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REVIEW ARTICLE

USABILITY OF MILITARY HEALTH SERVICE TO SUPPORT AN INTEGRATED RESCUE SYSTEM

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Summary

The Military Health Service of the Czech Army can support the Integrated Rescue System in the Czech Republic in dealing with emergency and crisis in cases where the basic components cannot ensure the execution of rescue work and clean-up operation by their own forces. The aim of the article is to evaluate the real possibilities of deploying the forces and resources of the Military Health Service to support the integrated rescue system from the point of view of valid legal and internal regulations and to analyze their availability. It was found that the fundamental conditions for the support of the Integrated Rescue System are regulated in the current legal regulations, mainly for the forces and resources of the military health service, which have the character of the other components of the Integrated Rescue System. Dedicated forces and resources of the Military Health Service have a set time of preparation for deployment of 5 - 72 hours. For the use of forces and means within the framework of other assistance, the essential prerequisites for their deployment are established, but no requirements are determined for the capabilities or availability of these forces.

Key words: rescue work; integrated rescue system; military health service; legislation

Introduction

The Military Health Service (MHS), as an integral part of the armed forces, especially the Army of the Czech Republic (ACR), is primarily intended for the medical support of the armed forces within the framework of the defence of the Czech Republic (CR) or in the fulfilment of the international contractual obligations of the CR on collective defence against attack. It provides comprehensive medical and veterinary support to the armed forces in emergency events and crises, both on the state's territory and in operational deployment areas (1). On the state's territory, it can support civil authorities mainly during rescue work during disasters or other serious situations threatening lives, health, significant property values or the environment when providing air medical transport or performing humanitarian tasks. The deployment of military medical teams with the necessary equipment to support the Integrated Rescue System (IRS) of the CR occurs if the relevant administrative authorities, local government bodies or fire protection cannot ensure rescue work by their own forces (2). The MHS can support the IRS by using pre-agreed,

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allocated forces and resources or by deploying other forces and resources. How these forces and means are required is influenced by the extent of the emergency event and, in particular, by whether or not there is a risk of delay in the situation. In recent years, the MHS has strengthened the IRS mainly in the fight against the coronavirus epidemic.

Requiring the Forces and Resources of the Military Health Service to support the IRS

The use of the Forces and Resources of the Military Health Service (F&R MHS) for rescue work can be requested by the governors of regions and mayors of municipalities in whose district the disaster occurred, from the Chief of the General Staff (CGS) of the ACR, who decides on the deployment. Requesting occurs through the IRS's Operations and Information Center (OPIC), which contacts the permanent shift of the Joint Operations Center of the Ministry of Defence (JOC MoD). If there is a risk of delay, the use of medical elements for rescue work can be requested directly from the military medical unit or the medical facility closest to the disaster scene.

