

Methods: A real-time simulation exercise with trained volunteers playing casualties was conducted by the Ministry of Health. The hospital had to submit its mass-casualty protocol prior to the exercise. The Ministry provided a best-practice guideline on various hospital processes. Exercise controllers and peer observers from other hospitals were assigned to evaluate the various system processes and utilized a graded scoring system. The casualty load was timed to simulate surge capacity. The scenario of the exercise was a bomb blast at a public mass-transport station.

Results: A total of 180 casualty simulators were managed from the emergency department to their final inpatient disposition. The hospital's operational readiness and capabilities were validated and assessed. A four-tiered State of Readiness Score (fully ready, high state, acceptable state, barely ready) was given at the end of the exercise.

Conclusions: Mass-casualty simulation exercises provide more realism in rehearsing hospital disaster plans. The presence of anesthesia and surgical teams in the emergency department with direct command of operating theater space and intensive care beds helps in the timely disposition of critically injured casualties.

Keywords: emergency preparedness; hospital incident command system; simulation exercise; surge capacity

Prehosp Disast Med 2009;24(2):s103-s104

(H72) Emergency Medical Information System and the Strategy of Disaster Medicine

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At the time of the Great Hanshin-Awaji Earthquake in 2005, the maximum effort of the individual hospital was not sufficient to meet the excessive needs. A Japanese emergency medical system especially for disasters has been established after analyzing several experiences after the earthquake.

The conversion of medical institutions is necessary when a disaster impacts in a large region. During the acute phase of a disaster response, the Emergency Medical Information System (EMIS) becomes the tool that is used to share the information regarding damages to the medical institutions, the ability to accept patients, and the activities of Disaster Medical Assistance Teams (DMATs). In order to organize the effective use of EMIS by hospitals, specialists in disaster medicine are needed; DMATs are appropriate for this responsibility. The first priority of DMAT activities during the acute phase of disaster response is recovery of the disaster base hospital. The second priority is the establishment of the information-sharing system and transportation from the individual hospitals to the disaster base hospitals. The third priority is a transfer system from the disaster base hospital to hospitals in an unaffected area.

The conversion system of medical institutions of the area in which EMIS and DMATs are centered was established especially for the acute phase of disaster response. In Japan, the difficulty in accepting patients in emergency medical care has become a social problem. In the future,

this disaster medical system also should be applied to usual emergency medical care.

Keywords: acute phase; capacity building; disaster medical response teams; emergency medical information system; Japan; preparedness; response

Prehosp Disast Med 2009;24(2):s104

(H73) Resource Continuity Overview Database and Rating System

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Introduction: The ReCOVer (Resource Continuity Overview) Database and Rating System has been developed to highlight a hospital's capacity and level of preparedness during situations such as terrorism, natural disasters, pandemics, mass-casualty incidents, and infrastructural failures. The system focuses on the supply of essential resources (e.g., electricity, water, gas) of a hospital and compares it to their level of clinical acuity.

Objective: The objective of ReCOVer is to identify the vulnerability of key resources of healthcare facilities in the event of a disaster. ReCOVer also identifies further needs for improved risk management and business continuity planning at the local hospital level.

Methods: In order to develop the ReCOVer rating system, key experts including hospital engineers, disaster coordinators, fire personnel, security, information technology, and nurse unit managers were called upon to identify key resources and their dependencies. Following this, disaster scenarios were simulated to test the validity of the information provided. Questionnaires were issued to hospital resource managers to collect resource data. From this information, ReCOVer generated a rating of preparedness for each resource category.

Results: The information gathered from the questionnaires is available online to health managers who are able to evaluate preparedness and capacity of a single hospital or a cluster of hospitals across a wide geographical area.

Conclusions: ReCOVer highlights vulnerable facilities that by comparing resource capability against clinical acuity. This enables managers to make better decisions on improving disaster preparedness.

Keywords: capability; database; disaster; preparedness; resources

Prehosp Disast Med 2009;24(2):s104

(H74) Athens International Airport Medical Services Preparedness for Coping with Airport Disasters

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Introduction: Recently, a significant number of airplane accidents involving a large number of victims have been recorded. Athens International Airport (AIA) organizes annual field exercises in order to assure preparedness and a high level of training for all agencies involved. Airport Medical Services staffed by the Hellenic National Centre for Emergency Care (EKAB), deliver emergency medical care on a daily basis or in case of an airplane incident.