

**Conclusions:** As the population ages, the burden of chronic disease in the population increases. During a disaster with large numbers of displaced persons, accommodations for such persons must be accounted for in order to prevent a second disaster related to de-compensation of those with chronic health problems in the ACS shelter. Understanding the population needs beforehand can mitigate the effects of displacement on this population.

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#### (A140) An Analysis of National Survey on Disaster Drill by Emergency Medical Centers in Korea

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**Introduction:** Disaster drills have been performed officially for disaster medical preparedness by wide regional emergency medical centers in Korea. Government evaluates these disaster drills every year, but this evaluation is performed based on administrative aspect not disaster medical aspect. Also there are insufficient number of research on disaster drill not on disaster itself, especially national level. So these disaster medical drills were analyzed and reevaluated.

**Methods:** Disaster drills performed by wide regional emergency medical centers in Korea were evaluated and analyzed from August 2006 to July 2008. Disaster drill planning, performance, kinds of disaster drill, contents of drill and resources of drill were collected and analyzed in medical aspect based on the disaster drill report and additional compensation of incomplete data by direct contact with the participating institutions. The appropriateness and evaluation results referred to the guideline of National Emergency Medical Center of Korea.

**Results:** All the wide regional emergency medical centers had their own disaster drill planning and resource application planning for drills and real disasters. Most of disaster drill planning were appropriate, but disaster facility was the weakest point in the planning. Types of disasters in disaster drills were fire and structural collapse(44.4%), special disaster(13.7%), natural disaster(1.7%). Average duration of disaster drills were 6.12 hours and 1.26 days. Real field drill rate was 80.3%. Sixty five percent of drills were connected to multiple institutions or organizations other than hospitals. Number of participating persons from wide regional emergency medical centers were 21 on average.

**Conclusions:** Medical situation on disaster drills is that there are various levels and kinds of disaster drills done by wide regional emergency medical centers, so the quality and quantity should be enforced in low level centers. It is recommended that international situation or database can be extracted based on this research.

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#### (A141) Hospital Preparedness for a Large Scale Biological Drill

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**Background:** During the past four years large scale biological exercises took place in several districts of the state of

Israel. The drills included hospitals, Health Maintenance Organizations (HMOs), Emergency Medical Services (EMS), public health district offices and interface agencies such as Israel Defense Forces (IDF) Home Front Command (HFC).

**Discussion and Observations:** On January 2010 a comprehensive biological exercise was conducted in Tel Aviv. Tel Aviv Sourasky Medical Center (TASMC) together with the agencies mentioned above practiced the hospital competing with Exceptional Biological Event. New elements, which had never been inspected before, were evaluated in this drill:

- Activating of a triage point at the hospital gate.
- Opening a special registration point.
- Staff protection from biological agents.
- Activating a separate Emergency Department (ED) for bio- threat.
- Detection and Containment ward.
- Protected elevators and passageways
- Interface agencies in and out the hospital.

Designated physicians, nurses and paramedical team, that practiced other events in the past, needed to be trained and practiced in order to be ready for a biological event. Wards that usually did not participate in such drills, needed to take part in this particular drill, while the routine work continued. This paper presents the hospital preparation for the drill, the methodology of training and preparedness, as well as the outcome of the drill.

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#### (A142) Simulated Evacuation of Three Critical Hospital Departments: A Comparison

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**Background:** According to the Belgian Hospital Disaster Planning Act, all hospitals are required to have written disaster plans and to routinely conduct annual disaster drills. In 2010, three neighboring hospitals organized independently from each other an evacuation exercise of a critical care department (CCD): two university hospitals of a Dialysis Center and a One-day Surgery Clinic respectively and the military hospital of a Burn Unit.

**Aim:** To compare these CCD's evacuation plans and drills and the overall hospital emergency incident response and command system.

**Methods and Results:** Conducting an evacuation exercise in a CCD, moving vulnerable highly dependent people towards an alternative shelter site is challenging, causing an important burden to ongoing medical specialist care, working staff and critical infrastructure. In all three CCD, it was decided to conduct a simulated evacuation exercise following an internal fire, thereby deploying fashioned simulated patients and visitors but bringing into action the regular attending medical, nursing and logistic staff. In each hospital a multidisciplinary design team was launched, consisting of the hospitals disaster preparedness coordinator, the EMS-staff, external emergency incident management and operational engineering experts. The appointed objectives for evaluation were the knowledge of the regular