

(A190) 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.

Prehosp Disaster Med 2011;26(Suppl. 1):s66
doi:10.1017/S1049023X1100207X

(A191) The Challenge of the Mexican Oil SPILL (MC252)

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This proposal considers the recent events in the Gulf of Mexico during the British Petroleum MC 252 explosion and subsequent spill. It will discuss the challenges and innovative solutions applied by those involved in the Safety and Pre-hospital medical branch of the Deepwater Horizon spill response. First, it examines the logistical and practical challenges faced by emergency medicine planners working with a large temporary workforce on a HAZMAT scene for many months. It will also discuss the geographic challenges with working on dock sites that existed in local communities with mostly a rural medicine and hospital system, while also considering the potential for ambulance and further pre-hospital support. Impacts resulting from the public/private Incident Command Structure (ICS) will also be discussed liberally throughout the presentation. The author is the former Emergency Response Coordinator for one of BP's largest contractors in charge of the Vessels of Opportunity (VOO) and Near-Shore Skimming (NSS) programs. He was in charge of coordinating all emergency medicine in multiple US states throughout the response. It will analyze the multi-layered approach taken by on-site contractors in addressing these issues from a planning and operational perspective. Planners discovered that a uniform, one-size-fits-all approach applied by the Unified Area Command in New Orleans was virtually inapplicable to sites that had unique geographic and personnel characteristics. Furthermore those who involved in cleanup work in the Gulf had very different requirements than those on-shore. Therefore, site-specific personnel had to adapt to conditions while working within the framework established in New Orleans in order to satisfy ICS guidelines and ensure that emergency medicine

in local communities was not overwhelmed. Lessons for future responses will be discussed, as there will be an examination of both the land-based NSS and the water-borne VOO programs.

Prehosp Disaster Med 2011;26(Suppl. 1):s66
doi:10.1017/S1049023X11002081

(A192) 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.

Prehosp Disaster Med 2011;26(Suppl. 1):s66
doi:10.1017/S1049023X11002093

(A193) 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 staff members underwent first aid training, especially the CPR