

Conclusion: In Melbourne, AMPDS has a sensitivity of 76.7% in identifying cardiac arrest. Further research may detect improvements that can be used for cardiac arrest identification. Improving level of consciousness and ventilatory rate assessment may reduce unnecessary maximal responses.

Keywords: Advanced Medical Priority Dispatch System (AMPDS); cardiac arrest; detection; emergency medical services (EMS); response

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Theme 13: Disaster Planning

Chair: Mauricio Lynn

Theme 14: Recent Disasters and Major Incidents—Sharing Our Experience

Chair: V. Anantharaman

Medical Relief during the Gujarat Earthquake in India

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On 26 January 2001, an earthquake with a destructive force of 7.9 on the Richter scale struck near the city of Bhuj, in the state of Gujarat, India. This catastrophe was reported to have affected 350 million people, injured 100,000, and killed 10,000 persons.

The Singapore International Foundation (SIF), in collaboration with SingHealth Group and the Singapore Ministry of the Environment, responded by sending a medical relief mission. The mission was coordinated in partnership with the Indian Medical Association, Rajkot. The team was comprised of six doctors, five nurses, one public health official, and one emergency behavioral officer, and brought 1.8 metric tons of medical equipment and supplies into the city of Bhuj to provide medical relief. The scope of work included emergency medical care, critical and intensive care, critical care transport, primary health care, public health assessment, and interventions.

Experiences, and more importantly, lessons learned in mission planning, preparation, evaluation and needs assessment, emergency behavior and response, and integration with other non-governmental organizations will be discussed.

Keywords: earthquakes; India; mission

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International Medical Response to a Natural Disaster: Lessons Learned from the Bam Earthquake

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Introduction: On the morning of 26 December 2003, an earthquake, measuring 6.5 on the Richter scale, struck the city of Bam in the southeast region of Iran. The earthquake killed >40,000 people, and rendered 30,000 injured, and some 75,000 homeless.

While response to national-level disasters is primarily the responsibility of national authorities, due to the magnitude of the needs and the collapse of infrastructures caused by such events, the importance of international responses cannot be overemphasized. As reported in many similar instances, despite the adequacy of the amount of goods and services provided to the disaster zone, the efficacy of the international medical activities has been less than expected. Identification of the strengths and drawbacks of the recent international medical responses in Bam can improve the efficacy of such efforts in the next events.

Methods: Data were collected on the medical needs after the event and the international medical response through direct observations in the region, documents published by international organizations, and personal contacts with national authorities and the director of some of the international teams in Bam.

Results: Almost 40 international teams provided search and rescue (SAR) services in Bam, with five of them arriving within the first 24 hours, 10 teams in the first 48 hours, and a total of 34 urban, SAR teams consisting of 1,345 personnel arriving in Bam by 28 December. On 29 December, approximately 1,600 international rescue workers (SAR, health, and relief personnel) from 44 countries were present in the disaster zone. Twelve foreign field hospitals (FFH) and some field clinics were involved in the provision of medical assistance for affected people. Data related to the time of arrival and deployment, number and type of personnel, x-ray and laboratory facilities, number of patients treated, and number of operations performed are reported in this presentation. The possible problems and difficulties, which may have decreased the efficacy of the FFH, are discussed, and solutions for some of the problems are proposed. Also, a flowchart, which simplifies decision-making concerning deployment of international assistance in critical situations, is suggested.

Keywords: Bam; earthquake; field hospitals; international; Iran; medical; response; search and rescue

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Assessment of Palestinian Emergency Health

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Since the Al Aqsa intifada, the delivery of Palestinian emergency health has suffered an acute, chronic impairment. One facet of this persisting emergency is poor mobility within Jerusalem, the West Bank, and the Gaza Strip. Despite travel restrictions, leading emergency department (ED) staff and Palestinian Ministry of Health officials convened to identify the most pressing needs and obstacles to deliver emergency health.

Expatriate emergency clinicians with experience working in the Palestinian Territory developed a written survey. In June 2004, 17 questions were answered anonymously by staff working at EDs in Nablus, Jenin, Tulkarm, Qalqilya, Ramallah, Jerusalem, Hebron, Bethlehem, and Jericho, as well as in Gaza City and Khan Younis, separately due to