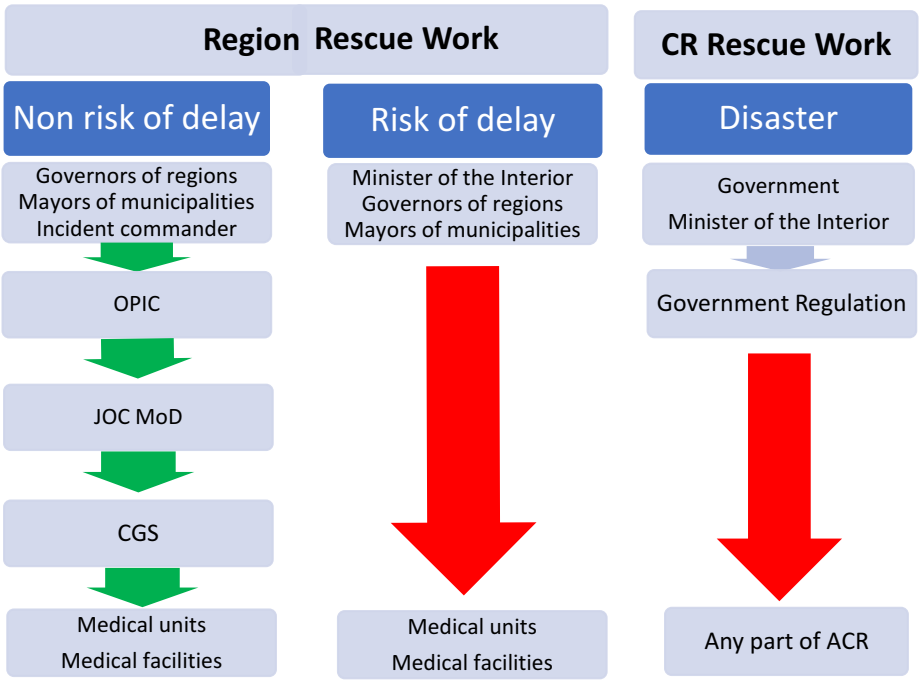

Figure 1. Simplified scheme of requiring F&R MHS for rescue work in the CR according to valid legal standards.

In these situations, in addition to the governor and the mayor, the incident commander or the commander of the fire protection unit can also ask for help, as illustrated in Figure 1. The commander of a military unit or the head of a military installation will then decide on deployment for rescue work and inform the CGS immediately. Suppose a situation arises where a substantial part of the territory of the CR is threatened. In that case, the government decides on the use of any part of the army for rescue work in the event of a disaster on the proposal of the Minister of the Interior. The government will regulate the call-up of ACR soldiers for rescue work and determine the maximum number of soldiers deployed. After the government's decision to use the army for rescue work or to eliminate the consequences of a disaster, the CGS establishes a military crisis staff, which manages and coordinates the activities of deployed military units and military facilities (2).

Allocated forces and resources of the MHS for the support of the IRS at the central level

Allocated forces and resources of the armed forces that can be used for rescue work and clean-up operation belong to the category of other IRS components. Other IRS components are deployed to support the IRS through planned assistance on request or in a state of emergency, a state of peril or a state of war through direct assistance.

Planned assistance on request is a pre-agreed method incorporated into the territorially relevant IRS alarm plans (3). Cooperation in this area between the Ministry of the Interior and the Ministry of Defence (MoD) is handled by the Framework Agreement on Cooperation; the specification of mutual relations and cooperation in the field of IRS is regulated by the implementation agreement on planned assistance on request (4, 5). The Military Health Service allocates forces and resources for the central coordination of rescue work and activities to eliminate the consequences caused by an extraordinary event, which are included in the Central Alarm Plan of the IRS.

The measures resulting from the documents mentioned above are specified in the CGS Directive. The directive contains the principles of requiring and deploying the forces and means of the Czech Army to fulfil tasks within the IRS and the Police of the CR, the scope and time of the readiness of the allocated forces and resources, command, control and liaison, the method of ensuring logistical and medical support. Allocated forces have established basic capabilities and maximum preparation time for deployment. An overview of the allocated F&R MHS at the central level is provided in Table 1.

The survey mobile biological team is intended to ensure a hygienic-epidemiological survey in the designated area of activity, rapid identification of combat biological agents, and collection and transport of samples from the contaminated zone to the certified laboratory of the Military Health Institute (MHI). The three-person team is equipped with a special LAND ROVER 110 vehicle with a trailer, ALEXETER identification technology, sampling kits, protective suits, breathing apparatus and decontamination equipment for its own team. The team that singles out the MHI can be deployed within 4 hours of activation.

Table 1. Allocated forces and resources of the Military Health Service in 2024.

Name	Basic capabilities	Preparation
Survey Mobile Biological Team	Identification CBRN agents	4 hours
Special Mobile Biological Team	Detection CBRN agents	4 hours
Specialized Infectious Disease Hospital	Contagious disease care	12 hours
Mobile Medical Team	Hospital capability reinforcement	72 hours
Military Ambulance	Medical transport	72 hours
Psychosocial Intervention Team	Crisis intervention	72 hours
Air Evacuation	Medevac, Stratevac	After specification
Military Veterinary Intervention Group	Animal capture, decontamination	72 hours

The special mobile biological team serves for epidemiological investigations, sampling biological material or the environment, and identifying biological agents on site. It can eventually arrange the transport of samples to stationary certified laboratories. The four-person team is equipped with a BIOROVER special response vehicle, the MIC PCR Cycler identification technique for identifying the biological agent by the PCR method, equipment for Next Generation Sequencing, sampling kits, protective suits, breathing apparatus and decontamination equipment for the own team (6). The team is allocated by MHI and can be deployed within 4 hours of the request. As a rule, his departure is joint with the exploratory mobile biological team.

