

Conclusions: Mass intoxications from carbon monoxide remain a risk at indoor sporting events. These short exposures cause delayed medical problems in a small number of those exposed. Symptomatology is not a useful tool for triage. The use of non-mineral energy sources like electricity is the best way to prevent such intoxications.

Keywords: Belgium; carbon monoxide; hospitals; indoor sporting events; mass intoxications; residual

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(262) Enabling Technologies for Improved Situational Awareness

M. Blum; T. Gillison; S.M. Jurgens

Drexel University, Philadelphia, Pennsylvania USA

Objective: The National Bioterrorism Civilian Medical Response Center (CIMERC) develops enabling tools that produce an effective, integrated response to complex medical emergencies. The CIMERC continues to work to meet the needs of healthcare organizations, emergency managers, and disaster responders challenged by disparate capabilities and limited resources.

Methods: A collaborative relationship between a local police department, a school within the designated test bed, a commercial partner, and the CIMERC was developed to offer first responders the ability to command, communicate, and adapt tactical plans in an emergency situation. The team will integrate four discrete technologies, which presently are in use in the first responder and public security space. These will be deployed for use in a complex medical emergency in the test-bed school.

Results: The implementation of the technology will create an ad-hoc network to share images and real-time information with the responders. This network provides an increased awareness level, allowing strategic decisions to be made and resulting in a faster and more effective response. The evaluation of this technology will be conducted through a number of tests, including a simulation exercise based on a developed scenario and user feedback.

Conclusion: Police, fire, and emergency medical teams rely on their communications systems and networks to provide information about the situation as it evolves, and this “situation awareness” is essential for fast, sound decision-making. The optimization of communication and visual cues during an emergency will improve a coordinated response, enhance responder safety, and minimize the negative impact of the events on the casualties.

Keywords: emergency; decision making; health care; response; technology

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(264) Physical Abnormalities following Paternal Exposure to Sulfur Mustard Gas

H. Abolghasemi;¹ P. Salehi;² H. Ghofrani;² M. R. Soroush;³ M. Rambod;⁴ F. Falahati;² Y. Tavakolifar;² A. Sadaghiyanifar;² M.H. Radfar¹

1. Iranian Blood Transfusion Organization, Tehran, Iran
2. Baqiyatollah Medical Sciences University, Tehran, Iran
3. Janbazan Engineering and Medical Scie, Tehran, Iran
4. Shaheed Beheshti University of Medica, Tehran, Iran

This session will describe critical issues surrounding the National Disaster Medical System (NDMS)/Federal Emergency Management Agency (FEMA) activation during Hurricane Katrina. This response was the largest full activation of the patient movement portion of the NDMS. Expert speakers will describe the events surrounding the NDMS public health response to Hurricane Katrina, where >20,000 people were evacuated from New Orleans, Louisiana, and panelists from multiple organizations, at all levels of organization, from the local/regional front lines in New Orleans to the state and federal levels, and will present data from their Katrina experiences. Ground-level activities, giving the audience a first-hand glimpse of issues surrounding the lack of communication and organization. Dr. Sweinton and Dr. Proctor then will comment on local preparedness and the national response, with specific insights into activities and operational considerations occurring at the State Emergency Operations Center and the Federal Department of Homeland Security. Dr. Rinnert will describe her experiences receiving evacuated patients at surge capacity shelters in Dallas, Texas, and include clinical and social considerations. Finally, Dr. Marty will provide a federal perspective, delineating the procedures that were in place, as well as what should have been in place for such a large-scale disaster. The session will be concluded brief question-and-answer session.

Keywords: Federal Emergency Management Agency (FEMA); Hurricane Katrina; National Disaster Medical System (NDMS); preparedness; public health response

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Oral Presentations—Theme 17: Spanish Abstracts/Resúmenes españoles

Session 1

Chair: Felipe Cruz-Vega

Hospital Seguro Mexico

F. Cruz-Vega

Instituto Mexicano del Seguro Social, Mexico City, Mexico

La Organización Panamericana de la Salud (OPS) define como “hospital seguro” a “un establecimiento de salud cuyos servicios permanecen accesibles y funcionando a su máxima capacidad instalada y en su misma infraestructura inmediatamente después de un fenómeno destructivo de origen natural”. El hospital, además de proteger la vida de los pacientes y del personal de salud, debe tener una estruc-