

were asked to act as if they had that problem. Each person with black or red tags was asked to lie down on the ground. Those with yellow tags would sit down and wait for the paramedics. Patients with green tags would start walking to either the triage area or the emergency room. The volunteers would know what coloured tag they were carrying, but the disaster professional team would not see the tags until the patient was at the triage site. The triage officer was to pull out the coloured tag when the patient arrived to the triage area.

Drill Sites were as: I. Disaster area; II. Triage area; III. Green area; IV. Black area; and V. Emergency room

The whistle indicating the beginning of a significant earthquake was blown at 6.00 PM. Right after the announced earthquake, the injured people went to their sites. Thirty-seven EMAT Disaster Team Members worked at this drill. The first group consisted of two paramedics that started sorting out the 100 injured people. After sorting the patients, they transported them to the triage area using backboards, if needed. The patient's identification information was written on the triage tags. The red and black labeled patients' photos were taken. Right behind the triage area, the red, green, yellow and black areas were constructed. The ambulances were located close to the triage area, and were ready to transport patients. The ambulances were used to transport the red labeled patients first and the yellow patients after the red ones had all been transported.

Results: The disaster team of 37 volunteers practiced their knowledge and skills of triage organisation. The disaster area with 100 patients was cleared and it took the paramedics and the first-aid volunteers 9.4 minutes to transport all patients to the triage area. The triage area was clear after 24.3 minutes. The ambulances transported all the red and yellow tagged patients to the emergency room, starting with the red tagged ones. There were no missed diagnoses. The team used their knowledge about triage tag colors. All were very eager to sort and find the red labeled patients. By the way they performed, we perceived that our volunteer disaster team was ready to perform true triage in a real disaster.

Key words: ambulances; casualties; disaster; drill; exercise; simulation; tags, triage; team; triage

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Social Problems at the Emergency Department:

Emergency and Family Physician's Role

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Introduction: Emergency doctors must deal with many different problems. With this work we try to assess the role that emergency doctors and family physicians can develop regarding to the emerging social problems affecting their patients.

Methods: From 1994 through 1996, 266 patients admitted

to our hospital emergency department asked for assistance from the hospital social work unit (SWU). We made a transversal descriptive study considering patient's age, sex, profession, marital status, social status, clinical diagnosis, method of accession to the SWU, and implemented social work.

Results: Mean age was 62.7 years; 58.6% were male, and most of them were single (46.6%) and retired (67.7%). Patients themselves requested social help in 18.4%, the rest were requested by emergency department personal. The most common clinical diagnoses among these patients were: stroke (11.5%), malnutrition/dehydration (7.6%), and alcohol/drug abuse (6.8%). Half of the patients had adequate economic income. Social problems were mainly related to lack of family support (92.5%) or decreased functional outcome (78.2%). Social work was focused on advice to families (246 patients), health care (208) and community assistance (164). Social services from the community (185), specific associations for geriatric (95) and disabled (3) people, health care associations (21) and foreign embassies (3) cooperated in the resolution of the different problems.

Conclusions: Low income and family support, but not clinical diagnosis, were factors that usually gave rise to social problems in elderly patients admitted to our emergency department. The work developed by our SWU was mainly directed to families and to a wider use of community social resources. According to these findings, family doctors and emergency doctors play an essential role in this area.

Key words: elderly; family support; social problems

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Medical Aid to Children Who Survived the Earthquake in Turkey (1999)

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Medical aid to children who survived the earthquake in Turkey was provided by Turkish physicians and by a specialised pediatric team from Russia that included specialists of intensive care, traumatology, neurotraumatology, and general surgery. All together, 150 children were admitted to different hospitals in Turkey. The major numbers of them were placed in Istanbul, in Kartal, and in Marmara Hospitals.

Almost half the total number of these children had sustained various forms of crush syndrome (52%); every third child had fractures of the long tubular bones; and 14% of children had head traumas. Less frequently, they sustained different types of traumas including burns, closed traumas of intraabdominal organs, and/or eye traumas. Isolated and