

l'instant, des mannequins constitue un ultime obstacle pour la réalisation d'exercices véritablement réalistes associant de nombreuses victimes

Prehosp Disaster Med 2011;26(Suppl. 1):s119–s120
doi:10.1017/S1049023X11003979

(P1-66) Operating a Field Hospital after the Earthquake at Haiti - The Israeli Experience

T. Bader,¹ Y. Kreiss²

1. Hillel Yaffe Medical Center, Hadera, Israel
2. Tel-Hashomer, Israel

Introduction: On January 12th 2010 an earthquake of 7.0 magnitude struck Haiti. The region suffered an estimated 230,000 fatalities with approximately 250,000 injured and more than one million people who lost their houses. The government of Israel dispatched a military task force consisting of 230 people. 121 of them were medical personnel from the IDF Medical Corps. The force's primary mission was to establish a field hospital in Haiti and to give medical support to as many people as possible. We left Israel about 50 hours after the Earthquake and the field hospital started operating at Port-au-Prince 89 hours after the earthquake.

Materials and Methods: During our 10 days of operating, 1111 patients were treated at our hospital. 363 of them were pediatric patients (younger than 18 years). 272 pediatric patients were treated by the pediatric division, 79 (29%) were hospitalized and 57 (21%) required surgery.

Results: There were 16 deliveries, 5 Neonates, 244 Operations and 17 Intra-hospital deaths. We noticed a change of pattern of the hospital activity, regarding the cause of the admission after the sixth day. On the ninth day most of the patients who came to our hospital were due to a non-traumatic cause. At the pediatric department, the common treatments included wound debridement and dressing, I.V. rehydration and antibiotic treatment, and a neonatal unit, the sole one in the inflicted area. Operations when needed were done by the orthopedic team and the pediatric surgeon.

Conclusions: Operating a field hospital for a population inflicted by natural disaster is a complex mission and since pediatric care has its own unique, challenging characteristics, operating a pediatric division in such a field hospital is a continuous challenge, which includes preparedness in uncertainty and the necessity to have dynamic treatment strategy according to the unique circumstances.

Prehosp Disaster Med 2011;26(Suppl. 1):s120
doi:10.1017/S1049023X11003980

(P1-67) Collaboration of Military and Civil EMS during Russian Georgian War 2008

K. Chikhradze,¹ T. Kereselidze,² T. Zhorzholiani,²
D. Oshkhereli,² Z. Utiashvili,² C. Jibladze,²
G. Canava,² N. Tevzadze²

1. Disaster Medicine, Tbilisi, Georgia
2. Tbilisi, Georgia

Introduction: During 2008 Russian Federation realized major aggression against its direct neighbor, the sovereign republic of Georgia. It was Russia's attempt to crown its long time aggressive politics by force, using military forces. EMS physicians from

Tbilisi went to the Gori district on August 8 at first light, 14 brigades were sent. At noontime of August 8, their number was increased up to 40. 6 brigades of disaster medicine experts joined them as well.

Results: Destination site for the beginning was the village Tkviavi, where a military field hospital was assembled and a Military Hospital in Gori. Later 6 brigades were withdrawn towards the village Avnevi. During fighting, wounded victims were evacuated from the battlefield, where initial triage was done. Evacuated victims were brought to the military hospital where the medical triage, emergency medical care and transportation to Gori military hospital or to Tbilisi hospitals was done. A portion of the wounded was directly taken to Gori military hospital and later to different civil hospitals in Tbilisi. Corpses were transported to Gori morgue as well. On August 9, the emergency care brigades and field hospital left Tkviavi and moved to the village Karaleti, then to Gori. On August 12, the occupied territory was totally evacuated by civil and military medical personnel. Although withdrawal of wounded was done on following days. Up to 2232 military and civil persons were assisted by EMS brigades during war period (8–12 August), from them 721 patients were transported among which 120 were severely injured.

Conclusion: Close collaboration between military and civil EMS gave the system opportunity to work in an organized manner. On the battlefield prepared military rescuers were active taking out wounded victims to the field or front-line hospitals from which civil emergency care brigades transported them to Tbilisi hospitals. Only 3 fatalities occurred during transportation.

Prehosp Disaster Med 2011;26(Suppl. 1):s120
doi:10.1017/S1049023X11003992

(P1-68) Experiences from the “Emergency Care for Trauma” Course for Support of Health System in Afghanistan as a NATO ISAF Medical Force

M. Durusu,¹ E.I. Cicek,² R. Akyildiz,² I. Arziman,¹
U. Kaldirim,¹ Y.E. Eyi,¹ S.K. Tuncer,¹ M. Eryilmaz,¹

1. Department of Emergency Medicine, Etlik - Ankara, Turkey
2. Kabul, Afghanistan

Introduction: The experiences Afghan medical personnel gained from the “Emergency Care for Trauma” course are described in this presentation.

Method: The course was conducted 14–15 April, 2010 in Kabul, Afghanistan. It was evaluated retrospectively for: (1) course curriculum; (2) training instructors; (3) participant characteristics; (4) participant evaluations and course of events; (5) preparation; (6) execution; and (7) results.

