

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.

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

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**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.

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

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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.

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

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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