

information can be used for educational, operational, and organizational purposes.

**Methods:** This study has two parts: (1) an analysis of the competencies of the ambulance crew and MMT based on current protocols and professional requirements; and (2) an analysis the distribution of competencies based on joint interventions. For four months, all joint interventions of ambulances and MMTs will be recorded consecutively by observers. This study focuses on technical interventions and clinical decision-making. Based on the observations, the applied competencies will be allotted to a predefined set of competency-profiles. The outcome of the study will provide insight in the distribution of competencies between ambulance and MMT.

**Results and Conclusions:** Preliminary results will be presented and discussed at the Congress.

**Keywords:** collaboration; mobile medical teams; prehospital emergency care; registered nurses; The Netherlands  
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#### (94) Disasters Don't Have to Be a Disaster

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The basic triage method used by the most organizations was developed in 1797 and has changed little in the past 200 years. The patient—the most important aspect of the process—is often forgotten. Since 11 September 2001, including the recent US Institute of Medicine report on Emergency Services, drastic changes are being made to make our world safer and our daily operations efficient and scientifically valid. This report focuses on current operational research that will improve how we respond to and care for victims of trauma.

From this presentation, the participants will be able to: (1) identify two or more common myths in current trauma assessments, especially during mass-casualty events; (2) contrast their current practices against evidence-based practices; and (3) demonstrate how operational protocols can be objective, consistent, and validated.

**Keywords:** assessment; emergency services; evidence-based practices; protocol; triage  
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#### (95) Work Safety at the Place of an Accident

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Safe-speed driving time efficiency demonstrates the utility of recent Emergency Medical Service (EMS) technology. Global Positioning System (GPS) satellite surveillance makes it possible to spot the location of the closest EMS vehicle. This system also enables autopilot navigation of EMS vehicles with the use of a specific program. Video surveillance of main road intersections enables the dispatcher to efficiently direct EMS teams according to the actual traffic conditions. Remote controlling of traffic lights is the most promising safety parameter.

Additionally, fencing-off the accident site with yellow tape and signaling the alarm siren increases the safety of the medical team and other personnel present at the place

of the accident. Compulsory police attendance during medical emergency situations in public places helps to ensure safety during the performance of the entire emergency response protocol and during the interventions provided. Having the police escort the medical team to the place of the accident currently is the safest and most timely method. Police security at the place of the accident guarantees the safety of the intervening medical team; blocking-off oncoming traffic is a precautionary step to ensuring safe working conditions for the medical team. Setting off an alarm siren from cellular phones is a safety aid that may be developed for the intervening medic team, in case of emergencies where police assistance is not available or not yet present.

**Keywords:** accident; emergency response; safety; technology; traffic  
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### Oral Presentations—Theme 4: Ethics and International Law

*Chair: Ahmed Ammar*

#### Triage, Ethics, and International Laws

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Each discipline within the fields of disaster and emergency management highlights the necessity of a universal ethical code. Members of a triage team must be sure that they are professional and qualified. Preferably, the members should have experience in mass-casualty incidents and in managing critically injured patients.

Modern triage is based on an on-scene assessment, in conjunction with the judgment of the actual and possible severity and prognosis of each victim. During a disaster, triage teams must decide who to treat first, knowing that withdrawal of medical treatment is more difficult than withholding treatment.

A computer-generated prediction of death is an objective statement concerning the patient's inability to overcome the initial trauma, despite treatment and therapy. Nevertheless, prediction rules may represent an advanced form of audit when used appropriately. They can confirm early decisions on the relevance of continuing treatment.

This presentation also discusses the remaining considerations linked with the problem of triage in the context of medical ethics and international laws.

**Keywords:** disaster; emergency management; ethics; international; triage  
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#### Conducting Research Ethically is Possible in Disaster and Combat Situations

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**Background:** Conducting research in combat and disaster environments share many of the same fundamental principles and regulations that govern civilian biomedical research.

