international policy and doctrine and involve a most comprehensive sphere of the scientific and professional communities.

This is only way to implement the projects in country such is Republic of Macedonia where the public opinion is that WMD are not real security problem because we neither possess nor seek to posses these kinds of weapons.

Our WMD non-proliferation policy is tied to control of weapons, agents, precursors, technology and their transfer, market and possibility of use. Because of that we try to control known terrorist organization, groups and individuals.

Terrorism caused special concern and attention, particularly when we talk about terrorism with NBC weapons and radiological, chemical and biological warfare agents.

Scientific and technological progress led to fact that the instruments for performing terrorism (including WMD) can be produced or procured much easier than before.

Rising industry which uses toxic chemicals and microorganisms in the production process created a lot of potential targets for terrorism actions in which they can use be as a target and an executive instrument.

The new goal of contemporary treaties is safety of life environment, which today includes physical surroundings, water, energy sources and their exploitation, critical infrastructure, transport and logistic, safety of air, NBC contamination and explosive materials.

In order to implement and improve WMD non-proliferation of mentioned treat, Macedonian government started to reorganize our agencies and governmental body.

We have governmental commission for implementation Convention for prohibition developing, stockpiling, producing and use CW. We established Centre for Cruises Management which is responsible for all type of cruises in the Republic of Macedonia. There are representatives for all ministries in the Republic of Macedonia.

We have started with education people (police, army, customs, and medical) who directly should implement non-proliferation policy. Since 2004, every year our representatives take part in OPCW seminar in RACVIC-Croatia, which is very useful for us. We also participated in many courses, exercise and seminars related to WMD non-proliferation.

In Macedonian army structure there is well-trained and well equipped NBC unite, which is ready to react in any NBC treat in the Republic of Macedonia.

We have no any practical problem regarding WMD treat so far, but the main problems in WMD non-proliferation policy in Republic of Macedonia, even we have many improvements in education and procurement new equipment, are:
- no adequate detection security, as for control of each person in a mass people,
- there is no adequate physical protection,
- places of mass concentration have no adequate plans for security, evacuation and minimizing consequences on local and state level,
- insufficient education and training of personnel in security services for protection in public places and places of mass concentration, personnel in intelligence services, police, public health services, firemen and other rescue services.

Conclusion

In Republic of Macedonia as in other countries improvement of WMD non-proliferation policy should be lift to a higher level, even to the level of an international movement which aims to involve as much of professional and scientific public as possible. In this way, WMD non-proliferation policy will become a mode of behavior.

71. ADVANCED HAZMAT LIFE SUPPORT (AHLS): A FEASIBILITY ASSESSMENT (14)

Stephen W. Borron, MD, MS, FACEP, FACMT, Frank G. Walter, MD, FACEP, FACMT, FAACPT

Advanced Hazmat Life Support Regional Director
University of Texas Health Science Center at San Antonio, San Antonio, TX 78217 USA

Advanced Hazmat Life Support Editor
University of Arizona College of Medicine
Tucson, AZ 85724-5057 USA

A prospective, descriptive, feasibility study aimed to determine whether an interdisciplinary group of healthcare experts could design and successfully deliver an international, life support, continuing education program that teaches the medical management of hazardous materials (hazmat) patients. The American Academy of Clinical Toxicology and the University of Arizona College of Medicine, Arizona Emergency Medicine Research Center partnered on July 1, 1998 to develop a two-day Advanced Hazmat Life Support (AHLS) Provider Course. Interdisciplinary expert clinicians designed and then delivered the first AHLS Provider Course in 1999.

Prior to this, other courses focused on the management of hazmat incidents and almost exclusively on the prehospital care of hazmat victims by firefighters, hazardous materials technicians, and emergency medical technicians (EMTs), not on the medical management of patients from these incidents.

Therefore, AHLS was developed for a broader interdisciplinary group of healthcare professionals, including both prehospital healthcare professionals and hospital-based, poison center-based, clinic-based, public healthcare-based and other healthcare professionals. From 1999 through 2006, the AHLS Provider Course has trained 7,142 healthcare professionals from 48 countries. Of the 7,142 healthcare professionals worldwide, 43% are paramedics, 24% are physicians, 21% are nurses, 2% are pharmacists, 1% are physician assistants, and 9% are other professionals.

Of the professionals trained, 88% are from the United States, 5% from Hong Kong, 2% from Canada, 2% from Australia, 1% from Mexico, and the remainder comes from 43 other countries.
Abstracts

The Advanced Hazmat Life Support Program is feasible and meets the continuing education needs of healthcare professionals around the world.

