

night shift. A total of 1,431 (5.6%) subjects were tagged as R, 10,634 (41.7%) with Y, and 13,424 (52.7%) were tagged as G. Four hundred seventy-four (1.9%) patients were over-triaged. Two hundred twenty (0.9%) were under-triaged.

Conclusions: The START triage criteria reduce over- and under-triage of patients.

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(A265) Emergency Services In Catastrophic Flooding In Poland (2010 Experience)

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Emergency Services in catastrophic flooding in Poland (2010 experience) Przemyslaw Gula MD PhD, Edyta Szafran Institute for Emergency Medicine Flooding, Natural Disasters, Rescue Operations Between 17th May and 22nd June Poland faced one of the most catastrophic natural disasters in past 100 years history. The overall area of 779300 sq km. has been flooded. The flood affected several large municipalities. Nearly 270.000 people suffered the direct effects of the flood and 31000 were evacuated from their homes, 22 people were killed. Total number of 19000 buildings were destroyed or seriously damaged. Responding services were mainly the Fire and Rescue Service, Police, EMS, Military Units as well as supporting NGO's. The rescue and relief operation focused on evacuation, providing temporary shelter, water supply, establishing medical treatment and vaccination, providing public security. One of the challenges was the threat of evacuation of the hospitals in the affected areas. The total number of 80000 of rescue personnel and 15000 of military was involved in the rescue operation. The medical emergency operation included helicopter and boat evacuation, organization of field medical posts and secondary medical transfers. 43 helicopters and 1.000 vehicles were used. One of the problem was the collapse of the telephone network that affected the 112 Emergency Dispatch System. The out coming conclusions presented the high vulnerability of local medical systems on the effects of flooding. However the logistic support of Fire and Rescue and Military recourses can give quick compensation. The role of HEMS and SAR helicopters in providing evacuation and medical assistance is essential. Special emphasis should be made on providing the coordination of multiservice response and replacing the affected local communication systems. The main conclusion after flooding was the need of stronger integration of civil and military services, procedures, communication systems and compatibility of the equipment.

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(A266) Huma Disaster Relief Medical Mission for Flood-Affected Victims in the Islamic Republic of Pakistan

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A Flood disaster struck the Islamic Republic of Pakistan in July 2010. It affected 3 million people and caused 1,400 deaths.

Humanitarian Medical Assistance (HuMA) is a non-profit organization in Japan. The organization dispatched three personnel to Islamabad on 20 August in order to conduct an initial needs assessment. They discovered that medical assistance and supplies could not reach all of the victims, especially in the North. Their visits to the surrounding regions highlighted the Nowshera district of KPK province, which had not received enough assistance from the government or aid organizations despite the fact that there were thousands of Internally Displaced Persons (IDPs) with health issues such as diarrhea, eye and skin disease, and upper respiratory tract infection (URTI). On 03 September, the HuMA Disaster Relief Mission began with the purpose of providing medical treatment and promoting public health for the flood victims in the Nowshera District. Eleven medical providers and coordinators from HuMA operated field mobile clinics in the district in collaboration with a local counterpart non-governmental organization, Nippa Welfare Association (NWA). This project was supported financially by the grant funding from Japan Platform. Humanitarian Medical Assistance served seven sites in Nowshera Districts as mobile field clinics, and consulted 2,216 patients. Total distribution of disease was: (1) URTI = 18.1%; (2) skin disease = 17.9%; (3) musculoskeletal = 15.2%; and (4) others = 19.7%. The team considered continuous medical consultation in the Nowshera District after 2010. The HuMa medical activities ended at the end of September, and the organization donated multi-vitamin tablets, syrups, FE tablets, and anti-biotic cream in order to assist NWA's continuing assistance for the affected communities. The medical providers also left lists of medicines for local doctors and medical staff. Humanitarian Medical Assistance also provided basic supplies needed to prevent victims from experiencing further sanitation problems.

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(A267) Factors Influencing the Diarrheal Outbreak in the 2010 Pakistan Flood

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Floods are among the most common hazards in the world and can result in a devastating impact on human life and property. The impact of floods on humans can be traced directly to factors such as the location and topography of the area, as well as demographics and characteristics of the existing environment. Pakistan is currently facing the worst humanitarian crisis in history. It is faced with daunting challenges of reviving and reconstructing almost one fourth of the population. Latest government figures indicate that over 14 million people have been affected by the floods. More than 1.5 million cases of diarrheal diseases have been reported so far. Over 235,000 people have been treated at the diarrhea treatment centers set up in the aftermath of the floods. Floods are unique in their nature since every region is characterized by diverse factors. This paper examines closely the diarrheal outbreak in the flood-ravaged provinces of Pakistan. The study looks at the extent of spread of diarrhea across different time periods through a comparative analysis of different provinces affected. There are many direct factors that affect the severity and scale of floods and, in turn, impact human health like contaminated water, cramped living conditions and lack of