

vocabulary for diagnoses and treatments that is as standardised as possible would be invaluable for effective sharing of this information. If the data listed above were available, it would be easy to assess the impact and any shortcomings of prehospital emergency treatments. Any consequences arising from a lack of available resources would become clear also.

In France, it is legally possible to pool the patient file of a SMUR (emergency medical service) with those of the hospital it belongs to. However, there are administrative and possibly legal problems involved when trying to share files between different hospitals, or with the administrative file system for the emergency telephone centres, or again with services that answer to different administrations.

**Conclusion:** Although there still would be problems, medical assessment of prehospital emergency services medical practice in France requires the patient files with the SAMU emergency services to be held in common with those of the hospital. The design of modern software programs should allow for this, while complying with the operational computer organisation of the SAMU services, for the sole benefit of public health needs.

**Key words:** computers; data; emergency medical services; hospitals; patient files; prehospital; quality; records; research

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### The Role of Selective Management of Penetrating Abdominal Wounds

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With the rising incidence of urban violence and related events, we observed a proportional rise in the number of patients with penetrating abdominal wounds. It is necessary, in these patients, to validate clinical and radiological criteria to justify the use of diagnostic laparotomy, since this procedure is associated with significant pre- and post-operation morbidity.

In a retrospective study of the patients submitted to diagnostic laparotomy at Municipal Hospital Miguel Couto (Rio de Janeiro, Brazil) between April 1995 and April 2000, it was observed that, of 562 laparotomies in patients with penetrating abdominal trauma, 82 (14.6%) were considered negative, without intra-abdominal lesions. Of these, 31 were gunshot wounds (9.6% of the gunshot-related laparotomies) and 51 were stab wounds (21.2 per cent of the stab wound related laparotomies).

We conclude that the high rate of unnecessary abdominal exploration in patients with stab wounds make this group suitable for selective management based on clinical grounds. Conversely, gunshot wounds patients, once confirmed abdominal penetration, are candidates for surgical intervention.

**Key words:** abdomen; gunshot; management; penetrating; stab wounds

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### Airline Accident at the Chang Kai-Chek Airport, 31 October, 2000

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Tuesday, 31 October at 23:00 hours, the Singapore Airlines, Flight SQ006 from Taipei to Los Angeles, a Boeing 747-400 with 179 persons on board was taxiing on the runway at the Chang Kai-Chek Airport. The weather conditions were poor with strong winds—some reaching 50 knots—pouring rain, and visibility was limited to 400 meters. A part of the airport was under repair, and a former runway was closed and only partly used as a taxiway. These circumstances that still are under investigation may have contributed to the fact that the aircraft, on its way out to the runway, turned around for takeoff on the closed taxiway. At 23:10 hours, the aircraft started its acceleration to a speed of more than 150 miles/hour when the pilot suddenly saw a construction machine in front of him. The collision was inevitable and surviving passengers experienced an enormous bang just as the nose of the aircraft was lifted in the air, throwing it back on the ground, and breaking the aircraft into three parts. The front was separated from the rest of the aircraft, the middle part with the wings was immediately set on fire, and the rear part was separated, but remained in close connection with the middle part. 82 passengers died instantly or shortly after the crash, 2 patients died later in hospital. The airport alert was almost immediate, and the 32 men at the airport's fire brigade, who 4 months earlier had trained on a similar scenario, were prepared. They responded instantly by being at the scene of the accident in 1 minute, 38 seconds. The disaster alert also was sent to the dispatch centre in the county of Tao-Yuan, which further alerted the 17 emergency hospitals in the area. Emergency medical teams from each hospital were gathered rapidly and sent to the airport. The extreme weather conditions made the fire fighting as well as the evacuation of the passengers difficult. A gathering area for injured could be established at 300 meters distance, but adequate means of transport were mobilised early, and 10 patients were sent directly from the site of accident to hospital. No advanced medical management was performed at the site of accident or at the gathering area. The early arrival of more than 100 ambulances at the airport facilitated expeditious transport to hospital. However, the distribution of the injured to different hospitals was without any co-ordination, and the prehospital medical records on each injured were poor or lacking. A smaller hospital near the airport, received within a short time, 20 patients, 7 with severe burn injuries. Sixteen of them within 2 hours were transported further to the trauma centre at Chang Gung Memorial Hospital, where the disaster alert 333 had mobilised sufficient medical resources ready to receive more than 100 injured. Altogether, 36 injured arrived to the trauma centre, 18 with burn injuries, several with severe burns. Only 5 patients were in need of emergency surgery. A certain number of minor injuries, although not recorded, could have been treated at the airport or in other hospitals.

