model for the conduct of clinical simulations has emerged, recognizing the higher cognitive processes involved in problem-solving and decision-making when influenced by contextual distracters and change in patient condition. More detailed studies need to be undertaken to explore this model and how it may influence future education and training initiatives.

Keywords: model; paramedics; prehospital; simulation; training; trauma

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Is Western Pomerania Ready for a Mass-Casualty Incident—An Analysis of the "Karambol 2003" Simulation

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Objective: To present the level of preparedness of rescue services for medical emergencies based on an analysis of the "Karambol 2003" mass-casualty incident (MCI) simulation.

Methods: Karambol 2003, performed on 19 November 2003, was the first MCI simulation in the vicinity of the city of Szczecin, Poland. The analysis of the simulation was based on fire service data. The regional prehospital service did not provide any documentation on the course of the MCI simulation.

Results: None of the participants respected the scene borders. Ambulance teams did not follow the procedures designed for MCIs. Victims were evacuated against the rules of triage. There was no documentation of triage, and there was a lack of secondary triage. There were not enough triage tags; colored ribbons were not clearly visible.

Too little information was available about the number of victims and the severity of injuries on scene. Victims were abandoned on stretchers without any support. Pneumatic medical tents were not used properly for protection against bad weather conditions; victims were seated in the open. Because there was no media liaison or spokesperson, journalists were entering the scene without any supervision. Transport was not coordinated; the dispatcher did not use a helicopter.

Conclusions: The MCI simulation should be repeated as soon as possible in the same location. Further mass-casualty event simulations should be prepared. Only frequent simulations will demonstrate the need for mastering skills necessary in MCI situations or catastrophes.

Keywords: Karambol 2003; mass casualty; Poland; Pomerania; preparedness; simulation

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The Toys Brigg Exercise—A German-Netherlands Model for the Teaching Theory of Mass-Casualties Exercises

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Introduction: Inappropriate communication is a common cause of miscoordination in rescue missions.

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Methods: Reliable communication is needed and only can be prepared in small parts that later can be put together into a more understandable whole (such as a building or a sentence). This communication model is similar to learning a new language; only consecutive speaking and training will allow communication in complex circumstances using this new language.

Results: For example, the evacuation plan of the ARKE-Stadion in Twente NL, (60,000 spectators) during the expected World Youth Soccer Championship 2005 was examined. Multidisciplinary and operational cooperation of different services, such as ambulance services from Germany and the Netherlands, as well as police and fire services, are essential.

Conclusion: With the help of results from a standardized Toys Brigg Exercise, the principles of communication within operational groups and organizations can be prepared inexpensively and can be transferred efficiently to a mass-casualty situation caused by a mass gathering.

Keywords: communication; Germany; model; Netherlands; Toys Brigg exercise

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Free Papers Theme 23: Disaster Planning-2

Free Papers Theme 24: Sharing Our Experience

New Orleans and Hurricanes: A City in Peril

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Recent floods due to hurricanes have demonstrated the complexity of the public health impacts of flooding, including trauma, and fires, as well as chemical, sewage, and corpse contamination of air and water. Disease risk in Louisiana during hurricane floods is very high because 40% of the state is coastal, and 70% of the population resides in coastal areas. Ninety percent of this zone is near or below sea level. Densely populated areas, such as New Orleans, rank among the highest in the United States in potential societal, mortality, and economic impacts of floods.

Louisiana's outer buffer to storm surges are its coastal wetlands. Since 1930, 500,000 Hectares (Ha) have been lost, 180,000 Ha seawards of New Orleans. Present annual loss exceeds 12,000 Ha. Most of New Orleans, originally built on the wetlands, is now below sea level. As a consequence, the potential impacts of hurricanes continue to worsen. A multi-disciplinary team, combining the resources of natural scientists, social scientists, engineers, and the mental health and medical communities, is using New Orleans as a test case to develop techniques and models for dealing with public health issues associated with complex disasters, such as hurricane flooding.