

further treatment. Meanwhile, the normal emergency care in the region was secured.

One-third of the victims died, one-third were hospitalized, and the rest were sent to emergency shelters. DVI and post-traumatic stress disorder played an important role in post-incident management.

On 25 August 1984, the Mont Louis, a French Roro Ship collided with the car ferry Olau Britannia prior to reaching the Belgian coast. The Mont Louis carried 30 cylinders with 15 tons of UF6. Belgian authorities did not have a full understanding of the content of the cargo and the nature of its risks (radioactivity) until three weeks after the crash.

On 14 December 2002, the Tricolor, a cargo ship with "shoebox" construction similar to the HOFÉ, transporting 3,000 cars sunk after a collision a few miles out of Zeebrugge. The crew was rescued. Despite all kinds of warning systems, 10 near-collisions and two real collisions occurred within two weeks of the accident.

The high density of maritime traffic in the Channel (20% of the world's maritime traffic) requires planning with cross-border help. The International Maritime Organization made many efforts to make sea traffic safer, but human failure still is possible. The rescue of victims with the combination of drowning, hypothermia, and trauma is very difficult. Catastrophic events at sea always are complex.

**Keywords:** collisions; drowning; English Channel; high seas; hypothermia; planning; rescue; ships; trauma; treatment

*Prehosp Disast Med* 2005;20(3):s127–s128

### Use of Simulation in a Computerized Environment in Disaster Planning

A. Rüter; T. Wikström

Centre for Teaching and Research in Disaster Medicine, Sweden

**Introduction:** Disaster preparedness usually is based on assessment of the risk of major incidents. Plans are designed and tested according to this assessment. If a simulation based on realistic input could be done in a computerized environment, this could create a possibility to test disaster plans. The outcome of these simulations then could be used as an instrument when designing disaster plans.

**Results:** Med Model simulation was used. A bank of patient data was entered, as well as all ambulance dispatches and patient flow at the emergency wards in three hospitals during three months. Rules for prioritizing and treating patients were entered, as well as times for all dispatches and measures performed on-scene. Real-time calculations from the scene to hospitals and the intensive care unit (ICU) were used. Preventable deaths and preventable complications were used as performance indicators, as well as logistic results in forms of needs for ICU beds. The simulation was used as a test for different scenarios with different focuses that all have to be considered when designing or revising disaster plans.

**Conclusion:** Simulation of major incidents can be used in a computer environment as a tool to address different issues that need to be considered in disaster plans.

**Keywords:** computers; disaster plans; Med Model; performance indicators; simulation

*Prehosp Disast Med* 2005;20(3):s128

## Friday 20th May 2005

### Theme 15: Hot Topic—International Humanitarian Disaster Relief—Tensions and Challenges

Chair: Anthony Zwi

#### Post-Civil War Reconstruction in Sri Lanka—Where and What to Support for Healthcare?

S. Otsu

Japanese Red Cross Society, Wakayama Medical Center, Japan

**Introduction:** Two decades after the Civil War, the government of Sri Lanka and the Liberation Tigers of Tamil Eelam (LTTE) entered into a mutual cease-fire agreement in February 2003, and the Tokyo Declaration on Reconstruction and Development of Sri Lanka was adopted in June 2003. Following the recent peace process, huge domestic and foreign support for healthcare has been provided mainly to the Northeast districts, although only a few local non-governmental organizations are working in the areas adjacent to the Northeast districts.

**Objective:** This study sought to describe the current health status in Sri Lanka and suggest an appropriate process of healthcare support for the country.

**Methods:** The Japanese Red Cross Society and the Sri Lanka Red Cross Society conducted a survey in five provinces in July and October–December 2003, and analyzed the health situation in those areas.

**Results:** Sri Lanka has a well-structured medical system. However, primary healthcare services, especially in conflict-affected and adjacent areas, have not been provided with sufficient attention compared to the curative services.

**Conclusion:** The reconciliation among ethnicities is the vital agenda, not only in the Northeast districts, but also in Sri Lanka as a whole. All health projects should aim to facilitate the reconciliation and organization of the grass root volunteers, which is needed to fulfill the mission.

**Keywords:** health care; Japanese Red Cross Society (JRCs); primary health care; Sri Lanka; Sri Lanka Red Cross Society (SLRCS); support

*Prehosp Disast Med* 2005;20(3):s128

#### Container Contamination as a Possible Source of a Diarrhea Outbreak in Abou Shouk Camp in Darfur Province, Sudan

V. Walden; E.A. Lamond; S.A. Field

Oxfam, United Kingdom

**Introduction:** Diarrhea is one of the five major causes of death in an emergency setting and one of the three main causes of death in children (Curtis & Cairncross, 2003). In June 2004, an outbreak of shigellosis was confirmed in the Abou Shouk camp in the Northern Darfur province of Sudan. Since the camp is currently home to about 7,000 households, an immediate response was necessary.

**Methods:** As water testing showed no contamination, it was assumed that post-collection contamination occurred.