

(A43) Are Injuries due to Terrorism and War Similar? A Comparison of Civilians and Soldiers

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Objective: The objective of this study was to compare injuries and hospital utilization and outcomes from terror and war for civilians and soldiers.

Background: Injuries from terrorism and war are not necessarily comparable, especially among civilians and soldiers. For example, civilians have less direct exposure to conflict and are unprepared for injury, whereas soldiers are psychologically and physically prepared for combat on battlefields that often are far from trauma centers. Evidence-based studies distinguishing and characterizing differences in injuries according to conflict type and population group are lacking.

Methods: A retrospective study was performed using hospitalization data from the Israel National Trauma Registry (10/2000–12/2006).

Results: Terrorism and war accounted for trauma hospitalizations among 1,784 civilians and 802 soldiers. Most civilians (93%) were injured in terrorism and transferred to trauma centers by land, whereas soldiers were transferred by land and air. Critical injuries and injuries to multiple body regions were more likely due to terrorism than war. Soldiers tended to present with less severe injuries from war than from terrorism. Rates of first admission to orthopedic surgery were greater for all casualties with the exception of civilians injured in terrorism who were equally likely to be admitted to the intensive care unit. In-hospital mortality was higher among terrorism (7%) than war (2%) casualties, and particularly among civilians.

Conclusions: This study provides evidence that substantial differences exist in injury characteristics and hospital resources required to treat civilians and soldiers injured in terrorism and war.

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(A44) Roadmap to Disaster Medicine and Public Health Information

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Reliable & easily accessible health information is needed before, during, and after disasters. The U.S. National Library of Medicine's Disaster Information Management Research Center has developed a portal linking to resources, guides, and tools for use by disaster/emergency personnel in preparing for, responding, to and recovering from disasters (<http://disasterinfo.nlm.nih.gov>). This session will introduce you to many of the disaster health information sources available on the Internet. Disaster information tools, such as the Wireless Information System for Emergency Responders (WISER) and the Radiation Emergency Medical Management (REMM) resource will be demonstrated. WISER assists responders in HazMat/CBRN incidents. Capabilities include support for substance identification, on-site incident management, and health management/guidance. The REMM tool provides guidance for health care personnel about clinical diagnosis & treatment

of radiation injury during radiological & nuclear emergencies. WISER and REMM are available on the Web and as apps for a variety of mobile devices including the Blackberry and iPhone/iPod Touch/iPad. In addition how to access the disaster health literature from PubMed, the Resource Guide for Public Health Preparedness, and other sources will be discussed. Social medial tools for keeping up-to-date will be presented. Topics to be presented: NLM and other US resources for disaster health information. Other sources of disaster health information, including associations; non-governmental organizations, and international organizations. Databases and information aggregators. Disaster information tools and mobile applications Evaluating/assessing information on the web. How to stay up-to-date: listservs, RSS feeds, blogs, Twitter, etc.

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(A45) When Nothing is Left Standing: Nursling's Integral Role during Disaster Response in Indonesia and Haiti

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The purpose of this presentation is to compare the lessons learned in acute nursing care in the post-disaster settings of Aceh Jaya, Indonesia (2004) and Port-au-Prince, Haiti (2010). The impact of such disasters disproportionately affects populations made vulnerable by poverty, marginalization, and structural violence. The recognition of these vulnerabilities heightens the role of the nurse as an advocate for the ill and injured. In addition, the lack of adequate human and material resources on all levels necessitates insisting on best practices for patient care despite the resource constraints. Consideration of best practices begins with rigorous personnel selection of nurses adequately trained in emergency/critical care, complex humanitarian emergencies, and disaster response. A proficient level of resource-specific triage knowledge is required to adequately provide the most effective care to patients. Not infrequently, disaster nursing care involves being tasked with a clinical skill or procedures that would be outside the scope of practice in the home country. While the expansion to such practices often is justified by need, an ethical framework demands consideration of the central tenet of "first do no harm". A heavy burden of coordination among other caregivers, family, and the local staff is required by nurses in this environment. The substantial challenges include communication and continuity of care during the initial response phase among multiple partners with varied backgrounds and goals. Drawing from experiences in Haiti and Aceh, this presentation seeks to define the best practices in disaster nursing care and explore the ethical considerations that arise in such challenging environments.

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(A46) Health Volunteers during the MT. MERAPI ERUPTION: What did Nursing Students Learn?

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Background: Undergraduate nursing students are expected to be responsive and competency, particularly during a disaster.