

has four components: (1) EM administration training, (2) EM nursing training, (3) an EM one-year physician training course, and (4) a three-year EM residency program.

Results: The EMETC has finished its first year, and has graduated 70 students from its administration course and 65 from its nursing course, and 45 students will be graduating in March 2003 from its one-year physician training.

Conclusions: The development of EM as a specialty is a challenging venture. We propose a structure similar to EMETC that facilitates growth of all aspects of EM.

Keywords: Emergency Medicine; nurses; physicians; specialty; training; worldwide

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Comparison of Pelvic Fracture and Lumbar Spine Fracture Presentations in the Alfred Emergency and Trauma Centre

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Methods: Retrospective study during 12 months of patients with a pelvic fracture (PF) or a lumbar spine fracture (LSF). Patients were classified into one of four groups: Group A Isolated PF – only one fracture in the pelvis and no other significant injury

Group B Major PF – fractures in two or more separate sites in the pelvis or fracture in one site with hip dislocation or PF and injury \geq AIS 2 in other body regions

Group C Isolated LSF – single LSF and no other significant injury

Group D LSF in two or more vertebrae or LSF and injury \geq AIS 2 in other body regions (excluding PF)

Results: There were 39,005 presentations over the 12 months: 146 patients with a PF, with 27 in Group 1 (6M, 21F, mean age = 77 years) and 119 in Group B (78M, 41F, mean age = 43 years). There were 42 patients with a LSF, with 15 in Group C (10M, 5F, mean age = 50 years) and 27 in Group D (19M, 8F, mean age = 40 years).

Group No	CerSF	ThorSF	LSF	PF
A 27	-	-	-	27
B 119	6	4	13	119
C 15	-	-	15	-
D 27	1	5	27	-

Group	Coagulopathy	ISS	LOS	Death
A	0	7 \pm 3	14	3
B	16	20 \pm 12	18	9
C	0	4 \pm 1	11	1
D	0	19 \pm 10	22	1

CerSF = cervical spine fracture; ThorSF = thoracic spine fracture; ISS = injury severity score with the values being mean \pm ST; LOS = mean length of inpatient stay (in days)

The major injury mechanism for each Group was:

Group A Fall from a low level (55%)

Group B Motor vehicle accidents (81%)

Group C Falls (50%)

Group D Motor vehicle accidents (41%) and fall from a height (41%)

Conclusions: PF (either isolated or major) was two to three times more common than LSF. Falls were the most common mechanism in Group A, Group C, and Group D.

The combination of PF and LSF in the same patient was uncommon (13 out of 119 Group B patients). The mortality in major PF was double that seen in major LSF.

Keywords: lumbar spine fracture (LSF); mechanism of injury; mortality; pelvic fracture (PF); thoracic spine fracture

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Disaster and the Neurosurgeon's Role

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Triage for the neurosurgeon is a misnomer. The neurosurgeon's role within a mass casualty situation is one of a subspecialist surgeon instead of a triage officer. Unfortunately, because of the events of 11 September 2001, civilian neurosurgeons and other medical specialists have been questioning their roles in a mass casualty situation or in a situation created by biological, chemical, or nuclear weapons. There is no single triage system used exclusively within the United States. Different systems have differing sensitivities, specificities, and labeling methods. The purpose of this article is to discuss varying aspects of triage for both military personnel and civilians, and to suggest how the neurosurgeon may help shape this process within his or her community. The effect of biological, chemical, and nuclear weapons will be discussed in relation to the triage system.

Keywords: neurosurgeon; role; trauma; triage

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Applying Hospital Deployment for Emergencies in Real Events

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During the last decade, the Tel Aviv Sourasky Medical Center (TASMC) coped with tens of mass casualty events (MCE). These events raised the scope and intensity of disaster planning and preparation and outgoing activities in order to assure optimal and professional, and almost automatic, medical response. The tool that resulted assessed multiple factors such as:

- Expansion of manpower resources and training
- Standing orders and protocols
- Predesignation of admitting sites
- Availability of the staff

These factors were tested and evaluated during the Dolfinarium MC in June 2001. Initial notification activated the necessary activities such as:

- Summoning the professional staff
- Evacuation and preparation of the admitting sites in the ER
- Opening the Information Center
- Opening operating theaters
- Psychiatric services, etc.

These activities enabled efficient and professional medical treatment to the 56 casualties, some of them in a very severe condition, who were admitted in a very short time.

Summary: Unfortunately, each MCE such as the Dolfinarium MCE, provides the opportunity to check in real time, the hospital deployment plan, and to apply the necessary changes for the future.

Keywords: deployment; evaluation; hospital; mass casualty event; notification;