

Assessment of the Staff of an Emergency Department Training in the Hospital Emergency Incident Command System

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Objective: Dokuz Eylül University Hospital and its Emergency Department is one of the best equipped, staffed, and designed centers throughout Turkey. Despite this, until the two recent devastating earthquakes took place in Turkey, we were not sufficiently ready for a disaster. This lack of preparedness was, and, to a certain extent, still is so countrywide. To rectify this condition, the medical director of our hospital invited a group from the United States to train a group of physicians and nurses about the "Hospital Emergency Incident Command System" (HEICS). Beginning with the Emergency Department, all of the staff working in the hospital began to be trained. At the end of the course, the audience was asked to complete the standard questionnaire consisting of nine questions. Our main goal was to evaluate the staff about their perception of the disaster management system, a system that is very new to Turkey.

Methods: All of the staff of our Emergency Department (doctors, nurses, paramedics, secretaries, etc.) received a standard four-hour course about HEICS. A standard questionnaire was completed immediately at the end of the course. Their answers were later evaluated by one of the trainers.

Results: Thirty-three people attended the course. The results were as follows:

1. Distribution of the jobs of the audience: Three physicians (9%); 17 resident physicians (51%); five nurses (15%); three paramedics (9%); five clerk, secretary, etc. (15%)
 2. Does your hospital already have a written disaster plan? Yes, 27 (82%); No, 3 (9%); and "I don't know", 3 (9%)
 3. Would you like to participate in the disaster plan of your hospital?: Yes, 33 (100%); No, 0 (0%);
 4. The disaster plan of your hospital is similar or the same as HEICS? Yes, 24 (74%); No, 8 (24%); No comment, 1 (2%)
 5. Do you believe that HEICS can be successful and effective for your hospital? Yes, 30 (90%); No, 0 (0%); No comment, 3 (10%)
- At the end of this course, do you believe that you could be able to be (Certainly agree, Agree, Agree a little, Don't exactly agree, don't agree):
6. Informed about a new disaster management system: 13 (40%); 19 (57%); 0 (0%); 0 (0%); 1 (3%)
 7. Informed sufficiently about HEICS: 4 (12%); 19 (57%); 9 (28%); 0 (0%); 1 (3%)
 8. Use HEICS plan for a possible disaster: 16 (49%); 11 (35%); 4 (13%); 0 (0%); 1 (3%)
 9. Say that you are ready for a disaster: 2 (6%); 5 (15%); 13 (38%); 13 (39%); 2 (6%)

Conclusion: The rate of participation in the course was 100%, though it was not mandatory. This may indicate that

the staff is interested in the subject, perhaps due to the fact that they are working in an Emergency Department and/or because of the earthquakes we recently experienced. Interestingly, a large percentage of the staff believed that our hospital already has a written disaster plan. While this is not completely true at the moment, work is being done to establish a thorough plan. This is unlike most of the country's other hospitals. One hundred percent of the staff wants to participate and be involved in this plan.

A very large percentage of the staff believes that this new disaster management system (HEICS) seems to work efficiently during a possible disaster. Again, a very large percentage of the staff was very happy to listen and be informed about such a new subject. Perhaps one of the most striking results was that a high percentage of staff thought that they still were not ready for a new disaster, despite having taken the course and experienced several large earthquakes. Though we have a fairly limited number of results, we can claim that our hospital will be more successful using the HEICS plan during a disaster. Dokuz Eylül University Hospital is now one step ahead, having been trained about HEICS. We now are more prepared to both spread this knowledge and to minimize casualties at any disasters that may occur.

Key words: disaster; education; emergency department; hospital; incident command system; planning; preparedness; training

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Volunteer Disaster EAM and Field Triage Drill

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Objective: Emergency Medicine Association of Turkey (EMAT) has a disaster team that includes emergency physicians, nurses, paramedics, and volunteers. This group was first established after the two devastating earthquakes experienced in 1999 in Turkey. The team is trained to work at triage sites. As a new and unique disaster and emergency medicine association, our objectives with this drill are: (1) to make the team knowledgeable on field triage, (2) to develop a standard approach to the disaster victims and injured people, (3) to evaluate the patients and find out which of them need immediate intervention, and (4) to teach the team members the importance of use of the triage tags.

