

the administration of IV fluids, antibiotics, and analgesia. Radiographs of specific sites and trauma series were used to rule out bone injuries. There was lack of documentation in most of the medical charts.

Conclusions: The emergency department was overwhelmed with the number of patients that it received. Therefore, an updated disaster plan and regular disaster drills are required. Rapid and accurate triage could minimize mortality among bombing survivors significantly. The majority of patients were discharged home.

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(A23) Mass Casualty Incident and Terrorist Attack Preparedness of German Hospitals and Physicians Compared to Austria, Switzerland, the USA and a Worldwide Collective

P. Fischer,¹ C. Nitsche,² K. Kabir,³ A. Wafaisade,⁴ S. Müller,⁵ M. Rohner,⁵ T. Kees⁶

1. Orthopaedic and Trauma Surgery, Bonn, Germany
2. Trauma Surgery, Bonn, Germany
3. Department of Orthopaedic and Trauma Surgery, Bonn, Germany
4. Bonn, Germany
5. Department of Anaesthesiology and Intensive Care, Bonn, Germany
6. Tübingen, Germany

Context: Because of worldwide increase of catastrophes and recent terrorist attacks, hospitals and physicians are devoting increased attention to disaster and mass casualty incident (MCI) preparedness not only outside but also inside hospitals. In case of a terrorist attack physicians have to cope with injuries caused by conventional, biological, chemical, or radioactive weapons.

Objective: The aim of this study was to evaluate the current state of preparedness of German hospitals and physicians in case of an MCI or terrorist attack and to compare those results to the preparedness of hospitals and physicians from Austria, Switzerland, the United States of America and a worldwide collective.

Materials and Methods: Using an online questionnaire, we interviewed 1343 physicians in Germany, Austria, Switzerland, the US and a worldwide collective. The replies were analyzed statistically with the Shapiro-Walk test and the Mann-Whitney-U test.

Results: in Germany physicians are less prepared than their colleagues worldwide for disasters inside and outside hospitals. 48,4% of German physicians (37% worldwide) did not know their area of responsibility as a physician in case of an “internal” emergency (fire, water pipe burst, power cut), even though 30,2% of German physicians (29,1% worldwide) have already had a real emergency in their hospital. Only 65,3% of physicians in Germany (75,5% worldwide) knew their area of responsibility in case of an MCI; MCI training was given less often in Germany (42,7%) than worldwide (64,3%). Most physicians in every country were unaware of injury patterns and treatment strategies in patients following bombings or nuclear, chemical and biological contamination.

Conclusions: Hospital Physicians are insufficiently prepared for internal emergencies and MCIs. There is a need for more drills in hospitals. In spite of the recent threat of terrorist

attacks, the physicians’ emergency training should be modified to accommodate the increased risk of catastrophes and terrorist attacks.

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(A24) An Disaster Education Framework to Bridge Natural Disaster Medical Response and Primary Care Development in Developing Countries

E.Y.Y. Chan,¹ S.Y. Wong,² S.M. Griffiths,³ C.A. Graham⁴

1. CCOC, School of Public Health and Primary Care, NT, Hong Kong
2. Division of Primary Care, School of Public Health and Primary Care, Hong Kong, Hong Kong
3. School of Public Health and Primary Care, Faculty of Medicine, Hong Kong, Hong Kong
4. Accident and Emergency Medicine Academic Unit, Hong Kong, Hong Kong

Introduction: Natural disasters cannot be prevented but their human impact can be mitigated. Effective medical and public health mitigation and responses require multidisciplinary efforts and appropriate training. Whilst Asia is currently ranked as the most natural disaster prone area globally, limited disaster medical and public health response training opportunities are available in the region. Our paper reports efforts to identify the training gaps and ways to fill them to prepare frontline practitioners and academic researchers in disaster and medical humanitarian emergency relief efforts in Asia.

Methods: Grounded on the disciplinary principles of academic training in public health, emergency & disaster medicine and primary care, our paper reviews the current disaster related academic training offered in these disciplines and maps out the training and knowledge gaps in disaster mitigation and response for frontline practitioners and academic researchers. We suggest ways to fill such gaps.

Results: A two-dimensional (clinical versus non-clinical), three-tier education training framework (Entrant level, Continuous medical education needs and Expertise level) is developed. Experiences and key training needs in Asia are highlighted.

Conclusion: The proposed framework identifies areas for comprehensive training for medical and public health practitioners who are interested to engage in medical disaster relief. The proposed framework also aims to strengthen mitigation and response capacities in health systems.

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(A25) Does Community Emergency Care Initiative Improves the Knowledge, Skill And Attitude of Healthcare Workers and Laypersons in Basic Emergency Care in India?

S. Bhoi,¹ N. Thakur,¹ S. Chauhan,¹ R. Kumar,¹ D. Aggarwal,² V. Gulati,¹ C. Sawhney³

1. Department of Emergency Medicine, Trauma Centre, 110029, India
2. Neurosurgery, 110029, India
3. Anaesthesia, 110029, India

Background: Basic emergency care at primary, secondary and tertiary health care level in India is in its infancy. Lack of