

Esenboga Airport on 10 February 2005, 43 workers were contaminated. These workers were transferred to SSK Diskapi Hospital Emergency service. During the management of the event, SSK Diskapi Hospital was quarantined and the entrance and exit of the other patients was stopped. The patients whose tests and treatments were continuing, and who also were kept under observation in SSK Diskapi Hospital Emergency service, were referred to the emergency services of the other hospitals by the Ankara 112 Emergency Health Services ambulance teams, due to the concern that they would not be able to receive sufficient care during the quarantine. As was the case during Esenboga Event, in unusual conditions, there is a necessity for “Unusual Situation Support Protocols” among the emergency services servicing within the same garrison/metropol. Provincial Inter-Emergency Services Coordination Commissions (ASKOM), to which the emergency services within the same responsibility area are affiliated should establish these protocols for their cooperation in unusual situations.

**Keywords:** emergency; emergency medical services; evacuation; hospital; planning

*Prehosp Disast Med* 2007;22(2):s72–s73

### Triage is Broken

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At the Medical Readiness Conference, Former Air Force Surgeon General PK Carlton declared, “Triage is broken”. Triage is an effective protocol to organize the chaos of a disaster, but has little to no scientifically valid impact on the medical aspects situation: maximizing the patient’s survival! With over 35 years of expertise, including developing the Revised Trauma Score, the Injury Severity Score, and the Trauma Injury Severity Score, Dr. Bill Sacco now has introduced an evidence-based triage method which maximizes life saving and is used everyday on every trauma call. This presentation will demonstrate the research, evaluation, operational aspects, and life-saving capabilities of evidence-based triage.

At the end of this presentation the participants will be able to:

1. contrast current triage practices with the Sacco Triage Methodology (STM);
2. identify failures in commonly used triage practices relative to patient survivability;
3. describe why the “moving patients” versus maximizing survival approach to triage is ineffective; and
4. demonstrate the proper method of assessing for all patients of a mass-casualty incident or disaster

**Keywords:** disaster; evidence-based triage; life saving; survival; triage

*Prehosp Disast Med* 2007;22(2):s73

### International Life-Saving Federation: Position Statement—Aquatic Disasters

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The International Life Saving Federation (ILS) is the world authority on the reduction of drownings and aquatic injuries, and uses traditional methods such as education, prevention, and rescue training to prevent such injuries. There are 66 full member countries and even more associate and corresponding member countries participating in the Federation.

Throughout history, many tragic aquatic disasters have occurred. They include floods, cyclones, typhoons, hurricanes, shipwrecks, aircraft crashes, oil rig disasters, and tsunamis. The largest global aquatic disaster of the past century is the December 2004 Indian Ocean Tsunami, when an estimated 280,000 people lost their lives. There is a role for the ILS member organizations to reduce morbidity and mortality in international aquatic disasters.

International tragedy can be lessened by international effort. That international effort may include: (1) assisting in planning and implementing preventative and rescue strategies; (2) health management; and (3) post-event debriefing. The ILS has helpful recommendations to assist government planners as well as lifesaving and disaster managers to reduce the morbidity and mortality from aquatic events. These recommendations are in the areas of prevention, rescue, health management, and debriefing education.

**Keywords:** aquatic event; disaster; education; international collaboration; International Life Saving Federation

*Prehosp Disast Med* 2007;22(2):s73

### Poster Presentations—Theme 8: Life-Threatening Situations in Daily Emergencies and Disasters

#### (119) Air in the Carotid Canal as a Predictor of Distal Internal Carotid Artery Laceration 10

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The medical care of a patient, 25 years of age, with blunt trauma-induced bilateral, distal segment internal carotid artery (ICA) lacerations, resulting in a left-sided direct carotid-cavernous sinus fistula (CCF), and presenting with massive oronasal bleeding is described. Computerized tomography images showed free air in both carotid canals. The combination of severe oronasal bleeding, with air in the carotid canal should alert the treating physician to the presence of a distal internal carotid artery laceration.

**Keywords:** carotid canal; computerized tomography; distal internal carotid artery laceration; trauma

*Prehosp Disast Med* 2007;22(2):s73