Provider (PCP) program. They were randomized into either a UAV group or a non UAV group. The study scenario was based on a highway accident involving ten vehicles with seven hazards. Each group was given a 60 minute lecture on UAV technology, and a 30 minute lecture on hazards. Each subject entered the scene after receiving a brief narrative. Having been informed that there were 7 hazards to be identified, the UAV group remained at the UAV ground station while the non UAV group was able to approach the scene. After identifying all hazards, the time to identification and order was recorded. Primary outcome measures were the difference in time to identification, and difference in identification order.

Results: The mean time (SD, range) to identify the hazards were 3'68" (1.62, 1'48"-6'48") and 2'43" (0.92, 1'43"-4'38") in UAV and non UAV groups respectively, corresponding to a mean difference of 58" (P = 0.11). A non parametric permutation test showed a significant (P = 0.04) difference in the hazard identification order driven by two hazards, fuel and workplace hazardous material information system placard.

Conclusion: This study demonstrated that there is a statistical difference in the identification order of hazards. Interestingly, preliminary results were unable to identify a difference in time to hazard identification.

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Developing the Chemical Information System Requiring Emergency Medical Information in Disaster

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Study/Objective: The study objective is to make the basis of a chemical emergency medical information system.

Background: There are many database sets and websites which provide chemical databases in chemical accidents, but they don't have adequate roles for emergency medical support in Korea.

Methods: We reviewed the database sets and websites, which provide chemical database and emergency medical records in prehospital transport to hospitals. After an analysis was done, an adequate database set was proposed, and the algorithm for elicitation of chemicals suitable for emergency medical support, accident cases.

Results: By four steps of elicitation of chemicals, the number of chemicals of more than 100,000 was decreased to less than 1,000. The standard steps were accident preparedness, toxicity, and circulating amounts. We made an algorithm for the elicitation of chemicals.

Conclusion: When mass exposure by toxic chemical occurs, chemical emergency medical information systems will be helpful for acute identification of chemical and emergency medical response.

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Thailand's Hospital Awareness in Emergency and Disaster Preparedness (THAI-EDP) Study: A National Survey

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Study/Objective: To determine the nationwide current status of hospital awareness in emergency and disaster preparedness.

Background: Hospital awareness and preparedness is the cornerstone for community health management in emergency and disaster as it plays a critical role in taking care of injured patients. To assess the current system is the first necessary step to improve hospital readiness for emergency and disaster.

Methods: A questionnaire was distributed to every provincial, general, and university hospital in Thailand. The data were extracted and reported as number and percentage. Single logistic regression analysis was used to identify factors related to hospital preparedness. Values were significant when P < .05.

Results: The questionnaire response rate was 112/119 (94%) from hospitals in every province of Thailand. Forty-four percent of the hospitals were general hospitals and 10% were academic hospitals. Only 50% of the hospitals had full-time emergency physicians. Most of the hospitals had risk assessment activities and moderate risk for disaster. An emergency management committee was set up in over 95% of the hospitals while 56% had regularly meetings. Most hospitals had an emergency management plan and sub-plan, an incident command system, triage system, hospital map, communication and staff callback system, mass-casualty incident training, and adequate personal protective equipment. Nearly 60% of the hospitals had a decontamination area and a negative pressure room for patients who are contaminated and have communicable diseases. Hospital preparedness was related to regular meetings of the emergency management committee (P = .005).

Conclusion: Most Thai hospitals are aware of emergency and disaster preparedness, while preparedness of chemical and communicable disease needs to be improved. A regular meeting of an emergency management committee is a predicting factor for hospital preparedness.

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Being Aware of the Situation: Situational Awareness in the Emergency Department

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Study/Objective: To outline the application and benefits of Situational Awareness in the Emergency department. To show the basic aspects of Situational Awareness that can be applied in Emergency care.