Every injured patient during the act of terrorism was sent to outpatient departments and sanatoriums for medical-psychological rehabilitation.

Analysis of the results show a high degree of efficiency of the medical support of the injured, and constitutes a recommendation for the development of international systems for acts of terrorism in other countries.

Keywords: emergency department (ED); injured; response; terrorism; transport; triage
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Poster Presentations

Kicking and Screaming: How to Bring Your Hospital Command Center into the 21st Century

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If you enter a hospital command center during a disaster, you are likely to see disaster manuals scattered about, white boards and "Post-it" Notes being used to record data, and telephones and fax machines as the mainstays of communication. Comprehensive, crisis-management software has been available to emergency managers in regional command centers for several years now, but its functionality in hospitals has not been well defined.

A university hospital in Washington, DC, has been working with a software company to modify its regional disaster management software for use in hospitals. Information technology can be utilized to improve access to the hospital's emergency management plan, hospital emergency incident command system (HEICS) job-action sheets, and many aspects of response, such as mass communications, resource and asset management, accountability, and after-action reports. Furthermore, by employing XML interfaces, hospital-based emergency management programs can be collaboratively integrated with existing regional response programs.

Keywords: collaboration; communication; hospital emergency incident command system (HEICS); hospitals; plan; information technology; management; software
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A Decision Support System for Clinical Practice Guideline Implementation in Disasters

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Implementation of clinical practice guidelines in disasters not only has the benefit of improving the quality of care, but also has the special merit of reducing the need for trained personnel, unique to the disaster situation. This article presents a new application specially designed for the purpose of providing doctors, emergency technicians, and laypersons with decision support in mass-casualty settings, both in the field and hospital. The system enables emergency care providers to perform at a level that normally needs special training. For example, triage, which is a trained technician's duty, can be done by any literate civilian through this system. In addition, medical supplies will be used more reasonably by administering them in accordance with a predefined evidence-based guideline adapted to shortage situations.

The new method for computerizing the practice guidelines has a very simple and flexible structure and interface to be distinguished from other well-known models. Different settings are designed for physicians and other users according to their level of training and responsibility in a disaster. The application guides the user through a set of steps, and is provided in each step with recommendations on what must be done for the casualty at that point. These recommendations appear as brief but explicit texts and occasional pictures to clarify the inherent ambiguity of guidelines. The user the is asked a question about the patient's condition. The answer will lead the user to a new page with an appropriate management plan suggested and new questions put forward successively. Eligibility checking will be partly on the side of the user, who can enter the guideline at any point and move back or forward if needed.

The system tracks each user's path through a guideline to create a record of encounters for future evaluation and reference. This system is applicable on a wide variety of platforms, being compatible with almost any Internet browser, such as Microsoft Internet Explorer or Netscape Navigator. The interface is an HTML-based Web page, which can be accessed via the Internet, stand-alone personal computers, handheld computers, or even new-generation cell phones. A trial Web-based version of the system being developed can be viewed at www.disasterdss.org.

This new approach to guideline implementation is in the very beginning stages, and a complete, fully developed system will involve systematic efforts by many specialists and relief agencies. The system merits the test of time, and field trials, in a full-scale disaster, will reveal its drawbacks and applicability obstacles to be addressed in future revisions.

Keywords: application; computer; evidence-based; Iran; Internet; telemedicine; triage
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Accuracy of the Primary Triage Process after the Volendam Fire Disaster

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Introduction: In a major event, correct triage is crucial to emergency treatment and transport priority.

Objectives: The aim of the study was to evaluate the accuracy of the primary triage process following the major fire incident on New Year's Eve in Volendam, Netherlands and its impact on immediate medical treatment and transport priority.

Methods: On-site and emergency department (ED) data regarding total body surface area (TBSA) burned and the incidence of inhalation injury were compared with the