Methods: The drill was planned to be at the Izmir City Municipal grounds on 17 August 2000, the first anniversary of the Kocaeli earthquake. There were 100 EMAT members that participated during the drill acting as wounded people. They all had make-up and knew what their problem was. Their disease or injury was written on a paper pinned over their chest. Sixty of the injured were sorted as green, 20 were yellow, 5 were red, and 15 were black. The volunteers that joined the drill to act as wounded were given their coloured badges. On the paper badge, each person had information about their problem. They

were asked to act as if they had that problem. Each person with black or red tags was asked to lie down on the ground. Those with yellow tags would sit down and wait for the paramedics. Patients with green tags would start walking to either the triage area or the emergency room. The volunteers would know what coloured tag they were carrying, but the disaster professional team would not see the tags until the patient was at the triage site. The triage officer was to pull out the coloured tag when the patient arrived to the triage area.

Drill Sites were as: I. Disaster area; II. Triage area; III. Green area; IV. Black area; and V. Emergency room

The whistle indicating the beginning of a significant earthquake was blown at 6.00 PM. Right after the announced earthquake, the injured people went to their sites. Thirty-seven EMAT Disaster Team Members worked at this drill. The first group consisted of two paramedics that started sorting out the 100 injured people. After sorting the patients, they transported them to the triage area using backboards, if needed. The patient's identification information was written on the triage tags. The red and black labeled patients' photos were taken. Right behind the triage area, the red, green, yellow and black areas were constructed. The ambulances were located close to the triage area, and were ready to transport patients. The ambulances were used to transport the red labeled patients first and the yellow patients after the red ones had all been transported.

Results: The disaster team of 37 volunteers practiced their knowledge and skills of triage organisation. The disaster area with 100 patients was cleared and it took the paramedics and the first-aid volunteers 9.4 minutes to transport all patients to the triage area. The triage area was clear after 24.3 minutes. The ambulances transported all the red and yellow tagged patients to the emergency room, starting with the red tagged ones. There were no missed diagnoses. The team used their knowledge about triage tag colors. All were very eager to sort and find the red labeled patients. By the way they performed, we perceived that our volunteer disaster team was ready to perform true triage in a real disaster.

Key words: ambulances; casualties; disaster; drill; exercise; simulation; tags, triage; team; triage

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Social Problems at the Emergency Department:

Emergency and Family Physician's Role

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Introduction: Emergency doctors must deal with many different problems. With this work we try to assess the role that emergency doctors and family physicians can develop regarding to the emerging social problems affecting their patients.

Methods: From 1994 through 1996, 266 patients admitted

to our hospital emergency department asked for assistance from the hospital social work unit (SWU). We made a transversal descriptive study considering patient's age, sex, profession, marital status, social status, clinical diagnosis, method of accession to the SWU, and implemented social work.

Results: Mean age was 62.7 years; 58.6% were male, and most of them were single (46.6%) and retired (67.7%). Patients themselves requested social help in 18.4%, the rest were requested by emergency department personal. The most common clinical diagnoses among these patients were: stroke (11.5%), malnutrition/dehydration (7.6%), and alcohol/drug abuse (6.8%). Half of the patients had adequate economic income. Social problems were mainly related to lack of family support (92.5%) or decreased functional outcome (78.2%). Social work was focused on advice to families (246 patients), health care (208) and community assistance (164). Social services from the community (185), specific associations for geriatric (95) and disabled (3) people, health care associations (21) and foreign embassies (3) cooperated in the resolution of the different problems.

Conclusions: Low income and family support, but not clinical diagnosis, were factors that usually gave rise to social problems in elderly patients admitted to our emergency department. The work developed by our SWU was mainly directed to families and to a wider use of community social resources. According to these findings, family doctors and emergency doctors play an essential role in this area.

Key words: elderly; family support; social problems

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Medical Aid to Children Who Survived the Earthquake in Turkey (1999)

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Medical aid to children who survived the earthquake in Turkey was provided by Turkish physicians and by a specialised pediatric team from Russia that included specialists of intensive care, traumatology, neurotraumatology, and general surgery. All together, 150 children were admitted to different hospitals in Turkey. The major numbers of them were placed in Istanbul, in Kartal, and in Marmara Hospitals.

Almost half the total number of these children had sustained various forms of crush syndrome (52%); every third child had fractures of the long tubular bones; and 14% of children had head traumas. Less frequently, they sustained different types of traumas including burns, closed traumas of intraabdominal organs, and/or eye traumas. Isolated and