The Specialized Infectious Disease Hospital (SIDH) is designed to ensure the quarantine of persons, isolation, and treatment of patients with a highly contagious disease or those suspected of it. The hospital serves as a reserve ward in case the National Centre for Isolation and Treatment of High Consequence Infectious Diseases capacity at the Bulovka Hospital in Prague is exhausted. The SIDH is a standby facility initiated only by starting the activation process, anchored in the activation documentation approved at the CGS level. Based on the interagency agreement, activation must be initiated at the request of the Ministry of Health (MoH) within 2 hours after receipt of the signal. The hospital must achieve initial operating capability within 12 hours of system activation, which means the ability to admit two intensive care patients, six standard care patients, and 30 quarantine patients. A designated number of staff is on alert for this purpose. At the 72nd hour after the start of activation, full operational capability is to be achieved, which means care for 8 intensive care patients, 20 standard care patients and 100 persons in quarantine

(7, 8). Care for patients with high-consequence infectious diseases takes place here at the highest level of biosafety and biosecurity standards. The SIDH is a part of the Biological Defense Centre (BDC) Těchonín MHI, respectively. Based on the framework agreement between the MoH and the MoD, the government resolution and the implementation agreement between the MoH and the MoD, the BDC Těchonín has been included in the system for preparedness and response to highly contagious diseases since 2016 (9, 10).

Mobile medical teams are destined to strengthen professional capacities in permanent hospitals in the area according to the place of intervention. There are two teams of three people, each with their own transport means, ready for deployment within 72 hours. Mobile medical teams are allocated by the medical battalion.

The military health service can provide up to 15 ambulances for ground transportation of wounded, sick, or women in labour. Providers of medical ambulances are determined by the Military Health Section of the MoD.

The psychosocial intervention team is designed to provide psychosocial care. The five-person team is ready to deploy within 72 hours. The psychosocial intervention team is allocated by the Department of Operational Psychology.

The air evacuation team ensures the air evacuation of injured and sick people from the affected area. The air rescue service, emergency medicine department, and military hospitals for medical specialists allocate medical personnel. The number of medical personnel is specified according to the task performed. Air transport assets and air personnel are assigned to this team by the Air Transport Base.

The military veterinary intervention group carries out epizootological investigations and veterinary measures in the event of animal diseases and zoonoses, capture and immobilization of animals, decontamination of animals in the event of dangerous animal and human infections, in the event of nuclear and chemical accidents and depopulation of breeding. A group of 4 people is equipped with a special emergency vehicle, special collection equipment, a set for capturing and immobilizing animals, decontamination equipment, and insulating protective clothing. The group that declares readiness for action within 12 hours of the request is singled out by the Military Veterinary Institute (11, 12).

The forces and resources of the MHS for the IRS support at the regional level

Military hospitals and the Department of Air Rescue Service and Emergency Medicine can be used to support the IRS at the regional level. Under certain conditions, central forces and resources designed to coordinate rescue work and clean-up operation can also be used.

Military hospitals provide outpatient, one-day and inpatient care. They are obliged to cooperate in rescue work and activities to eliminate the consequences in dealing with extraordinary events and crises when requested by the emergency medical services provider. For mass accidents, they must prepare a trauma plan to define the measures resulting from the regional emergency plan for healthcare providers (13). Since military hospitals are among the providers of acute inpatient care with an established emergency admission, they become, in accordance with § 4 and § 21 of the Act No. 239/2000 Coll., on the integrated rescue system and the amendment of certain laws, as amended, at the time of declaration of a state of crisis, other components of the integrated rescue system with the obligation to provide planned assistance on request and to perform related tasks.