**Summary:** Due to recent training, the Chang Kai-Chek

Airport Rescue Services were well-prepared to manage the severe airline accident. When conditions are in favour of rapid transport to hospital, triage and more advanced medical management could be more adequately performed in a hospital, but the co-ordination of ambulance transports remains important. Communication with the dispatch centre is in similar situations important. The hospital system in Taipei, including the large trauma and burn centre, seems well-prepared to handle a mass casualty situation.

**Key words:** airline; airport; burns; casualties; co-ordination; crash; deaths; hospitals; injuries; rescue; response; transport  
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### Training Course in Human Resources: Descriptive Analysis of Traffic Accidents During Year 2000

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**Introduction:** Of the demands required of the Centro Informacion y Coordinacion de Urgencias de Castellon (CICU), the cases related to the traffic accidents make up 17% of the total of emergencies. In addition, they are emergencies that usually take place in another type of nonhealth sector. Therefore, it is interesting to know the profile and data that are responsible for this health care demand.

**Objective:** To conduct a descriptive analysis of the traffic accidents in the province of Castellon during year 2000, classified according to Galeno as emergencies.

**Methods:** A cross-sectional, descriptive study with a sample of 936 accidents gathered from 01 January through 31 December 2000 was used. A worksheet was created (in the Excel, Microsoft, Inc., Redmond, Washington USA) that contains the following variables: (1) with respect to the wreck, the location of the accident, date, day of the week, and hour of the alert; and (2) with respect to the wounded, the number of injured in each wreck, age, gender, evaluation, diagnoses, and resources used in providing the medical assistance.

**Results:** Traffic accidents caused 17% of the total number of emergencies taken care of during this period. The months with greater frequency were April, July, and August. Of 461 accidents studied, they occurred on the weekend, including Friday, Saturday, and Sunday. The hourly distribution between morning, evening, night, and dawn indicates that greater percentage happen in the afternoon, with a clear peak in frequency between the 18:00 h and 20:00 h with 58 accidents; 40.8% of the accidents take place in an urban zone and environs; and 59.2% on the roads (highways) of the urban zones: highway (freeway) 133 accidents; state roads (highways), 231; and roads (highways) of local or regional importance, 159.

**Key words:** accidents; analysis; frequency; profile; traffic  
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### Assessment of Hospital Disaster Plan Conferences in Turkey: A Report of the Emergency Medicine Association of Turkey (EMAT)

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**Objective:** To determine hospitals' general adequacy and preparedness in response to disasters a year after the 17 August, 1999 earthquake, and to evaluate the need for comprehensive hospital disaster plans in Turkey during the Hospital Disaster Plan Conference Series.

**Methods:** From 25 September 2000 to 09 October 2000, nine prepared standard conferences were organized by EMAT and Emergency Medicine Research International (EMRI) in seven different cities. Organisations of the conferences was done by EMAT Secretary and the local Turkish Physicians' Association offices. Professionals who work in their hospital's disaster teams, administrative offices, clinical services (doctors, nurses, etc.), and ambulance services were invited to the conference. The conferences were organised for participants from university, state, and insurance hospitals. Postconference questionnaires containing 20 questions were given to all participants.

**Results:** The conferences were attended by 373 professionals. The participants were group into the following categories: (1) doctors, 114 (31%); (2) nurses, 96 (25%); (3) paramedics, 49 (13%); and (4) others 114 (31%). Of these, 25% said "no" to "Does your hospital or facility have any disaster plan?", Thirty-four percent of participants chose "not sure" for the same question. Ninety-six percent of participants said "yes" to, "Would you like to have a role in your hospital's or facility's disaster plan?" Ninety-three percent of participants said "yes" to "Can the Hospital Disaster Plan Program be effective on your hospital or facility?" Forty-nine percent of participants said that their hospitals were "not ready" for a disaster.

**Conclusion:** Health care professionals are the cornerstones of any disaster plan. Most of the hospitals visited during the conference series don't have organized hospital disaster plan one year after the Marmara earthquake. However, professionals want to have a role in any new disaster plan. We concluded that while some hospitals are not prepared to deal with any new disaster, this Hospital Disaster Plan (HEICS) can form a solid basis for new guidelines that are easily applicable to every hospital in the country.

**Key words:** disaster; disaster plan; hospitals; planning; preparedness

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