

resources that the University would have otherwise gone without. She guided the University through redefining their pandemic plan, including assisting residence life in establishing alternative housing for sick students. An on-line reporting system was developed that was utilized by faculty, students, staff, and other concerned constituents. A public awareness campaign on the campus was instituted and 1,000 posters were posted around campus encouraging sick students to stay home and/or seek medical care. The World Health Organization, (US) Centers for Disease Control and Prevention, and Department of Education guidelines were monitored and implemented. Two mass-immunization clinics were held on the campus with > 7,000 immunizations provided.

Prehosp Disaster Med 2011;26(Suppl. 1):s15–s16
doi:10.1017/S1049023X11000628

(A46) Facilitating Disaster Nursing Research in Oceania Region

V.M. Plummer,¹ T. Telepo,² S. Suryanto³

1. Medicine, Nursing and Health Sciences, Frankston, Australia
2. Medicine and Health Sciences, Port Moresby, Papua New Guinea
3. Faculty of Medicine, Malang, Indonesia

“Facilitating disaster nursing research in Oceania Region” Natural disasters in the Oceania region and surrounds include for example earthquakes, volcanic eruptions (Rabaul, PNG, 1994, Merapi, Indonesia 2006), tsunamis, floods, (Indian Ocean 2004) fires, drought (Australia, 2009) and also pest plaques and pandemics which affected the broader international community. Between 1980 and 2008, there were 380 disaster events reported in the Oceania region in which 4,450 people died. That is approximately 154 deaths and 668,786 people affected at a cost of approximately \$US 889 million per year. However despite this significant number of deaths and injuries, there is limited reporting on the nursing experience during such disasters or the impact of nursing on communities during response and recovery. This is due to the prioritised clinical focus of nursing resources of most countries during these events. A network of authors and researchers is being established in the area to support the reporting of nursing research in developing countries such as Papua New Guinea, Fiji, the Solomon Islands, Vanuatu, and Indonesia where nurses receive little post basic education, have limited opportunities to review the evidence for practice in disaster and emergency nursing, yet are regularly required to support the multidisciplinary disaster health team without essential support from the nursing research community. The network is essentially web-based and consists of a translational research approach via a network grid of researchers in response to a disaster event. Researchers from neighboring countries not clinically involved in the event respond by discovering and accessing data, analysing and reporting through a portal that enables timely reporting for discussion, publication, e-learning and dissemination of contemporary disaster nursing practices. This paper will report on the development of the network and its nexus with the WADEM Nursing Research Committee.

Prehosp Disaster Med 2011;26(Suppl. 1):s16
doi:10.1017/S1049023X1100063X

(A47) Pediatric Mass-Casualty Triage: The New York City Approach

*A. Cooper,¹ D. Gonzalez,² M. Frogel,³ A. Flamm,³
D. Prezant,² M. Goldfeder,⁴ M. Treiber,⁵
M. Tunik,⁵ K. Uraneck,⁶ G. Foltin⁵*

1. Trauma and Pediatric Surgical Services, New York, United States of America,
2. Office of Medical Affairs, Fire Department, New York, United States of America
3. Cohen Children’s Medical Center of New York, New York, United States of America
4. Office of Emergency Management, New York, United States of America,
5. Center for Pediatric Emergency Medicine, New York, United States of America
6. Department of Health and Mental Hygiene, New York, United States of America

Introduction: A Mass-Casualty Event (MCE) involving pediatric victims could overwhelm existing pediatric resources. Therefore, early recognition of critically ill infants and children is essential for proper distribution among pediatric capable hospitals. However, emergency medical services (EMS) personnel have limited experience with pediatric assessments, and less with pediatric mass-casualty triage (MCT). To address these gaps, the New York City (NYC) Pediatric Disaster Coalition (PDC) in collaboration with the Fire Department (FDNY) and Office of Emergency Management, made simple alterations to the START-based NYC-MCT Algorithm that can be rapidly and accurately applied by EMS personnel in the field with minimal additional education and preparation, obviating the requirement for extensive and expensive retraining.

Methods: The PDC includes experts in pediatric emergency preparedness, emergency medicine, critical care, and trauma surgery in NYC, as well as DOHMH, FDNY-OMA, and OEM. Its Triage Subcommittee determined the minimum essential pediatric alterations to the Algorithm, which then was tested by FDNY-EMS.

Results: After focused literature review and multiple draft revisions aimed to maximize pediatric benefit yet minimize unnecessary complexity, the Algorithm was modified to ensure that: (1) five rescue breaths will be provided to infants or children prior to being categorized as Dead or Expectant; (2) infants under 12 months old will be categorized as Critical and receive priority transport, and (3) children initially categorized as Delayed or Minor will be uptriaged to a new Urgent (Orange) category to receive such care in a rapid manner. To date, > 3,000 FDNY personnel have been trained in its use, and tested its accuracy using tabletop scenarios. Mean accuracy is 80–90%.

Conclusions: The model is an effective, multidisciplinary approach to planning. Minimum alterations to the Algorithm were adopted by the regional EMS system. The Modified Algorithm improves identification of critically ill infants and children. This approach could be adopted by other large urban centers.

Prehosp Disaster Med 2011;26(Suppl. 1):s16
doi:10.1017/S1049023X11000641