The Central Military Hospital - Military Faculty Hospital Prague (CMH) is also part of the national system of centres for highly specialized trauma care (14). The status of a trauma centre was granted to the hospital in accordance with the provisions of § 112 of the Act No. 372/2011 Coll., because it meets the requirements for technical and physical equipment of a medical facility and the requirements for personnel quarantee of highly specialized health care (15). The trauma centre can provide continuous comprehensive super-specialized care for patients with multiple injuries in urgent danger of life for a defined region. It has a heliport on the roof of one of the pavilions and a ground landing area for receiving patients transported to the hospital by air ambulance.

CMH is also included in the system for the nationwide provision of transfusion preparations and blood derivatives as a crisis transfusion centre (CTC). In addition to its own CTC, the CMH fulfils the tasks of the system's

Central Information and Logistics Center to ensure the distribution of blood, transfusion preparations, and blood derivatives in the CR. This centre is used for civil and military health services in cases of declaration of a state of crisis with mass urgent admission of disabled persons or extraordinary events when the second and higher alarm levels are declared according to the relevant IRS alarm plan. The Central Information and Logistics Center, upon receiving a request from any crisis transfusion centre, activates the system for the distribution of transfusion preparations and blood derivatives. The centre is the administrator of the unified information database of free transfusion preparations and blood derivatives, and it checks the functionality of the system by transmitting current information on the stock status at individual CTCs. When ensuring the collection and distribution of transfusion preparations and blood derivatives for the needs of civil and military health care during mass admissions of disabled persons during extraordinary events and crises, the CTC follows the methodology issued by the MoH (16).

The Department of Air Rescue Service and Emergency Medicine is a military medical facility that provides emergency medical services, including the air ambulance base. The air ambulance groups of the air ambulance base may be included in the system of emergency medical service providers (17) under the conditions established by law. Based on the agreement on the provision of air ambulance service and air medical transport concluded between the MoH and the MoD for an indefinite period, it operates an air ambulance service for the Pilsen and Karlovy Vary regions with a 24-hour service from the Plzeň - Líně air base.

Other ACR military units and military facilities may also be used to support the IRS's components. These are mainly the forces and means involved in solving the situation in connection with the occurrence of a radiation accident, ensuring the air transport of transplants or doctors and medical personnel based on an agreement with the MoH, air transport of material humanitarian aid, including the transport of persons involved in the provision of aid, air transport of disabled persons from the state in which the emergency occurred to the territory of the CR or air transport of citizens of the CR from abroad who are unable to travel back through no fault of their own. The ACR also allocates forces and resources for emergency accommodation, evacuating people, decontaminating people and equipment, recovery of vehicles, bridging roads, etc. (11, 18). The medical support of these forces and means of the ACR deployed for rescue work are carried out by the forces of the parent units, especially unit dressing stations. Suppose the deployed forces and resources do not have sufficient medical capacities of their own. In that case, they are supplemented by mobile teams from the Medical Services Center at the request of the commander of the deployed unit. Teams consisting of a doctor, a paramedic, and an ambulance driver primarily serve as the medical support for the intervention unit. They are subordinate to the commander of the deployed unit. Depending on the specific situation, on the commander's order of the deployed unit, they are exceptionally involved in cooperation with the civil emergency medical service (participating in the organization and implementation of triage, provision of pre-hospital care and subsequent removal of the injured and affected).

The forces and resources for other assistance

The forces and means of most components of the armed forces of the CR can be used on the principle of other assistance to support the basic components of the IRS if the country's defence capability is not weakened (19). Other assistance is carrying out rescue work and clean-up operation by forces and means not included in the territorially relevant IRS alarm plans. On the region's territory, it administers an overview of the possibilities of using F&R from military units and military facilities to benefit the IRS Regional Military Command.

