were associated with DDI. The DDI incidence in the current study was lower than in the UK crash.
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(A216) Ashmore Reef Boat Explosion: A Nightmare Scenario that Became a Reality

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At approximately 06:15h on 16 April 2009, there was an explosion and subsequent fire onboard the Suspected Illegal Entry Vessel (SIEV) 36. The vessel was located in the vicinity of the Ashmore Reef, approximately 610 kilometers north of Broome in Western Australia (WA). Onboard were members of the Royal Australian Navy (RAN), 47 asylum seekers, and two crew members. Traveling with SIEV 36 were the RAN Patrol Boats, HMAS Childers, and HMAS Albany. The explosion resulted in five deaths and a large number of casualties with severe burn injuries, and a smaller number with concurrent trauma injuries. The Ashmore Reef incident was unique in that it involved the medical management and evacuation of 44 injured foreign nationals (31 seriously injured) in an extremely remote location. It resulted in an unprecedented health response from multiple agencies including local, regional, and state governments, commonwealth government agencies, non-government organizations, and private industry. The mission objective for this incident was to retrieve and evacuate multiple seriously injured casualties and stabilize them for safe transport to definitive care. The mission objective was achieved for the Ashmore Reef incident with no further deaths. As with all disasters, many lessons have been learned, and recommendations have been formulated. The logistic requirements to successfully complete such a mission have been reinforced as a result of this incident, as this was the most logistically challenging mass-casualty incident in WA history.
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(A217) Success Indicators of Emergency Medical Management: A Building Collapse Disaster

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A four-story building collapse in east Delhi, India in November 2010 claimed 66 lives and left 130 injured. It is considered one of the worst such disasters in Delhi. This disaster included massive rescue operations to pull out those trapped under the debris. The nodal hospital, which did not have a well-defined hospital disaster management plan, managed the disaster extremely well. The success indicators included a SMART triage, autopsy and tagging/labeling dead bodies, public notification system, effective hospital networking for patient transfer and getting injured family members together, excellent media management, important dignitaries' management, important decision-making processes, and commendable teamwork. The critical aspects of management proved as a key indicator for the successful management. The paper discusses the details of the case study and analyzes each indicator in greater focus. The lessons learned are critically evaluated.
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(A219) Development of a Hospital Disaster Plan for Countries with Limited Resources

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The Chris Hani Baragwanath Hospital (CHBH) in South Africa is the largest in the world, with 2,900 beds. Its trauma unit boasts 15 resuscitation bays, while the triage area has space for 40 stretchers. There are 5,000 trauma resuscitations performed yearly, out of 50,000 patients seen in the Trauma Emergency Department. There is an eight-bed Trauma Intensive Care Unit (ICU) and a 56-bed Trauma Ward. There also are 25 stepdown beds, 70 outlying beds, a six-bed Burn ICU, 20-bed ward, and a 24-bed shortstay ward. There are about 80 resuscitations and 70 trauma emergency operations weekly. However, the hospital is severely limited in financial and human resources, with only 2–3 interns, two registrars, and one trauma consultant on-call. The hospital is at > 130% bed occupancy. The CHBH was designated as the main disaster hospital for the 2010 FIFA World Cup, due to its proximity to the 96,000-seat Soccer City. Nominal disaster plans existed, but there were no resources, preparations, or knowledge, as was the case with most other government hospitals. The Trauma Directorate developed a new plan for the World Cup, future mass-casualty incidents at CHBH, and for other resource limited hospitals. The plans are centered on four critical issues: (1) preparedness of hospital structure and staff; (2) dissemination of the plan; (3) disaster training; and (4) the development of "Disaster Bags" for 350 casualties A free disaster course trained > 400 staff members on in-hospital triage and trauma management. All hospital staff were allocated specific functions in case of disasters. This is the first time the CHBH has had an integrated disaster plan, with separate equipment allocation, through private funding, and involving all disciplines.
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(A221) Medical Preparedness for Expo 2010 Shanghai China

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Objective: EXPO 2010 Shanghai China attracted about 246 nations and international organizations as well as 73 million visitors from home and abroad. To provide good medical services to is a challenge.
Methods: Eight Level A hospitals are designated as EXPO Hospitals to provide advanced medical services to those who need critical care. There are five first aid stations in the EXPO park to provide first aid to EXPO visitors and staff. First aid at scene and emergency response are the emphasis. Practical, realistic, and systematic and forewarning emergency plans are made. An agile and efficient structure is organized. All EXPO