In February 2007, a working meeting and an expert meeting occurred in which inventories were made of the current questions and networks. The outcome of these meetings will be presented, as well as the lessons learned from establishing a national AMAAD.

Comparative Analysis of Medical Needs and Living Conditions in the Sub-Acute Phase of the Iran Earthquake and Sri Lanka Tsunami Disaster

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Objective: The objective of this study was to clarify typical characteristics of medical needs and living conditions in the sub-acute phase of the Iran Earthquake and the Sri Lanka Tsunami Disaster.

Methods: The study was performed by interviewing displaced persons in the refugee camps using a questionnaire sheet and by examining the status of the medical needs and living conditions (including the water and sanitation situation, and insect bite situation).

Results and Discussion: Medical needs of displaced persons from the Iran Earthquake included: respiratory disease (50%), trauma (33%), and mental problems (8%). Living conditions such as water were maintained fairly well, although in several cases people did not have access to a toilet.

For the Sri Lanka Tsunami disaster, physical trauma was the most common medical need, affecting 24% of those interviewed. This was followed by respiratory disease (14%), skin disease (11%) and mental problems (7%). Water and sanitation conditions were relatively good.

Conclusions: The following conclusions were made:

1. Typical characteristics of medical needs in the sub-acute phase of earthquake- and tsunami-related disaters are respiratory disease, mental problems, and trauma.
2. Information obtained from formal surveys provide valuable data for disaster relief planning.

Digital Screening in Trauma Care Centers: A Case Study with the Save Accident Victims Association of Nigeria (SAVAN)

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Trauma care centers are known for their workload on health care providers, especially during disasters or mass casualty events due to road traffic accidents. The prioritization of patient care leaves little time or opportunity for routine research or for screening for causative factors, although alcohol and substance abuse may be causative factors of many unintentional injuries. Because of the absence of the availability to rapidly screen patients for such factors, Save Accident Victims Association of Nigeria (SAVAN) introduced digital alcohol breathalyzers, to determine blood alcohol concentration, and digital oral screen machines, in order to screen for substance abuse in local trauma care centers. The oral screen machine uses saliva to identify cocaine, heroin, cannabis, and amphetamine in patients abusing such substances.

A tertiary health institution was selected for the pilot study. During a trial period of six months, approximately 43% of road traffic accident victims had an elevated blood alcohol concentration, while 2.5% of victims tested positive for other substance abuse. The influence of alcohol and other substances occurred more frequency in males than females (ratio: 3:1), and in the age group 21–30 years. Among those tested, alcohol followed by cocaine. Of the 2.5% that tested positive for substance abuse other than alcohol, 87.5% were drivers who transported logs from the forest to a sawmill.

Digital screening for alcohol and substance abuse should be encouraged in all trauma care centers to facilitate further research on this subject.

Session 2
Chairs: Joost L.M. Bierens

Toward a Generic Method for Evaluation and Assessment of Medical Management in Large-Scale Disaster Drills

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Introduction: This study aims to demonstrate progresses in developing a generic method for evaluating medical management in live exercises by applying a newly designed method and technology.

Methods: In a simulated building explosion (112 victims), time schedules concerning triage, evacuation procedures, medical treatment, and MDs' positions were recorded by trained observers and complemented by other data, such as radio communications, pictures, videos. The CITE® Explorer software was used to integrate, index, and present all data. The quality of medical care quality was evaluated analyzing timing and treatment accuracy for four groups: Airways (A), Breathing (B), Circulation (C), and Other (O). Contingency tables and non-parametric tests were used to compare treatment and timing. Radio communication and position tracking were used to evaluate decision-making, command, and control.

Results: The correct, under- and over-triage rates were 84%, 11%, 5%, respectively. Evacuation times for the crash and the Advanced Medical Post were established. Correct maneuvers were 85.2%, 78.7%, 65.6%, 57.4% in A, B, O, and C groups, respectively, with significant differences in A vs. C ($p <0.0001$) and B vs. C ($p = 0.0009$) groups and for