Deployable elements of military healthcare are especially suitable for the purposes of other assistance. These mobile elements can be used in the CR when carrying out rescue work as close as possible to the place of occurrence of an emergency. The most important deployable elements include a battalion aid station, field hospital, forward surgical element, medical evacuation company, mobile hospital unit, or mobile field microbiology laboratory (20). The medical personnel of these elements are equipped for field conditions and trained in the principles of emergency and mass medicine. However, the activation of these elements is more time-consuming than with allocated elements.

Battalion aid station is a medical unit organically integrated into the structure of a military unit. A general practitioner and other medical personnel staff it. It has a mobile dressing station and several ambulances. The mobile dressing station forms a relatively comfortable workplace, equipped with, among other things, a filter ventilation unit, a heating unit and an electrical unit, facilitating the treatment of patients directly in the field.

As a military mobile medical facility, the field hospital is intended to provide medical support to armed forces members primarily in foreign operations in the form of ambulatory, specialized ambulatory, one-day and inpatient care. In emergencies or crises on the territory of the CR, it can also provide selected medical services to other persons. Personnel and material equipment enable relatively long autonomous activity. The disadvantage of deploying the entire hospital is several days of relatively long construction time. The field hospital is modular in nature, so some of its components are separable and able to work independently, such as the forward surgical element.

The forward surgical element is intended for rapidly deployable resuscitation and surgical care as close as possible to the incident scene. Capabilities of the forward surgical element include casualty triage, emergency surgery, resuscitation, basal post-operative care and short-term hospitalization awaiting transport for further treatment. The element has devices for selected imaging methods and basic laboratory examinations. Instruments and other materials are stored in outer packaging, which is suitable for transport and use in field conditions. The workplace consists of medical tents with heating, air conditioning and air filtration, with several beds available (21).

The medical evacuation company brings together personnel and resources to evacuate the wounded and sick. It has terrain and armoured medical evacuation vehicles. The staff can provide patients with the necessary medical care during transport.

The mobile hospitalization unit is intended for the hospitalization and treatment of infected patients with highly contagious diseases. It strengthens the SIDH's capacity or supplements the field hospital's capacity with an isolation part using overpressure isolation chambers. It can be deployed in inflatable air-conditioned tents equipped with ISO-ARC insulation units. The total capacity is 26 beds, divided into two separate infectious departments. Each department contains 3 isolation chambers for 4 beds and one special isolation chamber for an intensive care bed. The unit has a transition chamber with a decontamination shower. 2 doctors, 6 nurses, and 2 technicians ensure the unit's operation. The entire unit is logistically independent and needs several days to fully deploy.

The mobile field microbiology laboratory enables confirmatory B-agent identification while maintaining the highest biological safety level. The operating part consists of a control and monitoring unit, followed by its laboratory module. The laboratory module is a technically and technologically closed system for rapidly identifying biological agents, where personnel work exclusively in pressurized suits. Entry and exit are possible only through a transition chamber equipped with a decontamination shower. The source unit ensures the laboratory's energy independence. There is also a compressor station for producing medically clean air for personnel in protective suits. Sample examination results are available within 6-12 hours after admission to the laboratory, and its daily capacity is a maximum of 30 samples. The laboratory is staffed by 7 people, and the technical preparation time for the operation is 6 hours.

In the event of a request to provide a larger scale of medical assistance for the benefit of the affected civilian population, the commander of the headquarters for operations or JOC MoD will decide on the possible deployment of additional F&R MHS. One of the last options for IRS support is using an active reserve. A soldier in active reserve may be called up for service on the territory of the CR, even without his consent, if it is to be deployed for rescue work during natural disasters or other serious situations threatening lives, health, the environment or significant property values. In these cases, the deadline for joining may be set by a summons even shorter than the usual 30 days (22).

In the event of a threat or the emergence of crises of a military nature, the armed forces may gradually be added to the war organizational structure in the form of selective additions, partial or general mobilization. The military medical service and all its elements will perform tasks for the benefit of the armed forces as a matter of priority.

