

emergency. The idea of using emergency medical services (EMS) agencies to rapidly transfer patients from one facility to another in order to increase a hospital's ability to care for a large influx of patients has been postulated. Additionally, questions concerning how to evacuate a hospital and send patients in rapid fashion to nearby medical centers during an emergency have been raised.

Methods: A compilation of all licensed ambulance providers in the seven counties of the greater New York City Metropolitan-Hudson Valley region was gathered. A simple, random sample of the transporting EMS providers from each county was obtained, and these agencies were contacted to complete the survey tool.

Results: Of those responding, 15.1% stated they would not be able to provide staffed ambulances to area hospitals or medical centers to assist in transferring patients to other facilities or rapidly discharging patients to make room for disaster victims. Of respondents, 12.1% stated that they had formal agreements with acute or non-acute care hospitals to provide dedicated ambulances in the setting of a natural or man-made disaster, terrorist event, mass-casualty incident, or public health emergency. All of the agencies that had agreements were private, for-profit ambulance services.

Conclusion: Hospitals must begin to draft agreements with private ambulance companies to provide dedicated, staffed ambulances for the purpose of hospital evacuation or mass-patient transfer. Hospitals should not rely upon municipal "9-1-1" emergency telephone system activated EMS systems to contribute ambulances for these purposes.

Keywords: ambulance services; emergency medical services; evacuation; hospitals; mass-patient transfers

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(67) Altered Standards of Care for Emergency Medical Services Personnel during Public Health Emergency

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The emergency medical services (EMS) system is one of the key components in disaster, terrorism, and public health emergency preparedness and response. During the past 30 years, the EMS system has developed into an effective means of delivering prehospital medical care. Public health agencies typically provide regulatory oversight of EMS. Recent studies have demonstrated the value of an EMS/public health partnership in increasing a community's preparedness for disasters and other public health emergencies.

In this session, participants will be presented with the potential roles of prehospital medical providers (emergency medical technicians (EMTs) and paramedics) in augmenting the traditional public health and medical response to disasters and public health emergencies. Current and pro-

posed expanded scope of practice models will be presented along with suggested educational modules for altered standards of care. Additionally, model protocols for utilizing EMTs and paramedics for skills, including, but not limited to, vaccine administration, antibiotic/antiviral dispensing, case and contact tracing, surveillance, and healthcare facility evacuation and mass-patient transportation, will be presented.

Keywords: emergency medical services (EMS); emergency medical technicians (EMTs); paramedics; public health emergencies; standards of care

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(68) Preliminary Report of Chest Pain Triage System with an Electrocardiogram Time of 10 Minutes

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Introduction: The Emergency Department (ED) of Hospital Quinta D' Or has experienced an increase in patient visits during the past decade. Many of these cases have involved chest pain. The correct identification of patients with acute cardiac ischemia remains challenging. Diagnostic strategies for the evaluation of the patient with chest pain have basically two aims: (1) the prompt identification of an acute myocardial injury (AMI) eligible for reperfusion; and (2) the exclusion of an acute coronary syndrome in an accurate and timely manner to allow the patients to be discharged appropriately.

Objective: To present a preliminary report on the implementation of a chest pain triage system that includes a quick clinical examination complemented by an electrocardiogram (ECG) in all patients presenting to the ED with chest pain.

Methods: From 17 October to 30 November 2006, all patients with chest pain were evaluated using a standard ECG. The target was a maximum 10-minute interval between the admission to the ED and completion of the ECG (ECG time).

Results: During this period, 92 patients with chest pain were registered. The mean values for the ECG time and the length of stay in the ED were 26.05 and 185 minutes respectively. Before the new triage system was implemented, the mean value for the ECG time and the length of stay in the ED were 31 and 225 minutes respectively.

Conclusion: After the implementation of a chest pain triage system, the time for the reperfusion treatment of patients with AMI with ST elevation can be reduced, and the patient flow through the ED setting can be optimized.

Keywords: Brazil; chest pain triage system; emergency department; electrocardiogram; time to ECG

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