

pared. Therefore, a method mix was chosen. Narrative expert interviews were complemented by structured observations of large-scale trainings and a thorough literature review. Based on the results, a general scenario displaying current procedures, structures, and technical equipment was deducted.

In Germany, the triage process is paper-based, which has several limitations: easy removability of tags, poor usability during foul weather, unnoticed deterioration of patient conditions, and incomplete information about prior medication at the receiving hospital. Furthermore, hospitals do not have sufficient knowledge about the medical state of arriving patients. On-scene rescue workers lack an overview, whether additionally ordered resources will be available and when they can be expected. Currently, IT-support equipment is not used in routine practice, often, the systems are described as being too complex, difficult to use, and expensive.

The next steps include a summary of key questions using questionnaires combining open-ended, dichotomous, and multichotomous questions for structured interviews. Results from the questionnaires will provide a broad concept of the integrated service platform. Panic prevention plans and process optimizations will be described.

Keywords: communication; emergency; information technology; response; support; telemedicine

Prehosp Disaster Med

All-Hazards Approach

Regional Evacuation of Neonatal and Pediatric Patient Populations—Mutual Aid Planning

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In 2009, the Public Health Department of Seattle and King County, Washington USA, embarked on a project to plan for the evacuation of the neonatal and pediatric patient population due to an isolated, regional, or catastrophic disaster. The planning included identifying the precise levels of care provided across multiple states and British Columbia, Canada, and methods for the transport of High-Frequency Oscillator Ventilator Patients in a Level-III Neonatal Intensive Care Unit to special Pediatric Intensive Care Unit. Planning included patient distribution strategies using a Health and Medical Area Command in the event of a failure of multiple area hospitals, and focusing on turning certain acute care hospitals with current pediatric capabilities into Pediatric Disaster Surge Hospitals. A review of equipment, staffing, transportation resources, suppliers/vendors, and other special support entities was conducted with the resulting information being managed through the Health and Medical Area Command.

Keywords: cooperation; evacuation; neonatal; pediatric; planning; preparedness

Prehosp Disaster Med

Medical Student Team for Disaster Management in the Hospital

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Introduction: During a disaster, a hospital faces a difficult situation in which the needs are much greater than the resources available. The goal of this study was to develop an organized “ready to intervene group” consisting of medical students in order to support the clinical staff in non-health activities during an emergency. The aim was to prepare the students to be used especially in university hospitals such as the AOU Careggi.

Methods: The first step was to train students to the multi-disciplinary aspects that disaster management requires. The curriculum addressed aspects of health, technology (chemical hazards, analysis of emergency plans and practical tests such as fire extinguishing) and a psychosocial issues concerning the approach to a patient and the analysis of language-related problems within a health facility. This last step has provided the organizational process for the participation of volunteer students.

Results: A support team including all of the management protocols concerning the procedures for recruitment, alerting, and activation was developed.

The team’s tasks are:

1. Approach to the patient (patients with sensory and/or cognitive deficits);
2. Evacuation techniques for people with motor and/or cognitive deficits; and
3. Logistical support (individuation and transport from the other departments or life support and positioning them in pre-determined collection areas).

Conclusions: The development of the team permits an increase of the resources available in hospitals with trained personnel who are familiar with the environment and the structure, and represent a population that always is present in the hospital. Further developments include the official insertion of the team in the AOU Careggi Hospital emergency plan in order to be formally used and tested using drills.

Keywords: disaster; disaster medicine; hospital; medicine

Prehosp Disaster Med

Excessive Formaldehyde Exposure to Displaced Persons Living in Temporary Housing Units following Hurricane Katrina

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Following the destruction caused by Hurricane Katrina that struck the Gulf Coast of the United States on 28-29 August 2005, the US Federal Emergency Management Agency (FEMA) provided temporary housing units (THUs) to thousands of displaced persons (DPs). Most THUs were recreational vehicles (RVs), not designed for housing DPs for more than a few weeks. Many DPs occupied THUs for 1–2 years or longer.

During occupancy, DPs complained of poor air quality and odors, along with the development of several symptoms