Evaluation of real deployment

Given the conditions of deployment, it is clear that the ACR is used to support the IRS mainly in large-scale and long-term emergencies or crises. In 2014 - 2018, the forces and resources of the ACR were deployed to support the IRS in an average of 27 events per year; the use of F&R MHS was mainly related to providing medical support to the deployed units (23).

In recent years, the F&R MHS has been deployed most extensively in connection with the emergence and course of the SARS-CoV-2 coronavirus epidemic. It was about ensuring a whole range of activities connected with protecting the population, preventing the spread of the epidemic and providing rescue work. Since April 2020, F&R MHS has been used to ensure the operation of social and health service facilities, providing follow-up or long-term inpatient care. Additional military medical personnel were deployed in the state-guaranteed network of collection points for testing and proving the presence of the SARS-CoV-2 coronavirus. In July 2020, personnel were deployed to assist regional hygiene stations and health institutions, primarily in connection with implementing the "Smart Quarantine" concept. Since October 2020, F&R MHS have assisted the MoH and strengthened medical capacities to build a reserve medical facility and ensure its partial operation, including providing health services. After construction, the medical facility was on standby for several months to receive and provide health care to patients infected with a milder form of the COVID-19 disease. In January 2021, F&R MHS was deployed due to the need to strengthen vaccination capacities. This involved cooperation in building a large-capacity vaccination centre in the CMH and its partial operation, including health services (24, 25, 26).

Another significant deployment of the ACR took place at the request of the governor of the region and the order of the government during the elimination of the consequences of the disaster caused by the tornado and the windstorm in the territory of the South Moravian region in the period June - August 2021. The military medical department sent members of the psychological service to South Moravia to provide psychological help. It also deployed a mobile medical team with a doctor to ensure the emergency service of a general practitioner in the municipality of Moravská Nová Ves (27).

Conclusion

Military health service is primarily intended to provide healthcare services to the armed forces of the Czech Republic during crises of a military nature. However, in terms of legislative, managerial, personnel, material and professional readiness, it can also be used to carry out rescue work and clean-up operation in emergencies or crises threatening the lives, health, property values or the environment of the inhabitants of the Czech Republic. The capabilities and deployment time of individual elements are conditioned by sufficient prepared personnel, adequate organizational structure, quality of material and equipment, adequate supplies, level of training and comprehensive security. Due to the focus, mobile nature and logistical self-sufficiency of many elements, forces and resources of the military health service, it can primarily contribute to managing emergencies with traumatic consequences or situations involving chemical, biological, radiological or nuclear (CBRN) agents. To improve knowledge, procedures, and equipment in the mentioned areas, the military health service has significant educational and scientific research workplaces at its disposal, in accordance with the concept of development (28).

The military health service is ready to use primarily the forces and resources of the military health service, which have the character of other components of the IRS, to support the IRS. It sets aside forces and resources for situations associated with using CBRN, the spread of highly dangerous diseases, and the requirement for medical evacuation or crisis intervention. From the point of view of time availability, elements destined for the CBRN area have the shortest preparation time for deployment of the allocated forces and resources. The main disadvantage of using the forces and resources of the military health service as part of other assistance in crises of a non-military nature is their relatively long activation time.

The process of allocating forces and resources to the ACR is regularly updated. In 2020, given the limited personnel technical and material security, the capabilities provided by the ACR were reduced in favour of the IRS. However, real commitment and experience in managing the large-scale consequences of natural disasters such as tornadoes or floods and long-term emergencies such as the COVID-19 epidemic in the CR have shown that the armed forces still play a significant role in dealing with these situations. A fundamental condition for deployment to support the IRS in emergencies or crises of a non-military nature is also that it does not jeopardize the performance of the basic tasks of a military health service provider.

In addition to the planned support of the IRS in emergencies or crises, the forces and resources of the military health service of the ACR take part in the long-term operation of the air ambulance service or the provision of ambulatory and inpatient care in the designated region.

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Conflict of Interests

The authors declare that they have no conflicts of interest regarding the publication of this article.

Adherence to Ethical Standards

Not applicable. This article does not contain any studies involving animals or human participants performed by any of the authors.

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