

the last few years with groups of patients who had to be admitted immediately. Several systems of tracking these patients were evaluated and the most simple and practical applicable system was a bar-code system using the EAN (European Article Numbering) 128 symbol technique. This system is called the ABC (Automation Bar-code and Chaos) system. Using this system, the team that is in charge of command and control has been able to maintain a continuous overview of the situation. Apart from patient identification and tracking, the system also includes in the registration process indicators of urgency and primary diagnoses.

This system has been used during several accidents associated with the admission of multiple victims. The highest number of patients admitted using this system was 143 during the evacuation of another hospital because of the threat of a flood.

It seems that less errors were made in comparison with manual registration while more information was stored. Pilot studies are being performed to evaluate this method by using it first in a prehospital environment.

The ABC system already has attracted national and international attention. In principle, bar-codes can be used for regular care, replacing the existing hospital punch cards. In the Emergency Hospital, the system already has proven its value.

Key Words: automatic data processing; bar-codes; disaster management and planning; patient registration; triage systems

Organization of Emergency Medical Aid in Patients with Polytrauma in a Specialized Department of Multiple and Combined Trauma of Emergency Hospital

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The Department of Multiple and Combined Trauma contains 75 beds in a city of 1.5 million population and has been functioning for five years. The team includes: 33 general surgeons, 2 orthopedic surgeons, and one neurosurgeon on-call 24 hours per day. The examination period which parallels the beginning of liquidation of severe disturbances of the cardiovascular system lasts 30 minutes. Examination includes: pleural puncture and drainage, peritoneal lavage, laparoscopy, ultrasound examination, echoencephalography, CT-scanning, X-ray and laboratory examinations. Videolaparoscopy and videothoracoscopy are used widely in cases of superficial ruptures of abdominal solid organs, for stopping of hemorrhage from injured intercostal vessels, for sewing lung ruptures, and for liquification of curdled haemothorax, etc. There were 12,242 operations performed in the Department of Multiple and Combined Trauma during the five years. There were 6,393 patients with polytrauma treated, of which 49.8% were severe cases. The mortality rate decreased progressively from 37.2% in 1991 to 26.5% in 1996, due to the improvement of the organization of medical aid and the use of modern equipment.

By the year 2000, we plan to set up the City Center of Disaster Medicine which will include the Departments of Multiple and Combined Trauma, Burn Trauma, Toxicology, as well as Department of Gravitation Surgery, and Critical Care Department on the base of Emergency Hospital.

Key Words: efficacy; emergency aid; organizational perspective; polytrauma

An Organizational Model of a Hospital Information Center

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This presentation describes an organizational model of an information center developed by the Social Work Department of Tel Aviv Sourasky Medical Center based on our experience with mass disasters. The Information Center is designed to provide information upon the arrival of mass casualties at the hospital following terrorist attacks or other catastrophes. The Information Center is comprised of a number of inter-related units within the hospital, and is in contact with a range of organizations in the community. The structure and activities of the various units is described. A number of aspects relevant to personnel organization in crisis intervention is discussed.

Key Words: information center; organizational preparation; terrorist attacks

Session 3B: Hospitals and Disaster

Chairpersons:

E. Šock (Slovenia)

K.O. Sundnes (Norway)

An Interhospital Disaster Mutual-Aid Plan

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Introduction: The United States (US) health care system is an integral part of its national response to disasters. Thus, all acute care hospitals are required to have internal and external disaster plans. Formalized agreements for the exchange of emergency resources on a reciprocal basis, known as mutual aid, are considered mandatory in the Fire/Rescue/Emergency Medical Services and law enforcement communities. Curiously, mutual-aid plans rarely are found among civilian U.S. hospitals.

Objective: To design a disaster mutual-aid agreement for the 18 District of Columbia Hospital Association facilities.

Methods: A task force of representatives from the disaster committees of the acute care hospitals and appropriate municipal authorities within the District of Columbia met monthly for one year. Their assignment was to create a document that provided a common language