Abstracts – 17th World Congress on Disaster and Emergency Medicine

(A331) Simulation of Mobile Hospital Team for Mass Gathering and Mass Casualty in Iraq: Korean Experience

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Introduction: From 2007, it is decided officially to provide and support mobile hospital team for Iraqi people to enhance access to quality healthcare not only for primary healthcare but also for religious mass gathering and mass casualty situation. Multiple special vehicles were donated to two provincial governments in Iraq and Iraqi experts were invited to Korea for mobile hospital team training including field simulation.

Methods: The simulation was based on computer aided initially, and table top simulation was done and real field drills were performed twice. This process was performed for 2 years to different teams from different province in Iraq. The arrangement of mobile hospital vehicles differed between the first and second year field simulation for finding more efficient arrangement. All the table top simulation and real field drills were recorded by writing and camcorders, after the simulations the video was analyzed and discussed with experts and participants.

Results: Table top simulation has highest number of right decisions in individual simulation situation. The second field drill has more right decisions than the first field drill. The second year field simulation has less duration of drill, highest number of right decisions, and was more comfortable to trainees.

Conclusions: The necessity of mobile hospital team is increasing especially in some region and situation, however, the effort is not enough to seek the appropriate preparedness and method of operation academically. Specific knowledge and guideline for mobile hospital will be necessary as well as the up-to-date facilities and technologies.

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(A333) The Potential use of Social Media in Animal Emergency Response

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Social networking has been utilized for information sharing and communication since the beginning of time. Current communication technology allows for rapid information sharing across social networks through the increased utilization of social media—Facebook, Twitter, Flickr etc. Social media tools have been used increasingly in recent emergency response efforts including the response to the 2010 earthquake in Haiti and the BP oil spill in the US Gulf Coast. Veterinarians have been engaged in emergency preparedness and response activities for many years. The American Veterinary Medical Association founded in 1863 and representing approximately 83% of United States veterinarians and the American Veterinary Medical Foundation, established by the AVMA in 1963, have been active in emergency preparedness and response including the development of a world class veterinary disaster response program (VMAT) since 1993. Animals and humans share a special bond in the United States. According to the 2007 AVMA U.S. Pet Ownership and Demographics Sourcebook there are 72 million dogs, 81.7 million cats, 11.2 million birds and 7.3 million horses in U.S. households. Approximately 60 percent of all U.S. households own at least one pet and 64 percent own and GIS location. The need for actionable, real-time data is crucial to response. Awareness facilitates medical resource placement, response and recovery. A number of internet, web-based disaster resource and situational status reporting applications exist but may be limited or restricted by functional, jurisdictional, proprietary and/or financial requirements. Restrictions prohibit interoperability and inhibit information sharing that could affect health care delivery. Today multiple United States jurisdictions are engaged in infrastructure and resource situation status reporting via "virtual" states and regional projects considered components of “Virtual USA”.

Methods: This report introduces the United States’ Department of Homeland Security’s “Virtual USA” initiative and demonstrates a health application and interoperability via “Virtual Louisiana’s” oil spill related exposure reporting during the 2010, British Petroleum Gulf Horizon catastrophe. Five weekly Louisiana Department of Health and Hospital summary reports from the Louisiana Poison Center; Hospital Surveillance Systems; Public Health Hotline; and Physician Clinic Offices were posted on the Louisiana Office of Homeland Security and Emergency Preparedness’s “Virtual Louisiana”.

Results: 227 total spill-related, exposure cases from five reporting weeks were provided by five Louisiana source agencies and reported in Virtual Louisiana. Cases were reported weekly and classified as “workers” or “population”; associated with the parish exposure locations (8), offshore (1), or unknown (1); and shared with four other virtual states.

Conclusions: Real-time health and medical situation status, resource awareness, and incident impact could be facilitated through constructs demonstrated by "Virtual USA".

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(A332) Increasing Medical Situational Awareness and Interoperability via “Virtual USA”

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Introduction: History is replete with interoperability and resource reporting deficits during disaster that impact medical response and planning. Situational awareness for disaster and emergency medical response includes communicating health hazards as well as infrastructure and resource status, capability

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