include the National Product Control Agency for Welfare and Health, the Poison Information Centre, the Customs Laboratory, VTT Technical Research Centre of Finland, and universities. Laboratories of Environment Centres can provide services necessary for the handling of exceptional chemicals-related situations.

According to legislation, the National Product Control Agency for Welfare and Health is tasked with preventing health-related and social harms caused by chemicals, and promoting the health and safety of the living environment.

Health Care Preparedness

Operational Preparedness

Hospitals and health centres have preparedness plans for various exceptional situations and disasters that result in large numbers of patients. The plans have proven to be functional in practice and in connection with preparedness drills. Based on new threats and risk analyses, the plans are constantly developed.

According to preparedness plans, the number of beds and other capacity can be increased by 25 percent within two days in cases of disruption of normal conditions or under emergency conditions. Within 2–6 days, normal capacity can be increased by 50 percent.

The structural and operational readiness of health centres and hospitals, their research and treatment resources, and the know-how of their personnel in the treatment of health detriments and diseases caused by radiation and biological

and chemical factors is developed and maintained on the level required by threat analyses.

Regional health care partnerships between hospital districts and the Defence Forces also include plans for the shared use of resources under exceptional conditions.

By virtue of section 30 of the Emergency Powers Act, the Government may, in order to safeguard the health care of the population, require a medical care institution or a body maintaining a health centre to expand or modify the operation of its facility, to transfer all or a part of its operation outside its operation area or location, or to arrange operations even outside its designated area, to admit patients to the facility regardless of other regulations on patient admittance, or to cede the facility or a part of it for use by authorities of the State. To the relevant extent, the same applies to pharmaceutical factories and pharmaceutical wholesale businesses, persons licensed to operate a pharmacy, and collectives or private business operators that supply goods or services for use in medical and health care.

The section enables the alteration of the operations of the health care service system and the allocation of resources as required by emergency situations. Treatment facilities may be obligated to cut down on some of their operations and to allocate resources to other tasks. Facilities may be obligated to transfer their operations to another locality due to the relocation of population or evacuation. In order to secure health care, facilities may as a last resort be forced to be turned over to government authorities.

The obligations in the section can for their applicable parts be targeted at securing pharmaceutical supply in exceptional situations. In practice this would mainly mean matching pharmaceutical production with exceptional needs, or commencing the production of substitute pharmaceuticals.

Personnel Resources

The sufficient quality and number of professionals within social welfare and health care is considered critical for the smooth operation of health care during emergencies and exceptional situations. However, arranging health care under exceptional conditions may require the availability of a sufficient number of skilled personnel flexibly and on short notice. Under section 22 of the Emergency Powers Act, for purposes of securing the health care of the population, the Government may order that all Finnish residents over 17 and under 65 years of age and working or trained in the field of health care or otherwise suitable for duties in that field be obliged to

perform tasks necessary for the achievement of the purpose of the Act, within the limits of their training and experience. The obligation mainly concerns physicians, dentists and nursing personnel. Other health care personnel is also often needed to perform tasks during emergencies. Such personnel include chemists, hospital chemists and physicists as well as experts on health care equipment.

During military conflicts the field treatment organisation of the Defence Forces provides emergency care to patients whose condition does not allow immediate transfer to a civilian hospital. For other parts the health care of the Defence Forces relies on the municipal health care system. The Ministry of Social Affairs and Health and the Defence Administration work together to reserve the number of health care professionals needed by the field treatment organisation, with due consideration to personnel needs of both parties. In recent years, about 1,600 physicians and 1,400 other health care professionals have been reserved for duties specified by the Defence Forces. Hospitals and health centres account for the personnel reserved for such duties when making preparedness plans.

Training for duties of social welfare and health care during emergencies and exceptional situations is included in basic education programmes, and is also provided by the Defence Forces and certain educational institutions as complementary training.

Material Preparedness

The safeguarding of operations in all circumstances requires the maintenance of sufficient stockpiles of material. The supply of vital medicines is ensured through the Act on Obligatory Storing of Medicines. The purpose of the obligatory storing of medicines is to safeguard the supply of essential medicines under exceptional conditions.

The Act on Obligatory Storing of Medicines ensures the adequate supply of the most important medicines for five months. The obligatory stockpiles of medicines required in emergencies are dimensioned to correspond to a 10-month consumption under normal conditions. The Act obligates hospitals and health centres, pharmaceutical factories and pharmaceutical wholesale businesses to maintain stockpiles of crucial medicines. In addition to the obligation to stockpile medicines, the Defence Forces have the opportunity to commence production of pharmaceuticals and infusion fluids for their private needs.

