

erving the population surge from New Orleans, patients and evacuees were either partially or fully evacuated as result of Hurricane Rita. They took into account hospital demographics, disaster plan characteristics, planning lessons for individual hospitals, hospital decision-making and incident command, movement of patients within the facility, and movement of patients to other facilities.

Findings from a study of emergency department physician and nurse's perspectives on the issue of radiological terrorism were reported. The top concerns for nurses and physicians can be summarized as: A hospital being overwhelmed, the safety of loved ones, a lack of preparedness for this type of event, the contamination of the facility, and self-protection.

A study of health facilities in rural areas in Central America took into account that prehospital care is difficult if you don't have governmental support, the necessary resources, and infrastructure

The US government is interested in the design and building of a new type of emergency care center to manage the medical consequences of terrorism and emerging infectious diseases, taking into account capacity, capability, and protection. Design concepts for an all-risks emergency care center were identified. These were vehicular access, screening portals at entrances, universal isolation, multimodal decontamination, and rooms large enough to handle multiple patients simultaneously.

The opportunity to demonstrate the process of performing an inventory, recognizing potential space for supplementing surge capacity (20%), and preparing the space and policy for its activation as results of the request of the New York City Department of Health and Mental Hygiene were described.

One study used an instrument to evaluate the preparedness of hospital physicians for a mass-casualty incident. It seems to be a very useful instrument that brings into account the preparedness level of physicians in hospitals for a mass-casualty incident, the level of training, especially for surgeons, against chemical, biological, and nuclear exposures.

A major effort of a developing country in order to standardize the hospital preparedness against disaster situations was developed. The course, HOPE and how it has developed the professional interest of the health personnel and their government to be prepared for disasters, was described. This presentation provided a very interesting discussion about this.

A great example of a mega drill involving many first level institutions and doing so without interrupting the regular work of the hospital was presented. There was a very strict evaluation used for professionals from other hospitals and the Minister of Health.

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## Hot Topics

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The term "hot topics" is rather ambiguous and must be viewed with some degree of flexibility, because what is hot in one region may be less hot in others. Also, a hot topic not necessarily is a new problem arising, but more often a question of different levels of controversies or challenges not yet overcome. As such, it was somewhat questionable to call this session a theme session as such topics may have had little more in common that they foster discussions, disagreements, and questions when presented.

Topics that were addressed ranged from "Informatics Solutions", focusing on data reporting, databases (repositories), tracking, and their use in preparedness for management of disasters, to "Rationing of Resources" through an institutionalized model that demonstrated how to select potential victims in need of ventilation support due to the avian flu and how to decide who would not benefit from such vital organ support. It was interesting how the fear of the avian flu has dominated planning in certain areas, but has been given equal attention in others. Under all circumstances, a system that can take off some the personal burden of triage and replace it with an institutionalized concept is interesting. From a healthcare provider's point of view, it is important that such processes free themselves completely from financial issues, which one would expect to be a problem in countries with a mostly privatized healthcare system.

The process of establishing a single emergency telephone number throughout Europe was an important topic for discussion. It highlighted the difficulties and the potential solutions and benefits for implementing such a system. The ever-returning problem of triage also was covered more analytically by addressing the many disaster and multi-casualty triage systems. An evidence-based triage using new and simple methods will reduce chaos and potentially maximize the number of survivors at a lower cost-benefit.

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