as description of findings at exposure, providing a base for anatomical triage. The "patients" were taken from a real scenario. All parameters except the one studied (accuracy and efficiency of the triage) were strictly standardized. The outcome was given as preventable deaths and complications, based on given times within which certain measures had to be taken to avoid mortality and severe complications. **Results:** With this model, it was possible to compare different methods of triage, and also triage performed by staff of different level of training and experience. The differences in methodology and experience were correlated to differences in outcome with regard to mortality and complications. **Conclusions:** This model can be a useful tool not only for the evaluation and comparison of triage methods, but also for validation of training in triage for staff of different categories.
Keywords: mass-casualty incident; patients; research; simulation model; triage

(K119) Priority Tags for Prioritizing Disaster Victims— The User's View

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Introduction: Although priority tags are considered important in all training and education, there are few reports on their actual use in real incidents. The aim of this study was to compare attitudes on the use of a simple priority tags to the SMART Tag. **Methods:** A questionnaire was answered by ambulance personnel and the medical teams from hospitals in Stockholm, Sweden, regarding when the priority tags were supposed to be used or were used in their organization. The second questionnaire was conducted during a large-scale disaster exercise at Stockholm Arlanda- Airport. The second questionnaire focused on their experience of the use of SMART Tags during the exercise. Emergency ward personnel are going to be interviewed on how SMART Tag information is communicated when ambulance crew arrives at the hospital. **Results:** In the first questionnaire, 211 out of 409 (51%) answered that they had used priority tags in training situations. Of all 409, only 36 (9%) answered that they had used tags in a real incidents and 142 (35%) replied that they never had used priority tags. The answers revealed some doubtfulness of when to use priority tags. In the second questionnaire, many of the participants stated that priority tags should be used in routine operations compared with how they are used today. **Conclusions:** It is necessary that the field personnel applies the triage scheme and uses the priority tags, not only during a disaster, but also during smaller emergencies, to maintain familiarity. This secures that the tags are used correctly in real disasters.
Keywords: disaster health management; disaster; priority tags; Sweden; triage

Oral Presentations—Disaster Reports

Disaster Relief when Access to the Disaster Area is Denied—Lessons Learned from Cyclone Nargis in Myanmar (Burma)

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Introduction: When Cyclone Nargis hit the Ayeyanwadi delta of Myanmar on 03 May 2008 at a speed of 190 km/h, nearly 140,000 people lost their lives and approximately two million were left homeless. As an additional challenge, the military regime of Myanmar denied any relief organizations or workers outside Southeast Asia access to the disaster site. **Methods:** During a one-week mission to the former capital of Yangon beginning one month after the disaster, relief provided to the affected population was studied. The working methods and effectiveness of a small non-governmental organization (NGO) already established in Myanmar were evaluated. **Results:** The long visa queues of relief workers gave organizations already working in Myanmar a great advantage. New strategies involved the rapid employment of personnel from Southeast Asia for fieldwork Improved administrative procedures made the field teams work more effectively. The NGO studied 30 rapidly engaged, new, local, health workers, sufficient for five medical teams to work in the field. **Conclusions:** In spite of denied access to the disaster field, United Nations organizations and NGOs were able to initiate an effective administration and support to the many teams including >80 medical teams sent to the disaster site. The restricted movement gave more time and resources to relief planning, which is of importance for future incidents. Smaller NGOs were able to benefit from the improved administrative procedures introduced in the process.
Keywords: Burma; Cyclone Nargis; disaster; disaster management; health; limited access; Myanmar

Cyclone Nargis: A Unique Disaster Response

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In May 2008, Cyclone Nargis tore across the southern coastal regions of Myanmar, pushing a tidal surge through villages. The 12-foot wall of water and wind speeds of >200 km/hr killed tens of thousands of people and left hundreds of thousands homeless and vulnerable to injury and disease. Of the 7.35 million living in the impacted townships, 2.4 million were affected. The Delta region, Myanmar's Rice Bowl, was severely damaged. The low lying villages were submerged with widespread destruction of homes, critical infrastructure of the villages, roads, ferries, water, and fuel and electricity supplies.

Team Singapore provided assistance to at least 10 different villages in Twante Township. The team operated mobile clinics from warehouses, temples, schools, or other makeshift buildings. The journey to the remote villages required between 1–2 hours by road or by boat. The team