

Results: The committee's recommendations relate to the initial treatment of pediatric trauma, including stabilization and transfer phase and the first "golden hour." Recommendations for treatment in hospitals according to their levels include: National centers (Level 1 Trauma center), regional centers (Level 2 Trauma center), recommendations for trauma staffing (personnel), recommendations for upgrading equipment and infrastructure, training programs and refreshing knowledge and skills, and the development a PATLS course (Pediatric Advanced Trauma Life Support).

Conclusion: Writing a summary report, which was accepted by the Ministry of Health and by the National Committee for Trauma and Emergency Medicine, as a national work program for improving and upgrading child care trauma cases.

Prehosp Disaster Med 2017;32(Suppl. 1):s103-s104
doi:10.1017/S1049023X17002655

Operating Room Management During Mass Casualties: A New Checklist

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Study/Objective: The American Society of Anesthesiology has released a new checklist for management of the operating theater during mass-casualty events.

Background: No prior system existed for operative management.

Methods: Expert opinion from prominent trauma and disaster anesthesiologists.

Results: Refer to facility's Operations Manual; open up the appropriate annex.

Activate a call-in tree; assign an individual to activate, and use clerical personnel or automatic paging system, if available.

Assess status of Operating Rooms (ORs); determine staffing of OR's 0-2, 2-12, and 12-24 hours. Hold elective cases.

Alert current ORs; finish current surgical procedures as soon as possible, and prepare to receive trauma.

Assign staff; set up for trauma and emergency cases.

Anesthesia Coordinator should become OR Medical Director; work with OR Nursing Manager to facilitate communication, and coordination of staff and facilities.

Report OR status to the Hospital Command Center (HCC); enter telephone, email address of HCC.

Ensure adequate supplies; coordinate with anesthesia technicians' supply personnel, to ensure adequate supplies of fluids, medications, disposables, and other items.

Contact PACU; accelerate the transfer of patients to floors or ICU's, in preparation for a high volume of cases.

Anesthesiologist should act as liaison in Emergency Department (ED); send an experienced practitioner to the ED, to act as a liaison (your eyes & ears), and keep communications open to the Anesthesia Coordinator.

Consider assembly of Stat Teams; use the combination of anesthesia, surgical, nursing, respiratory personnel to triage, as needed.

HAZMET/WMD event; review special personal protective procedures, such as DECON, and isolation techniques.

Consider if part of the OR, or hallways, should be considered "hot," or should have ventilation altered. Good resources include the CHEMM/REMM websites.

Coordinate with blood bank; verify blood availability.

Coordinate with other patient care areas: ICU's, OB, Peds, etc., to ensure continuity of care for new and existing patients.

Conclusion: This guidance provides a structured, task-based approach.

Prehosp Disaster Med 2017;32(Suppl. 1):s104
doi:10.1017/S1049023X17002667

Are Surgical Skills Under-Emphasized in Literature on Medical Response to Disasters? A Brief Review and Critical Analysis of the Literature with Emphasis on Low Resourced Populations

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Study/Objective: The literature on the medical response to disasters appears to underemphasize the importance of surgical skills, especially in Low- and Middle-Income Countries (LMIC).

Background: While emphasizing the important issues of medical aid, control of infections, or water and food security it is also recognized that the acute phase of disaster requires immediate or almost immediate surgery, for life and limb threatening surgical pathology. It is our hypothesis that the literature on surgery in first medical response to disasters is sparse, especially in vulnerable, low-resourced populations.

Methods: A PubMed advanced search using a standard Boolean search strategy was employed: "(disaster OR disaster response) AND (medical aid OR medical response OR humanitarian aid) AND (surgery OR surgical skills OR surgical procedure) AND (developing country OR austere environment OR low resource environment OR third world)". Subsets of this search strategy generated articles for review. Other search engines were examined using a similar search strategy.

Results: A Pubmed search strategy including "(disaster OR disaster response) AND (medical aid OR medical response OR humanitarian aid)" yielded 4,470 articles. If "(surgery OR surgical skills OR surgical procedure)" was added to this same search strategy then 519 articles (11.6% of total) are identified. If "(developing country OR austere environment OR low resource environment OR third world)" are then added, then 21 articles (0.5% of total) are identified. Of these 21 articles identified only 4 (0.1% of total) address the needs or issues of local surgical assets in LMIC, the remainder instead emphasizing surgical capacity of foreign medical teams in LMIC.

Conclusion: Our hypothesis is confirmed with only 11.6% of total articles on the medical response to disasters discussing surgical issues to any degree, despite significant surgical trauma seen in disasters, especially earthquakes. Only 0.5% of total