

(P2-97) The Differences Between Triage and Start that are Applied to Train Derailment

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The derailment accident occurred on 25 April 2005. 562 passengers were injured and 107 people died. Based on our periodic training in mass disaster triage, we accepted 113 wounded victims regardless of the severity of their condition. Initially, Simple Triage and Rapid Treatment was supposed to be performed by an emergency physician as a triage officer but START is not the most effective method for this case because patients of different severity levels were admitted to our hospital. Therefore, we performed triage by inspection and palpation based on our experience and intuition. Patient's facial color, breathing patterns, and trauma were processed for inspection. Furthermore, palpation was carried on without counting pulse and we diagnosed victims based upon strength of pulse and sensation of cold. From inspirational and sensuous diagnosis, the severity was determined. Comparing START with experiential and intuitive triage, differences between level of consciousness, the severity of trauma, and vital sign were examined. In addition, which components were necessary for primary survey was also reviewed.

Method: Severe or moderate, which were evaluated from ISS, vital sign, and Revised Trauma Score: RTS, Probability of survival: PS, were classified and then agreement rate, sensitivity, and specificity between START (S model) and triage (D model) were assessed. For START, data was extracted from clinical records.

Result: Agreement rate between the S model and the D model was 76.9%. Moreover, at the percentage of questions answered, the S model showed 84.2% and the D model showed 68.4%. Thus the experiment showed significant difference. 5 over triage cases appeared when the D model was operated. RTS, vital sign, and PS did not show great differences.

Conclusion: It could be difficult and insufficient to use START when a mass disaster occurs, however experiential and intuitive triage is also effective as START.

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(P2-98) Disease Pattern in a Rural Setting Three Weeks After the 2008 Sichuan, China Earthquake—Hong Kong Red Cross Basic Health Clinic in Yanmen

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Background: The Sichuan earthquake on 12 May 2008 with a magnitude of 8.0 killed > 87,000 people. The response of the Hong Kong Red Cross (HKRC) included a basic healthcare team to a small rural town called Yanmen three weeks after the earthquake. The objective of this study was to review HKRC's medical records to identify the disease pattern in the Chinese rural setting post earthquake.

Methods: A cross-sectional, record-based study of all patients treated by the HKRC basic healthcare team from 01 June to 19 June 2008. This retrospective study studied the medical records collected during the clinical consultations, and descriptive analysis was performed for the demographic and clinical information. Blood pressure measurement was classified according to the JNC-7 classification, and the age- and gender-specific prevalence of hypertension was sought.

Results: A total of 2,034 cases were seen during the 19-day period with daily attendance ranging from 73 to 153 cases. Musculoskeletal, respiratory, and gastrointestinal problems were the top three categories and accounted for 30.4, 17.4, and 12.7% respectively. Trauma accounted for 5.4% of the cases attended, and 26.0% of the injuries were related to the earthquake. A total of 38.7% of the consultations were for medical problems that existed before the earthquake. A total of 43.4% patients with blood pressure measurements were above the recognized cutoff for hypertension.

Conclusions: Due to the impact and time phase post disaster, trauma, and injuries directly resulting from the earthquake did not contribute to a large number of cases. However, the management of chronic illness was an important issue, especially with the excessive prevalence of high blood pressure found in this study. Further studies to investigate the relationship between chronic diseases including hypertension and post-earthquake conditions are needed.

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(P2-99) Russian–Chinese Collaboration for Disaster Risk Reduction

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The Disaster Medicine Centre “Zaschita” is a coordinating center with the general goal of management and medical relief delivery in response to major emergencies. The Russian Disaster Medicine Service has accumulated a national and international experiences of emergency responses to earthquakes (Columbia 1999, Neftegorsk 1995, Turkey 1999, Iran 2003, Afghanistan 2002, China 2008, etc.). The Health Ministries of the Russian Federation and of Peoples Republic of China have concluded a treaty of collaborative activities in the field of in public health services and disaster medicine. The promotion of cooperation in health sector is based on the key elements of collaboration, which is an a method coping with emergencies. All activities have been discussed during annual meetings, and are planned for participants on the basis of practical field experience and of emergency medical care technologies. These include: (1) mechanisms of trans-boundary field collaboration in management during major disasters; (2) sharing of field experiences for coping with natural disasters; (3) early warning networks and information technologies; (4) staff preparedness programs and postgraduate education; (5) new psycho-physiological technologies for staff selection, training, and conformity of medical teams; (6) coordination and management of international-scale exercises; (7) technology of medical relief provided for injured in major disasters;

and (8) lessons learned from technological emergencies. The details of the consequences and issues associated with mutual management will be discussed.

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(P2-100) Prognosis of Unknown and Unattended Patients in the Neurosurgical Department

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Background: In 2009 in Delhi, 7,516 road traffic crash victims were admitted to hospitals as unknown or unattended.

Objective: The aim of this study was to assess the morbidity and mortality of unknown or unattended patients and problems they faced relative to the provision of nursing care.

Methods: This is a retrospective analysis from February 2010 to August 2010 wherein all unknown or unattended patients with head injuries (Glasgow Coma Scale (GCS) score = 1–15) admitted to the neurosurgery department were included. The duration of hospital stay, admission GCS, and outcome were assessed and an attempt also was made to analyze the problems faced by nursing personnel.

Observations: The total number of patients enrolled was 38. Of these, 22 were unknown, and 16 were unattended. The average hospital stay of unknown and unattended victims was 35 (1–151), and 21 (7–120) days, respectively. The mean GCS score of unknown patients upon admission was 9 (3–15), and during discharge, 8 (3–15). The mean GCS scores of unattended patients during admission and discharge was 12 (13–15) and 14 (3–15), respectively. Of the 22 unknown patients, 24% were identified during their stay, 33% were transferred to rehabilitation homes, and 43% died without being identified. Of the 16 unattended patients, 25% went home, 63% were transferred to rehabilitation homes, and 12% expired. The most common problems faced during nursing care were contractures (8%) and pressure sores (11%), due mainly to their long hospital stays.

Conclusions: Patients remaining unknown/unattended is a unique problem as far as developing countries are concerned. Managing these patients is difficult, as they occupy hospital beds for a longer duration, and require more nursing care, and have higher mortality and morbidity. It remains surprising that in spite of advancements in the field of mass communication, almost 76% of the unknown patients remain unidentified.

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(P2-102) Haiti Earthquake: Ankara UMKE First Term Field Studies

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In this study the cases occurred due to a direct effect of trauma and trauma-induced complications that might needed medical care and intervention in the field after the first 5 days of disaster were investigated. The cases in the field were determined by field screening and individual medical and surgical interventions have been conducted. The wounded that cannot be treated in the field were taken to the field hospital by the only available emergency ambulance, owned by Turkish Health Teams, to be treated by specialists. In the conclusion of the paper, the necessity and effectiveness of interventions provided to sick/wounded persons in the field who couldn't reach hospital was discussed.

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(P2-103) Haiti Earthquake: Ankara National Medical Rescue Team Field Hospital Experiences

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An earthquake of 7.6 Richter scale occurred in Port Au Prince which is the capital city of Haiti on 12 January 2010. Turkish Ministry of Health offered support for the people of Haiti by sending its Health Team. In this study, the field hospital services of Turkish Health Team consisting of two groups in 67 days will be reported. Also, further affairs necessary to be done in the future and coordination with other countries will be reported. There are discussions whether there is need for field hospitals or not. With this study, the results of field hospital services were assessed. By contrast with some authorities, it is concluded that field hospital services are beneficial. Finally, UN responsibilities on this issue was discussed.

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