Despite some similarities, research in these environments has additional requirements designed to preserve the informed consent rights of servicemembers, ethical standards, and classified information. Studies approved for conducting research in current combat operations were reviewed. **Methods:** This is a descriptive, retrospective study of protocols that currently have been approved for conducting research in Operation Iraqi Freedom and Operation Enduring Freedom.

**Results:** During the period of July 2005 through October 2006, seven retrospective chart review protocols and six prospective, observational studies were submitted to the Research Committee in Iraq for review and approval at the Brooke Army Medical Center Institutional Review Board (IRB). All protocols were approved by the IRB for implementation in Iraq. Most of these protocols involved trauma care treatment. One prospective study investigating the effects of blast-concussive injuries on US soldiers in Iraq that required informed consent was reviewed and approved.

**Conclusions:** The conduct of military medical research will continue to make an important contribution to the civilian and military medical communities. Although policies and regulations to conduct research and release associated findings often seem cumbersome and stringent, these added hurdles serve to ensure protection of human subjects, and to prevent unintentional aid to unfriendly forces.

**Keywords:** combat; ethics; institutional review board (IRB); Iraq; research

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### Medical Ethics in Mass-Casualty Incidents and Disasters: The Tel Aviv Medical Center Experience

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Healthcare providers face ethical dilemmas nearly on a daily basis and follow codes that lead them in their daily functions. Because health providers deal with critical issues, the code of ethics should be clear and easily understood.

During a mass-casualty incident (MCI), many ethical dilemmas present. The aim of this paper is to provide an overview of the attitudes and beliefs of nurses and physicians during a MCI caused by a terrorist attack and to expose them to the ethical dilemmas that may be encountered. These dilemmas were presented to the medical staff in the Emergency Department, Intensive Care Unit, and Trauma Department of the Tel-Aviv Sourasky Medical Center (TASMC).

More than 100 nurses and physicians from five departments in the TASMC were interviewed. The questions included:

1. Are there any differences between ethical dilemmas during “regular” time and ethical dilemmas during MCIs or following wartime?
2. How will we continue and keep our professionalism while treating a terrorist that was admitted into the department after he or she killed children in the attack?

**Keywords:** ethics; healthcare providers; mass-casualty incident (MCI); professionalism; terrorism

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### The Need for a World Association for Disaster and Emergency Medicine Ethical Code

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The number and magnitude of disasters, both human-made and those caused by natural hazards, have increased in recent years. Unfortunately, disasters will never cease to exist. The modern revolution in information management and communications has turned the world to a small village. Therefore, it is common to see many governmental and non-governmental humanitarian aid organizations, and sometimes military forces, responding to a disaster with the intention to rescue and help victims. These groups may find themselves in a different country with a different language and culture. Previous experiences have demonstrated that despite good intentions the time has come to develop an internationally recognized and agreed upon Ethical Code for the World Association for Disaster and Emergency Medicine (WADEM). This code should define the following:

1. The duties of the different groups;
2. The relationship between different groups and hosting countries;
3. The rights of the victims; and
4. The relationship between the different humanitarian, non-governmental aid groups.

**Keywords:** disasters; ethical code; humanitarian aid groups; non-governmental organizations; World Association for Disaster and Emergency Medicine (WADEM)

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### Poster Presentations—Theme 4: Ethics and International Law

#### (96) Organization of Surgical Hospital in Case of Ethical Distrust

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In June 1999, after bombing stopped in Serbia and Montenegro, 1,463 medical staff members of non-Albanian origin were dismissed from the clinical center in Pristina. There are areas in Kosovo that are primarily inhabited by Serbs who did not have access to medical care after the bombing. To meet this need, a small hospital was built in the village of Gracanica, several kilometers from the Clinical Center in Pristina. The hospital was built with help from Greece and staffed by Albanians. It contained two operating theaters and a four-bed intensive care unit two ventilators and invasive monitoring capability. General, pediatric and orthopedic surgeries were performed at the hospital, as well as obstetrics.

This small hospital was technically and professionally equipped to perform all urgent interventions. The hospital was surrounded by villages with an Albanian majority. Frequent power and water outages, attacks by terrorists, and limited movements were just a few of the challenges the staff of the hospital faced. Under difficult conditions,