observed increased satisfaction from both staff and patients. No reduction in the number of patients leaving without treatment was noted in either group (5/day).
Conclusion: A modular portable ED expansion setup is practical and may increase ED capacity at times of maximal patient volumes. These materials are easily storable and build surge capacity for other events.
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(P2-20) Explosion At A Steelwork Plant

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Introduction: On the night of 06 December 2007, an explosion occurred at a steelworks plant in the city of Turin. The incident involved 10 people. The emergency medical services (EMS 118 Turin) declared a mass-casualty incident (MCI).
Objectives: The aim of this case report is to analyze the response of the EMS 118 Turin to the MCI in order to identify problems or short-comings and improve the service for future responses.
Methods: Information from the dispatch center, medical report of the EMS, and hospitals that received the patients were analyzed.
Results: The emergency call was placed at 01:04 hours, and the MCI was declared closed at 04:40 hours. The disaster, in according to Disaster Severity Scale (DSS), was classified 3. The METHANE message was sent to the dispatch center by the first ambulance 4 minutes after the call. There were 10 patients: seven T1; one T2; and two T3. The dispatch center deployed nine teams, which consisted of five advanced life support (ALS) teams and four basic life support (BLS) teams. All of the casualties were able to walk when they arrived to the medical care. The T1 casualties had burns to > 80% of their body surface area (BSA), the T2 and T1 casualties suffered inhalation of smoke gas. The first casualties were evacuated to the hospital 28 minutes after the call. Four casualties (three T1 and one T3) were transported to the nearest hospital. the other four T1 casualties were transported to four different hospitals of the city. All the T1 casualties died in the next 24 days.
Conclusions: The management of resources during this MCI was suboptimal. The number of ALS teams that responded to the MCI was high considering the number of casualties and the time taken to resolve the incident. The lessons learned from this incident and other cases have permitted the EMS Turin to improve their response plan concerning the use of resources and surge capacity.
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(P2-21) Differences in Self-Protective Behavior between Hospital Workers and Community Care Workers in Israel during the Peak of A/H1N1 Pandemic

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Background: Effective function of the community care system is important during a pandemic. Self-protective behavior might help stop the spread of the disease during a pandemic and prevent system dysfunction because of personnel morbidity.
Objective: To compare the immunization rate and reported self-protective behavior of healthcare workers between hospitals and community care clinics during the peak of the winter A/H1N1 pandemic in Israel.
Methods: A questionnaire was completed by 1,147 healthcare workers in 21 hospitals and 40 primary care clinics in Israel between 26 November 2009 and 10 December 2009 (the peak of the winter A/H1N1 flu outbreak).
Results: The rate of vaccination against A/H1N1 among hospital workers (27.9%) was significantly higher compared with primary care clinics workers (19.3%) (O*R* = 0.691 (0.821–0.582)).
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(P2-22) Proposed Model for Cellular Medical Record in Emergency Medicine

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Introduction: In a hypothetical situation, an emergency services team is launched to treat a man who collapsed in the street. The team finds John Doe's mobile phone, and within seconds retrieves the required clinical parameters from his Mobile Medical Record (MMR), thus, providing a life-saving treatment suited to his personal health condition. This study seeks to determine if the necessary clinical parameters, required at emergency situations have ever been examined in order to best match both emergency situations and cellular technology.
Objective: To characterize the clinical parameters that make up an MMR in the context of saving lives, and to propose a model for an MMR in emergency medicine.
Methods: The essential emergency medicine clinical parameters in the context of life-saving treatments were characterized through interviews with prehospital and hospital experts in emergency medicine. The results were analyzed with the help of a cellular multimedia expert in order to best incorporate the clinical parameters into cellular phones as MMRs.
Conclusion: Emergency medicine teams chose individual and specific clinical parameters in a certain order of appearance from the general medical record that should assembly, in their opinion, an emergency medicine MMR. A MMR was chosen by the emergency medicine treatment teams as one of their preferred communication methods. The MMR model, if applied correctly, will provide the emergency medicine treatment teams an available, reliable, homogeneous database of real time clinical parameters adapted to life-saving conditions. The MMR model represents a conceptual revolution of taking the medical record from the caregiver and transferring it to the patient, which can be constantly at hand at any given time or place in their mobile phones.
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