Key words: hazardous materials, life support care, hazardous waste, disasters, hazmat

'2. COUNTERPROLIFERATION, BORDER SECURITY AND COUNTERTERRORISM SUBJECT-RELATED LAWS AND REGULATIONS, INCLUDING EXPORT CONTROL REGIMES IN SOUTH-EASTERN EUROPEAN COUNTRIES (14)

Jr. Slavko Bokan
IMOD, Defense Policy and Planning Department Lia 256 b, HR-10000 Zagreb, Croatia

Each nation's laws should prohibit development, acquisition, or transfer of WMD-critical items and should make it a crime to violate that prohibition for hostile purposes.

Thus, WMD proliferation should be illegal everywhere, powerfully reinforcing the norm against acquisition of such weapons as well as facilitating law enforcement and trans-national legal cooperation. Provisions applicable to threats should be harmonized. National laws should address threats and should ensure prosecution of offenders or extradition to another State for prosecution.

The scope of legal jurisdiction over such crimes should broadly reach the behaviour of legal entities in trans-national smuggling and weapons development conspiracies.

A priority question is precisely which activity should constitute a criminal offence. It is relatively straightforward to make the use of WMD a crime; but it will be necessary to reach preparatory steps that can encompass innocent behaviour or even legitimate scientific inquiry.

Bio-terror preparations, for example, may employ the same materials, equipment and techniques as undertaking legitimate disease research. Standards must be developed to instruct law enforcers as to what behaviour merits criminal investigation to prevent a hostile attack. Similarly, legal measures must define "WMD" items, including chemical and biological agents that are non-lethal but incapacitating to humans as well as agents that are lethal as to animal or plant life.

If WMD proliferation is criminalized, each State's law enforcement officials must work jointly with their counterparts in other States by sharing information, conducting investigations, and prosecuting apprehended terrorists.

State cooperation both in gathering intelligence and using that information to prevent criminal activity is undermined, however, by lack of coherent legal instruments. Currently, there is no integrated database of State laws concerning production or use of WMD; it is difficult to know what gaps exist, much less fill them.

All this suggests that, to fulfil obligations under UNSC Resolutions 1540 and 1373, States must enact harmonized criminal prohibitions and authorization for law enforcement cooperation in order to establish a seamless web of security among all nations. Failure to do so implicitly poses a threat to international peace and security.

One of the main issues which deserve to be further addressed and which prompts the continuation of the Southeast Europe Counterproliferation, Borger Security and Counterterrorism (CBSC) Working Group is to harmonize national laws and regulations that deal with deterring, detecting and interdicting WMD.

Inventory of relevant CBSC subject-related laws of the Southeast Europe countries, including Export Control Laws was created and prepared for further consideration and harmonization by judiciary experts, with the aim to develop "model laws". Let me very briefly present you the main features of the SEDM CBSC subject-related laws and regulations.

This paper will present that inventory which includes the membership in the international Conventions, Treaties and Arrangements and also the membership in Multilateral Export Control Regimes of Southeast Europe countries. Also, it will be presented the membership in the international legal instruments that play an integral part in the global fight against terrorism.

Key words: WMD Counterproliferation, Export Control Regimes, International Legal Instruments, Southeast Europe countries

73. POSSIBILITIES FOR HOSPITAL TREATMENT OF INDUSTRIAL ACCIDENT VICTIMS IN MILITARY MEDICAL ACADEMY (14)

Col. Prof. Dr. Veljko Todorovic, Miodrag Jevtic, Dusan Jovanovic, Jasmina Jovic-Stosic
Military Medical Academy/ Head of Patient Treatment Department, Belgrade, Cmiotravska 17, Serbia

Possibility of mass injuries in traffic, industrial accidents or terrorist attack is every day reality. Management of victims may need complex measures including activities on the site, transportation, and hospital care. Preparedness for hospital treatment of mass trauma or poisoning is among the main duties of Military Medical Academy (MMA).

It is medical institution of tertiary level with the capacity of 1214 beds in 13 surgical clinics, 12 internal medicine clinics, 2 neuropsychiatry clinics, poison control centre and organ transplantation centre. National Poison Control Centre is the only specialized institution for treatment of adult's acute poisonings in the country. Centre includes:

1. Clinic of Toxicology and Clinical Pharmacology with Intensive Care Unit and Toxicology Information Department;

2. Institute of Experimental Toxicology and Pharmacology;

3. Mobile Toxicological - Chemical Squad. Being a part of MMA, Centre benefits from all advantages of central type hospital, including possibilities for