The obligation to stockpile medicines is vital for Finland's emergency supply and crisis management, since Finland is dependent on imported medicines. The

need for obligatory storing is increasingly emphasized, as the share of imported medicines and medicines ordered by Finnish pharmaceutical factories from abroad in the total Finnish consumption has increased. New threats and changes in the security environment are taken into consideration when developing the system of obligatory storing.

In addition, the availability of crisis-specific medicines is secured by State emergency stockpiles. The threat of terror involving biological and chemical agents and radiation has been accounted for in the development and reform of the emergency stockpiling of medicines.

Obligatory Storing of Medicines

The Act on Obligatory Storing of Medicines safeguards the supply of the most important medicines.

Pharmaceutical factories
- volume corresponding to the 10- or 5-month consumption of imported medicines

Pharmaceutical wholesale businesses
- volume corresponding to the 10- or 5-month consumption of imported medicines

Hospitals and health centres
- medicines defined as part of the basic medicine selection, volume corresponding to 6 months' consumption
- infusions, 2 weeks' consumption.

Essential vaccines are included within the obligatory stockpiling requirement. The National Public Health Institute maintains a stockpile of ready-to-use essential vaccines up to a volume corresponding to the average 10-month consumption.

The vaccination programme shall be continued also in situations of crisis and under exceptional conditions. The sufficiency of vaccines can be increased by making temporary changes to the general vaccination programme, as the present adequate vaccination protection of the population will allow decreasing the programmes and doses of vaccination.

The availability of health care materials and equipment is largely based on imports, which is why hospitals and health centres have been instructed to stockpile medical and health care supplies up to a volume corresponding to normal

consumption during six months. The stores of spare parts for essential medical equipment should cover the need of 12 months. In addition, supplies of disposable items corresponding to the need of about three months have been purchased as part of the national preparedness stockpiles.

Social Welfare Preparedness and Social Safety

Social welfare preparedness plans include factors such as securing continuous operations, arranging special tasks to cover the increasing need for welfare services, arranging psychosocial support and services, alert systems and social welfare management, and the treatment and care of evacuated persons. With respect to the functioning of society, it is important that the security and functional capability of different population segments, such as families, children and senior citizens, is assured during exceptional circumstances. Cooperation with health care authorities is essential.

The preparedness plans for social welfare include psychosocial support and the arrangement of services in situations ranging from traumatic everyday situations to emergency conditions. The party responsible for making plans regarding psychosocial support and service-production in municipalities is the Social Welfare and/or Health Department. Multi-professional expertise and cooperation are needed in the production of psychosocial support and services. The services are organised as part of the normal service system in a way that secures the readiness to provide primary care and after-care in different situations twenty-four hours a day. Voluntary support persons participate in the operations along with crisis workers. The plans take into consideration the special needs of different demographic groups, such as children, people with disabilities, senior citizens and immigrants. The national preparedness team of psychologists of the Finnish Red Cross supports the authorities in the provision of mental care during disruptions of normal conditions and in emergencies. If necessary, the team provides consultation to local crisis teams.

In order to maintain social safety and prevent social exclusion, the entire population regardless of age, gender, wealth, social status or place of residence has been secured access to civil society structures, along with welfare and socio-political activities in different spheres of life, such as employment, housing, education, subsistence and social safety. All segments of society have a responsibility for social safety and the prevention of social exclusion.

The social exclusion of large groups of people, social insecurity and insufficient subsistence may cause threats to the functions of society and social peace. The prevention of social exclusion and the improvement of social conditions promote social equality and weaken conditions that spur the birth of extremist groups and crime.

The emergency readiness of social welfare is developed to ensure that citizens have access to acute social welfare services and last-resort income security regardless of the time of day.

By virtue of section 16 of the Emergency Powers Act, the Government may control and ration benefits and social assistance based on statutory insurance or classified as social benefits, and may issue decrees on derogations on the grounds used for determining them and on administering them. The decree is not intended to reduce social benefits, but to secure in exceptional situations the operational conditions of insurance and social benefit systems and the subsistence of those within the sphere of benefit systems by way of temporary measures. The potential changes in the grounds for determining benefits or the new benefits may have significant social consequences. Advance planning regarding the application and principles of emergency powers with respect to voluntary insurance and social insurance is a joint effort of different authorities.

Ensuring the payment of pensions and social insurance benefits requires cooperation with the finance sector to secure payment transactions, the securing of information systems, and the existence of back-up systems as well as cooperation with other actors. With respect to pension institutions and social insurance, the essential factor under exceptional conditions is the function of the money market. As income from insurance contributions decreases, maintaining liquidity requires a functional investment market or special actions by the Government.

Evacuation of facilities

The operation of social welfare and health care institutions is tightly bound to facilities whose evacuation in general is unpractical. Should relocation be absolutely necessary, the new facilities must be suited for the appropriate recommencement of the operations. Relocated operations have to concentrate on such indispensable services that can be realised in simplified treatment environments. Operations shall primarily be relocated to another hospital or facility in the respective region.

