Abstracts – 17th World Congress on Disaster and Emergency Medicine s93

Multiplying the learning from simulated drills, and the results are not enough to seek the appropriate preparedness and method 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”.

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

S.J. Wang

Emergency Medicine, Seoul, Korea

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 Iraki 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 camcoders, 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.

(K. Andress)

Prehosp Disaster Med 2011;26(Suppl. 1):s92–s93

doi:10.1017/S1049023X11003141

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

K. Andress

Department of Emergency Medicine, Shreveport, United States of America

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

May 2011

Prehospital and Disaster Medicine

Downloaded from https://www.cambridge.org/core. IP address: 54.70.40.11, on 03 Apr 2019 at 04:38:25, subject to the Cambridge Core terms of use, available at https://www.cambridge.org/core/terms.

https://doi.org/10.1017/S1049023X11003165