Results: The course included 13 hours of theoretical discussion, six hours of skill practice stations, and 19 hours of training. The organization committee was composed of a president, two secretaries, six trainers, and six assistant trainers. There were three language interpreters. A total of 24 medical personnel attended the course. Pre- and post-tests were administered to the participants in order to evaluate the effectiveness of the course. Simultaneous translation was performed during the training sessions. The correct response rates for test questions increased from 34.6% prior to the course, to 80.3% after

the course. At the end of course, reviews from the participants were discussed.

Discussion: The participants suggested that the course should be repeated every six months. It was decided that there should be more time for the practical portion of the course. It was determined that the course would be integrated into the Afghan health system.

Conclusion: Post-graduate courses are important components of the modern health care system. In many developed countries, these courses have become compulsory and are conducted regularly. However, standardized and regularly performed courses should be supported in developing countries.

Prehosp Disaster Med 2011;26(Suppl. 1):s120–s121
doi:10.1017/S1049023X11004006

(P1-69) Joint Military and NGO Vaccination Campaign in Remote Areas in Haiti

L. Paladino, M. Lucchesi

Emergency Medicine, Brooklyn, United States of America

Introduction: The January 12 2010 7.0-magnitude earthquake's epicenter hit just 10 miles west of Port-au-Prince and its 2 million inhabitants at 4:53 pm.

Problem: Although assistance arrived to major ports and cities from all corners of the globe, access from rural and remote areas to centralized hospitals remained difficult. Many of the injured were without access to transportation even a month after the earthquake. Earthquake victims in remote areas have less access to wound care and running water, and therefore more prone to infection and tetanus.

Response: Our group was comprised of a civilian mobile medical team able to negotiate difficult terrain by foot with vehicle support provided by the 82nd Airborne military. The military support supplied vehicles and experience needed to tackle the difficult terrain. Because the vaccines are temperature sensitive, delivery of them to remote areas with long travel times in hot climates is logistically difficult and requires coordination. In order to assure vaccines would not be wasted, they were picked up from the WHO the morning of deployment and stored in coolers without direct contact with ice. An advance team would arrive to the target site first to coordinate with local community leaders and gather patients with tetanus prone wounds in a central area. A second team would transport the amount of vaccine needed as estimated by the advance team.

Result: Our group vaccinated approximately 300 people without access to the centralized hospitals per day using this system, with no vials of vaccine wasted or spoiled.

Prehosp Disaster Med 2011;26(Suppl. 1):s121
doi:10.1017/S1049023X11004018

(P1-70) Enduring Impacts of Explosive Remnants of War

A. Mcaslan

Headquarters, Adelaide, Australia

More than 175 million landmines have been deployed since the end of World War II, including > 65 million since 1980. They differ from other weapons by remaining active in the ground long after hostilities have ended. They lie in fields and

woodlands, alongside roads and footpaths, and in villages, creating a humanitarian problem with social, economic, and environmental dimensions. In addition to the threat from landmines, many areas of former conflict are contaminated by sub-munitions, unexploded ordnance, discarded weapons, improvised explosive devices (IEDs) and other hazardous debris of war. The victims of landmines and unexploded ordnance inevitably are the poorest and most vulnerable members of societies. It is the subsistence farmer, nomads and their herds, and fleeing refugees who are most affected. Economic necessity forces people to enter known mined areas in search of food and water, to graze livestock, or to gather thatch for their homes. Because landmines are designed to maim, their victims often require extensive treatment for long periods of time. The first aid administered to victims often is rudimentary; in some cases, inappropriately applied tourniquets result in amputations that otherwise might not have been necessary. Much has been achieved since the international community first was made aware of the threat from landmines in countries emerging from conflict in the 1990s. Over the past 20 years, the work of a few non-governmental organizations (NGOs) operating independently in Afghanistan, Angola, and Cambodia has developed into an international program involving the United Nations, the national authorities of 78 mine-affected countries, donor governments, and < 100 NGOs and demining companies. However, more must be done to develop sustainable national capacities. It is particularly necessary for the international community to assist national authorities develop effective and affordable local medical and rehabilitation capabilities.

Prehosp Disaster Med 2011;26(Suppl. 1):s121
doi:10.1017/S1049023X1100402X

(P1-71) Can a Thick Snow Layer be Protective in Mine Injuries: Case Report

M. Durusu,¹ A.T. İlica,² M. Eryilmaz,¹ S. Ozyurek³

1. Department of Emergency Medicine, Etlik - Ankara, Turkey
2. Department of Radiology, Diyarbakir, Turkey
3. Department of Orthopaedy, Diyarbakir, Turkey

Despite their low mortality rate, mine injuries have high rate of morbidity. Depending on the severity, different levels of amputation may be required for the affected extremities. A mine injury composed of an atypical condition because of thick layer of snow is described in this presentation. A 21-year-old man was taken to the emergency department because of a mine injury. He had severe pain on his right heel. He was injured in an explosion in a rural state that had 50–60 cm of snow on the ground. Vascular access was provided and cast immobilization was applied to the right foot. The patient then was carried by ambulance helicopter. Vital signs were normal. Right ankle movements were limited and painful, and there were minimal edema and hematoma on both sides of the patient's heel in physical examination. Neither motor sensorial nor vascular deficit was determined. Comminuted calcaneus fractures were observed in x-ray and in the computerized tomography. A short leg circular cast was applied during follow-up. The cast was taken off at the end of the second month, and rehabilitation began. The follow-up was complete at the end of the sixth month with complete recovery. Mine injuries are special military injuries the sometimes affect civilians. In these injuries, lower extremities often are affected and amputation may be