

The arrival time of the first Motorcycle EMT to the scene is within 1–10 minutes, was, previously, with the regular ambulance service, the arrival time was between 5–60 minutes. Also, the first EMT on the scene now is able to determine if the ambulance really is necessary, avoiding spending valuable resources on patients who don't require ambulance services.

Conclusion: While the development of this project has taken considerable time and discussion (including safety and political issues), its implementation has allowed the Local Fire Department to increase the reach of their medical team and also decrease the cost of their operations.

Keywords: emergency medical technicians; emergency medical services; Mexico; motorcycles; response; time

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Epidemiology of Burns in Edo State, Nigeria: The Need for Appropriate Documentation and Policy Interventions

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The complications and sequelae associated with burn injuries are one of the most devastating forms of traumatically induced injuries. The objective of this study was to define the vacuum created by the lack of appropriate and complete data during disasters. This is essential for establishing the importance trauma as a public health problem, and therefore, requires acquiring accurate data concerning its incidence and outcomes. Such documentation is essential in order to move towards shaping policies that will forestall the recurrence of certain incidents and the prevent future disasters.

The ability to document that the incidence of trauma-induced injuries is reaching epidemic proportions in developing countries like Nigeria depends heavily on the use of healthcare records obtained primarily from records of hospital admissions and emergency department visits. Currently, these data only are of limited value since many of them are incomplete, and thus provide an imperfect picture of the overall situation. This has a serious effect, since without this documentation, appropriate personnel, facilities, and money will not be made available to deal with emergency or disaster situations.

Keywords: data; documentation; incidence; Nigeria; records; resources; trauma-induced injuries

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Playing Nicely in the Sandbox: The Monumental Task of Multi-Agency Coordination in Preparing for the United States Presidential Inauguration in the Nation's Capital

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Washington, DC has its share of challenges when it comes to the complexities of federal and local cooperation during major emergencies and events. Due to its high-profile nature, preparations began in the fall of 2004 for the 20 January 2005 inauguration of President Bush, the first inaugural event since 11 September 2001. In addition to conventional disasters (fires, transportation crashes, etc.), disruptive demonstrations and terrorist attacks are contingencies for which plans were made. The nation's capital launched a massive, multi-jurisdictional, multi-agency effort to coordinate its preparedness and response for the weeklong activities. A veritable alphabet soup of federal, state, and local response agencies met regularly to gain an understanding of respective functions and hash out issues of resource sharing, command and control, coordination, communications, security, and transportation. The presentation will focus on the coordination of medical response between local agencies, such as hospitals, the DC Department of Health, and DC Fire and Emergency Medical Services, and federal agencies/assets such as the United States Armed Forces and the National Disaster Medical System. A summary of the medical care provided during the week-long event will be presented.

Keywords: coordination; multi-agency; preparedness; response; terrorism; Washington, DC

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Need for a Nationwide Coordination Model for Disasters Involving Large Numbers of Burns and Current Status of Turkish Burn Care Facilities

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Burn injuries are one of the most common types of injuries during or following a disaster. In regards to natural disasters, Turkey is considered one of the most threatening places on earth. Since the beginning of the 20th Century, there have been 90 earthquakes, leading to a combined total of 82,359 deaths and 567,297 damaged buildings in Turkey. Between 1988 and 2001, there were 443,119 fire-related events, which led to 2,569 deaths, resulting from burns alone. According to data from March 2003, there are 218 beds in 23 specialized burn units nationwide and an additional 76 burn care beds reserved in hospitals that do not contain burn units (0.44/100,000 beds). Although burn units and hospitals with dedicated burn beds are widely distributed across the country, the cooperation between these burn units and hospitals and the healthcare system in Turkey needs to be coordinated, especially in disaster situations.