

information can be used for educational, operational, and organizational purposes.

**Methods:** This study has two parts: (1) an analysis of the competencies of the ambulance crew and MMT based on current protocols and professional requirements; and (2) an analysis the distribution of competencies based on joint interventions. For four months, all joint interventions of ambulances and MMTs will be recorded consecutively by observers. This study focuses on technical interventions and clinical decision-making. Based on the observations, the applied competencies will be allotted to a predefined set of competency-profiles. The outcome of the study will provide insight in the distribution of competencies between ambulance and MMT.

**Results and Conclusions:** Preliminary results will be presented and discussed at the Congress.

**Keywords:** collaboration; mobile medical teams; prehospital emergency care; registered nurses; The Netherlands  
*Prehosp Disast Med 2007;22(2):s52–s53*

#### (94) Disasters Don't Have to Be a Disaster

*K. Waddell*

ThinkSharp, Cheyenne, Wyoming USA

The basic triage method used by the most organizations was developed in 1797 and has changed little in the past 200 years. The patient—the most important aspect of the process—is often forgotten. Since 11 September 2001, including the recent US Institute of Medicine report on Emergency Services, drastic changes are being made to make our world safer and our daily operations efficient and scientifically valid. This report focuses on current operational research that will improve how we respond to and care for victims of trauma.

From this presentation, the participants will be able to: (1) identify two or more common myths in current trauma assessments, especially during mass-casualty events; (2) contrast their current practices against evidence-based practices; and (3) demonstrate how operational protocols can be objective, consistent, and validated.

**Keywords:** assessment; emergency services; evidence-based practices; protocol; triage  
*Prehosp Disast Med 2007;22(2):s53*

#### (95) Work Safety at the Place of an Accident

*J.B. Josifovski; M.S. Markovic*

Municipal Institute for Emergency Medical Services, Belgrade, Serbia

Safe-speed driving time efficiency demonstrates the utility of recent Emergency Medical Service (EMS) technology. Global Positioning System (GPS) satellite surveillance makes it possible to spot the location of the closest EMS vehicle. This system also enables autopilot navigation of EMS vehicles with the use of a specific program. Video surveillance of main road intersections enables the dispatcher to efficiently direct EMS teams according to the actual traffic conditions. Remote controlling of traffic lights is the most promising safety parameter.

Additionally, fencing-off the accident site with yellow tape and signaling the alarm siren increases the safety of the medical team and other personnel present at the place

of the accident. Compulsory police attendance during medical emergency situations in public places helps to ensure safety during the performance of the entire emergency response protocol and during the interventions provided. Having the police escort the medical team to the place of the accident currently is the safest and most timely method. Police security at the place of the accident guarantees the safety of the intervening medical team; blocking-off oncoming traffic is a precautionary step to ensuring safe working conditions for the medical team. Setting off an alarm siren from cellular phones is a safety aid that may be developed for the intervening medic team, in case of emergencies where police assistance is not available or not yet present.

**Keywords:** accident; emergency response; safety; technology; traffic  
*Prehosp Disast Med 2007;22(2):s53*

### Oral Presentations—Theme 4: Ethics and International Law

*Chair: Ahmed Ammar*

#### Triage, Ethics, and International Laws

*N. Steiner*

Romanian National Training Center for Medical Management of Disasters, Bucharest, Romania

Each discipline within the fields of disaster and emergency management highlights the necessity of a universal ethical code. Members of a triage team must be sure that they are professional and qualified. Preferably, the members should have experience in mass-casualty incidents and in managing critically injured patients.

Modern triage is based on an on-scene assessment, in conjunction with the judgment of the actual and possible severity and prognosis of each victim. During a disaster, triage teams must decide who to treat first, knowing that withdrawal of medical treatment is more difficult than withholding treatment.

A computer-generated prediction of death is an objective statement concerning the patient's inability to overcome the initial trauma, despite treatment and therapy. Nevertheless, prediction rules may represent an advanced form of audit when used appropriately. They can confirm early decisions on the relevance of continuing treatment.

This presentation also discusses the remaining considerations linked with the problem of triage in the context of medical ethics and international laws.

**Keywords:** disaster; emergency management; ethics; international; triage  
*Prehosp Disast Med 2007;22(2):s53*

#### Conducting Research Ethically is Possible in Disaster and Combat Situations

*J.M. McManus; A.M. McClinton; C.W. Wade; C.L. Cancio; J.H. Holcomb*

United States Army Institute of Surgical Research, Fort Sam Houston, Texas USA

**Background:** Conducting research in combat and disaster environments share many of the same fundamental principles and regulations that govern civilian biomedical research.