In exceptional cases, other facilities may also be used. Such facilities may include course centres, schools, hotels or parish facilities. An increased security risk does not constitute sufficient grounds for evacuating hospitals or social welfare institutions. Hospitals or social welfare institutions must be evacuated, however, if the area is rendered uninhabitable as a result of warfare, radiation or chemical contamination. The operations of hospitals or social welfare institutions may have to be relocated also as a result of accidents that occur under normal conditions. Such accidents may include, for example, fire damages or water damages. Rapid evacuation is necessary in cases of fire.

Relocation activities require cooperation between several authorities. Successful evacuation depends intrinsically on the time available. Only patients, personnel, the most important pharmaceuticals and treatment materials and some of the equipment can be evacuated rapidly. Evacuation plans shall pay careful attention to the order of evacuation, considering the following aspects:

- the treatment classification of the patients and residents, the severity of the condition and prognosis, functional capability
- fitness for transportation, special considerations during transportation
- the groups of patients to be evacuated first, should evacuation take place in stages, and
- the order of evacuation of the personnel.

Of hospital materials, the materials to be primarily evacuated are the indispensable equipment and materials, including:

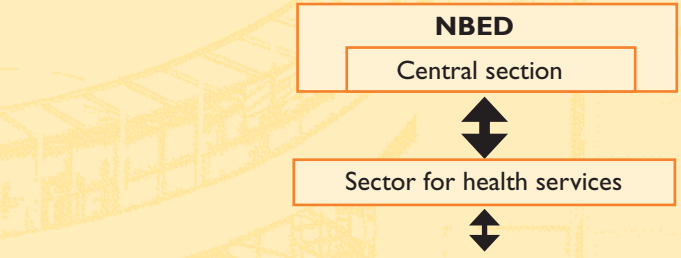
- surgical and anaesthesia equipment
- intensive care equipment
- pharmaceuticals and treatment materials, and
- potential other hospital equipment.

The National Board of Economic Defence and Social Welfare and Health Care Preparedness

The National Board of Economic Defence acts under the Ministry of Trade and Industry. One of its sectors is the Sector for Health Services, which is further divided into the health care and environmental health care pools. The Sector for Health Services has representatives of government, special authorities, the business life, hospitals, research institutions and the Defence Forces.

The NBED also has an insurance sector operating under it. The pool takes part in the guidance and training of preparedness planning in the insurance branch. The pool has drawn up preparedness instructions for the insurance branch.

Organisation of the health care sector



Health care pool

- Pharma Industry Finland
- pharmaceutical industry
- wholesale of medicines and medical supplies
- hospital equipment industry
- medical facilities (hospitals)
- Association of Finnish Local and Regional Authorities
- Ministry of Social Affairs and Health
- Institutions under the Ministry of Social Affairs and Health

Environmental health care pool

- Finnish Water and Waste Water Works Association (FIWA)
- Finnish Solid Waste Association
- Association of Finnish Local and Regional Authorities
- representatives of various institutions
- Ministry of Agriculture and Forestry
- Ministry of Social Affairs and Health regionförvaltningen för området
- Ministry of the Environment and regional administration in the sector

Medical Rescue Activity

The health care operations outside the health centres and hospitals are termed medical rescue activity. This covers the activity of the emergency response centres in dealing with requests for help, emergency health care, ambulance service and the urgent treatment provided by health centres and hospital emergency units.

