

of JDR-MT in Haiti. The JDR-MT consisted of 27 members, including four medical doctors, seven nurses, one pharmacist, one radiologist, one medical technologist, two emergency medical technicians, and 11 logisticians. The JDR-MT was equipped with medicines for 1,000 patients, a portable x-ray system, and ultrasound diagnostic equipment. The JDR-MT performed relief activities at Leogane City, which was 40km west of the capital of Port-au-Prince, and was the first medical team that entered the Leogane area after the earthquake. The JDR-MT treated 534 patients for eight days. The male-female ratio of total patients was 180/354, and the male-female ratio of 242 injured cases treated by the JDR-MT was 80/162. Among the patients treated by the JDR-MT, 100 were diagnosed as bone fractures with the portable x-ray system. There were 17 cases of open bone fractures and 15 cases of pelvic fractures. The male-female ratios were 28/72, 4/13, and 1/14 respectively. The total number of female patients was approximately double compared with the number of male patients in this experience. The proportion of female patients was much higher in the cases of severe injury, such as open bone fractures and pelvic fractures.

Prehosp Disaster Med 2011;26(Suppl. 1):s27–s28
doi:10.1017/S1049023X11001038

(A102) Training Agricultural Emergency Responders

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Training Agricultural Emergency Responders by Paula L. Cowen, D.V.M., Director, Professional Development Staff, Veterinary Services, Animal Plant Health Inspection Service, United States Department of Agriculture

Abstract: Background Emergency Response is a critical component of our Animal Agriculture infrastructure. The ability to deploy trained personnel to handle any kind of emergency is key to quickly containing any disaster and mitigating the effects. This training is provided by a number of federal agencies, universities as well as at the state and local level. Body Several training strategies are employed by a number of different entities. Training is available on-line, in the classroom, with wet labs using live animals, through exercises and case studies. An overview of training and education of Agricultural Emergency Response personnel across the United States will be covered with a more in depth look at the training provided by the Animal Plant Health Inspection Service.

Conclusion: The Professional Development Staff provides technical training in disease identification and control, emergency response, import/export, and other topics as needed. Protecting and promoting American Animal Agriculture is our core mission. Veterinary Services provides leadership at the intersection of Animal and Public Health concerns.

Prehosp Disaster Med 2011;26(Suppl. 1):s28
doi:10.1017/S1049023X1100104X

(A103) Understanding Terror Medicine

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The term terror medicine emerged early in the 21st century to describe medical issues associated with terrorist events.

While related to emergency and disaster medicine, the field also includes several features that are specific to terrorist attacks. The Israeli healthcare experience as related to terrorist attacks during the intifada (2000–2006), provides a base for comparison to responses elsewhere including to events in Oklahoma City (1995), Madrid (2004), and London (2005). Terror medicine covers four broad areas. First is preparedness, which encompasses hospital surge capacity, training and exercises, and the stockpiling of medical provisions for conventional and non-conventional attacks. Second is incident management, which includes protocols for on-site care, triage, distribution of victims to hospitals, and hospital-receiving procedures. Third is mechanism of injuries and responses, which ranges from determining treatment priorities in someone with multiple injuries (burn, crush, ruptured organs, etc.) to dealing with biological, chemical, or radiological exposures. Fourth, psychological consequences, involves care for acute and long-term emotional effects of a terrorist attack. Growing interest in terror medicine has been manifested in recent publications and conferences. (Egs., SC Shapira and LA Cole, *Terror Medicine: Birth of a Discipline*, J Homeland Security and Emerg Management, Vol. 3, No. 2 [2006] http://www.terrormedicine.com/publications_files/Terrormedicine.pdf; SC Shapira, JS Hammond, LA Cole, eds., *Essentials of Terror Medicine*, NY: Springer [2009]; Symposiums on Terror Medicine and Security, University of Medicine and Dentistry of New Jersey [Newark, NJ, July 2009; Montclair, NJ, Sept. 2010]). Efforts to prevent terrorist attacks should be among a society's highest priorities. No less important are the requirements to prepare for, respond to, and recover from these events. The more that individuals and institutions become familiar with the essentials of terror medicine, the greater the protection they can provide to others.

Prehosp Disaster Med 2011;26(Suppl. 1):s28
doi:10.1017/S1049023X11001051

(A104) Simulation in Disaster and Emergency Medicine

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Simulation: An activity or situation that produces conditions which are not real, but have the appearance of being real, used especially for testing something. Longman Dictionary of Contemporary English. Simulation has evolved over the centuries but has not been applied to medicine until the 20th century with the introduction of virtual reality and computers. Prior to the 20th century simulation took the forms of physical models and cadavers. With the introduction of flight simulation there was an effort to move similar approaches into medicine. This was pushed by the demands of minimally invasive surgery and the introduction of robotics in surgery. In the 21st century in addition to cognitive task analysis tools we are beginning to see the migration of advanced intelligence tools to simulation. We are just at the beginning of how we will use adversarial reasoning in the medical environment and in high risk time constrained situations like Emergency Medicine. The practitioner of emergency medicine is at high risk for errors because of multiple factors including high decision density, high levels of diagnostic uncertainty, high patient acuity, and frequent distractions. Some