1. Time/number of emergency department nurses per patient;
2. Number of emergency department nurses outside the emergency department at any given time; and
3. Coordination of patient flow

In addition, the exercise tested how the various units functioned as a result of the nurse mobilization.

Conclusions: The implementation of this new model ensures a professional and skillful transfer of casualties and efficient reinforcement of the personnel at various hospital units.

Keywords: emergency department; hospital; mass-casualty incident; mobilization; nursing; transfer
Prehosp Disaster Med

The Second Lebanon War—Preparedness, Functioning, and Analyzing Data of Injuries Presenting to the Trauma Unit at the Rambam Health Care Campus

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Introduction: In 2006, the Rambam Health Care Campus, a Level-I Trauma Center, treated those injured during the 2nd Lebanon War and the rocket attacks on Haifa.

Methods: During the war, the hospital received 849 injured patients, of which, 281 were hospitalized: 66 civilians, 213 soldiers, and two UN Soldiers.

The hospital was prepared for casualties based on knowledge and previous experience. At the end of the war, information about the injuries was collected from different sources. The characteristics of the injuries were analyzed. A statistical analysis of the data was performed.

Results: Most of the injured had multiple traumatic injuries from penetrating trauma with a low percentage of burns. The Injury Severity Score (ISS) distribution: ISS 1–8 = 65% of the injured, ISS 9–14 = 20%, ISS 16–24 = 9%, ISS ≥25 = 6%.

Conclusions: Continued learning from special events could contribute to developing a body of knowledge that may assist to prepare the teams to deliver optimal care to this specific injured population.

Keywords: preparedness; Second Lebanon War
Prehosp Disaster Med

Unique Role of Emergency Medical Services after an Earthquake—A Community-Based Approach

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Introduction: Emergency medical services (EMS) are a dedicated to providing prehospital, acute medical care, and/or transport to definitive care, to patients with illnesses and injuries which the patient and constitutes a medical emergency.

The goals of most EMS is to treat those in need of urgent medical care, or arranging for timely transport of the patient to the next point of definitive care.

Earthquakes are among the most dangerous and destructive types of events caused by natural hazards, striking suddenly with no accurate method of prediction or warning, thereby taking a heavy toll on life, and causing injury and loss of property. The damage affects all aspects of the community—transportation, telecommunication, and infrastructure, and easily can overwhelm local health services, damage clinics, hospitals and render them useless.

Methods: The objective of this presentation is to review the pertinent literature and analyze the information in order to set practical guidelines for EMS following earthquakes using a community-based approach.

Results: Survival of casualties extricated from under the rubble depends on early medical interventions by emergency teams, thus, providing EMS with special challenges concerning early arrival, early qualified treatment, early transport, and definitive care.

Conclusions: Earthquakes differ from other disasters. During other disasters, the EMS system often remains intact. During disasters caused by earthquakes, the vast number of patients, together with problems concerning availability of medical personnel, accessibility to victims, means of transportation and communication, and no immediate definitive care set a new stage for EMS upon which to work. A routine, national, community-based approach will strengthen the ability to provide early response during daily and disastrous events, improving morbidity and mortality rates.

Keywords: community-based; disaster; earthquake; emergency medical services; preparedness
Prehosp Disaster Med

Efficiency of Emergency Evacuation in Multi-Storied Hospital Buildings

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Introduction: Hospitals play an important role during external disasters, providing essential care to the affected. Relatively less attention is paid toward internal disasters that necessitate immediate evacuation of patients and staff. Special attention should be paid to this aspect since the potential for survival and safe evacuation is less for patients in most hospital buildings than in the unhospitalized population.

Objectives: The objectives of this study were to assess: (1) the knowledge of the patients and staff members residing in the SMB building regarding the existing emergency exits; and (2) the safety and the physical status of evacuation pathway.

Methods: A cross-sectional study was performed at the SMB building which is the newest and tallest building of the Teaching Hospital Anuradhapura. An internal emergency was hypothesized at 21:00 hours on 24 October 2007. All of the staff members and 80 patients were interviewed and the emergency exit path was inspected.

Results and Conclusions: None of the patients and the majority of the staff members were aware of the availability of an emergency exit. The emergency exit path was not properly maintained in a way to facilitate safe, efficient evacuation. Thus, a mechanism to educate patients and staff on emergency exit usage must be formulated.