the administration of IV fluids, antibiotics, and analgesia. Radiographs of specific sites and trauma series were used to rule out bone injuries. There was lack of documentation in most of the medical charts.

Conclusions: The emergency department was overwhelmed with the number of patients that it received. Therefore, an updated disaster plan and regular disaster drills are required. Rapid and accurate triage could minimize mortality among bombing survivors significantly. The majority of patients were discharged home.

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(A23) Mass Casualty Incident and Terrorist Attack Preparedness of German Hospitals and Physicians Compared to Austria, Switzerland, the USA and a Worldwide Collective
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Context: Because of worldwide increase of catastrophes and recent terrorist attacks, hospitals and physicians are devoting increased attention to disaster and mass casualty incident (MCI) preparedness not only inside hospitals but also inside hospitals. In case of a terrorist attack physicians have to cope with injuries caused by conventional, biological, chemical, or radioactive weapons.

Objective: The aim of this study was to evaluate the current state of preparedness of German hospitals and physicians in case of an MCI or terrorist attack and to compare those results to the preparedness of hospitals and physicians from Austria, Switzerland, the United States of America and a worldwide collective.

Materials and Methods: Using an online questionnaire, we interviewed 1343 physicians in Germany, Austria, Switzerland, the US and a worldwide collective. The replies were analyzed statistically with the Shapiro-Wilk test and the Mann-Whitney-U test.

Results: In Germany physicians are less prepared than their colleagues worldwide for disasters inside and outside hospitals. 48.4% of German physicians (37% worldwide) did not know their area of responsibility as a physician in case of an “internal” emergency (fire, water pipe burst, power cut), even though 30.2% of German physicians (29.1% worldwide) have already had a real emergency in their hospital. Only 65.3% of physicians in Germany (75.5% worldwide) knew their area of responsibility in case of an MCI; MCI training was given less often in Germany (42.7%) than worldwide (64.3%). Most physicians in every country were unaware of injury patterns and treatment strategies in patients following bombings or nuclear, chemical and biological contamination.

Conclusions: Hospital Physicians are insufficiently prepared for internal emergencies and MCIs. There is a need for more drills in hospitals. In spite of the recent threat of terrorist attacks, the physicians’ emergency training should be modified to accommodate the increased risk of catastrophes and terrorist attacks.

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(A24) An Disaster Education Framework to Bridge Natural Disaster Medical Response and Primary Care Development in Developing Countries
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Introduction: Natural disasters cannot be prevented but their human impact can be mitigated. Effective medical and public health mitigation and responses require multidisciplinary efforts and appropriate training. Whilst Asia is currently ranked as the most natural disaster prone area globally, limited disaster medical and public health response training opportunities are available in the region. Our paper reports efforts to identify the training gaps and ways to fill them to prepare frontline practitioners and academic researchers in disaster and medical humanitarian emergency relief efforts in Asia.

Methods: Grounded on the disciplinary principles of academic training in public health, emergency & disaster medicine and primary care, our paper reviews the current disaster related academic training offered in these disciplines and maps out the training and knowledge gaps in disaster mitigation and response for frontline practitioners and academic researchers. We suggest ways to fill such gaps.

Results: A two-dimensional (clinical versus non-clinical), three-tier education training framework (Entrant level, Continuous medical education needs and Expertise level) is developed. Experiences and key training needs in Asia are highlighted.

Conclusion: The proposed framework identifies areas for comprehensive training for medical and public health practitioners who are interested to engage in medical disaster relief. The proposed framework also aims to strengthen mitigation and response capacities in health systems.

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(A25) Does Community Emergency Care Initiative Improves the Knowledge, Skill And Attitude of Health-care Workers and Laypersons in Basic Emergency Care in India?
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Background: Basic emergency care at primary, secondary and tertiary health care level in India is in its infancy. Lack of
(A27) Traumatic Wound Management by Bystanders – Myths
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Objective: To receive trauma victims from site of incidence to the emergency department without mauling with adjutant by first aid managers.

Material: Poor dressing techniques practiced for first aid in industrial, domestic, traffic, calamity, etc. inflicted wounds. Dressing with copious amounts of cotton on traumatized parts that are open or exposed. Wrong wrapping, storage, transport of amputated parts for attempt of salvage / reimplantation.

Methods: Assessment of increased rate in sepsis and rise in rate of risk of complications or loss of traumatized body part or even life in cases of trauma in which primary / incident manager with poor awareness / skills, shortage of first aid material.

Discussion: Need of training of general public on skills of first aid. Maintaining First Aid Kits for Emergencies as per stipulation and need based.

Observation: Improved results in management of trauma that were properly attended to from time of incidence to casualty.

Results: Improved ratio of post traumatic sequel like sepsis, delayed amputations, revisions, graft rejections, co morbidities, expenditure, etc.

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(A28) A Matter of Degree: Teaching “Disaster” and “Emergencies” to Public Safety Executives
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What is the difference between a “disaster” and an “emergency”? One can safely say that for the victim of an event, it is always a disaster. But what about the first responders who are tasked with returning conditions to normal as quickly as possible? What about the executives who must direct the first responders, as well as coordinate resources? The difference is a “matter of degree” because it depends on the amount of resources that are required to respond to the incident. For example, an overturned gasoline tanker truck may only be an emergency for a major metropolitan area, but a disaster in a more rural region. American public safety is a mirror image of the government system of federalism that developed during the founding of the United States. Public safety entities are attached to the various local, state, and federal government agencies. There are almost 18,000 local law enforcement agencies across the US. Only 47 agencies have more than 1,000 sworn officers, while almost 90 percent have less than 50. There are more than 30,000 fire departments, yet only about one-quarter of all firefighters are full-time professionals. The rest are volunteers. The author, a 30-year law enforcement veteran, has developed a college-level course for public safety executives to help them understand the “matter of degree.” The intent of the course is to challenge executives to conduct a careful self-examination of their own public safety agencies to determine what they are capable of doing in an event. An executive only gets one chance to do it right, so being able to distinguish between a disaster and an emergency response will be critical to success. When the event occurs, a public safety executive will be better prepared to make key decisions.

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(A29) Effect of Institutional Education and Exercise Programs on Knowledge, Views, and Compliance during Unusual Biological Events
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Background: Unusual biological events (UBEs) pose a distinct challenge for emergency preparedness. Not only are these events rare and difficult to detect, but they also pose clear hazards for both medical personnel and their families. Distinct skills include identifying UBEs and activating institutional and national response. Staff attendance and confidence in the health system play a vital role in effective management of UBEs. The Israeli Ministry of health conducts yearly drills on the personal, institutional, and national response to UBEs.