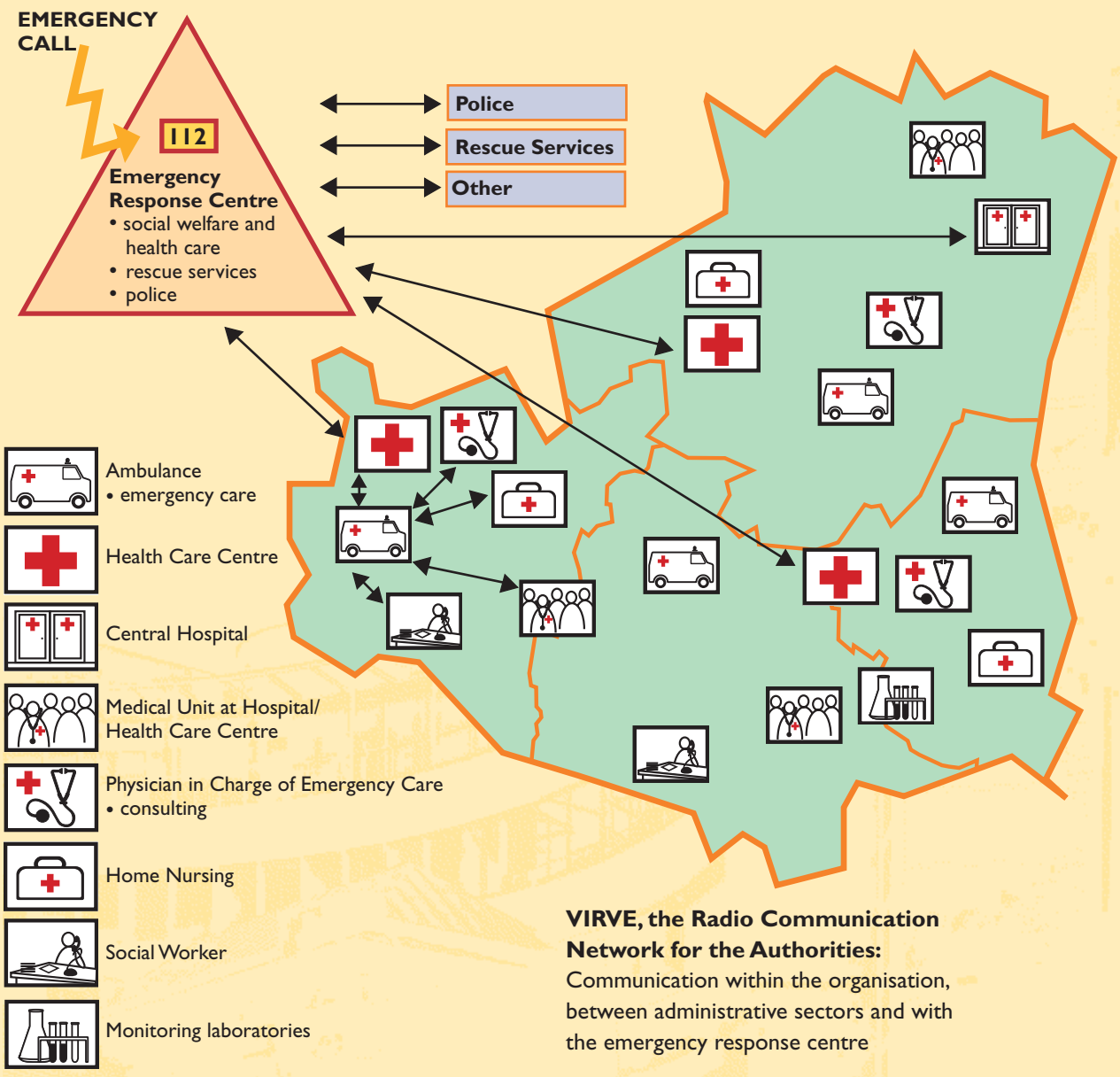
The hospital districts and health centres together instruct the emergency response centres on the principles of routing emergency calls to the area's ambulance service and emergency care units. These instructions on the response procedures within each area form the basic framework for the system's operation. The Ministry of Social Affairs and Health has prepared a guidebook for hospitals and health centres regarding the drafting of alerting instructions for emergency response centres.

Medical helicopter operations are maintained as part of the public health care system and the operations of university hospital districts on the basis of the regional needs for such services.

Further information

www.stm.fi > English > Preparedness affairs
www.ktl.fi
www.stuk.fi
www.ttl.fi
www.nam.fi

Field of Operations in Nursing and Emergency Medical Services



VIRVE, the Radio Communication Network for the Authorities:
Communication within the organisation, between administrative sectors and with the emergency response centre

BROSCHURES OF THE MINISTRY OF SOCIAL AFFAIRS AND HEALTH
ISSN 1236-2123

2006: 1 Käytä isyysvapaasi! 5. uus. p.
ISBN 952-00-1894-8 (fin)
ISBN 952-00-1895-6 (PDF)
ISBN 952-00-1896-4 (swe)
ISBN 952-00-1897-2 (PDF)

2 Työsuojelun valvontalaki.
ISBN 952-00-1922-7 (fin)
ISBN 952-00-1923-5 (PDF)
ISBN 952-00-1924-3 (swe)
ISBN 952-00-1925-1 (PDF)

3 Occupational Safety and Health Administration in Finland. In Chinese.
ISBN 952-00-1926-X (eng)
ISBN 952-00-1927-8 (PDF)

4 Sosiaalialan kehittämishanke.
ISBN 952-00-1950-2 (fin)
ISBN 952-00-1951-0 (PDF)

5 Social Welfare and Health Care Preparedness in case of Exceptional Situations.
ISBN 952-00-1955-3 (fin)
ISBN 952-00-1956-1 (PDF)
ISBN 952-00-1957-X (swe)
ISBN 952-00-1958-8 (PDF)
ISBN 952-00-1959-6 (eng)
ISBN 952-00-1980-4 (PDF)

AT-julkaisutoimisto Oy / University Printing House, Helsinki 2006