

**Methods:** Two working models of a Children's Field Hospital (ChFH) were reviewed. In the first model, a ChFH was implemented for 14 months (April 2001–July 2002) during a military conflict in the Chechen Republic. There were no other hospitals rendering medical aid to children in the area. In the second model, a field hospital was created for children following a terrorist act in Beslan, Northern Ossetia in 2004.

**Results:** Over the 14 month period, the Chechen Republic ChFH rendered medical aid to 102 adults and 20 (16.4%) children with gunshot wounds. Self-made explosives and unexpected munitions were blamed for explosive trauma in children. Two children died in the ChFH, and one child with amputated lower limbs was transported to Moscow for prosthetics placement. Three hundred eleven children presented to ChFH, including 55 children not requiring medical aid, and 256 wounded children, who were divided into 3 groups: 5 dying; 52 wounded and requiring emergency treatment; and 199 wounded who were transported to hospitals in Vladikavkaz after receiving initial medical aid at the ChFH. In total, 47 operations were performed, including seven abdominal and chest surgeries. Re-animation aid was provided at the Intensive Care Department of the ChFH for the stabilization of the critically wounded prior to their evacuation.

**Conclusion:** In the situation of mass admissions of wounded patients, the most important considerations are triage and the arrangement of operations according to urgent indications.

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#### (P1-105) Osteosynthesis of Children with Femur Fractures from Traffic Accidents

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**Introduction:** The growing number of children suffering poly-trauma from traffic accidents dictates the expansion of the indications for osteosynthesis. Elastic-stable intramedullary osteosynthesis (ESIN) is the optimum treatment of fractures of long bones in children.

**Methods:** Closed intramedullary osteosynthesis of diaphyseal femur fractures with flexible nails was performed in 74 patients (76 fractures) during 2006–2010. The patients were children ages 1–8 years. Titanium elastic nails (TEN) (Synthesis, Switzerland) were used in the procedures. AO Foundation recommendations were adhered to when selecting the size of the implant (i.e., diameter approximately 1/3 the diameter of the femur medullar canal at its narrowest part).

**Results:** There was a prevalence ( $n = 53$ ) of simple fractures (D3 by AO classification) in this group of patients. Sixteen children had D2-type fractures, five with spiral (D1), and two with slanting (D2) fractures. There were no type D1 or D3 complex fractures in this group. Good functional results of closed intramedullary osteosynthesis with TEN at diaphyseal fractures of the femur in children with isolated and associated damages were achieved. There were no post-operative complications. This method provided stability of osteosynthesis, which allows activating patients in the short-term, i.e., during the post-operative period.

**Conclusion:** Treating femur fractures in children with ESIN provides optimum treatment of polytrauma. Osteosynthesis without

exposure to the area of damage, and the early activation of children can prevent infectious complications and contractures.

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#### (P1-106) Scarce Resources Planning Summit for Pediatric Critical Care and Transport Stakeholders

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There are six children's hospitals in Chicago, Illinois and the surrounding region. These hospitals often have bed limitations due to high censuses in daily operations. The Pediatric Committee of the Chicago Healthcare System Coalition for Preparedness and Response had provided two conferences in pediatric emergency preparedness in Spring 2010 that identified a need to examine scarce critical care resources in the region. A "Pediatric Critical Care and Transport Stakeholder's Summit" was convened in April 2010. This meeting brought together the Pediatric Critical Care Medical and Nursing Directors along with Transport Team representatives from major hospitals to identify the key issues related to pediatric emergency preparedness and scarce resources. The four-hour Summit, was held in a Conference Center, away from any hospital or clinical setting, was organized into seven sections: (1) Welcome & Introductions; (2) Issues Identification; (3) Scenario Introduction; (4) Specific Issues Identification; (5) Prioritization of Specific Issues; (6) Development of Action Steps; and (7) Moving Forward. A Facilitator with specific knowledge of hospital-based preparedness led the Summit process. He utilized a pediatric scenario to engage the participants in discussion, interaction, and planning. Action steps, with statements of need and specific action items were developed, based on the following prioritized issues: (1) lack of pediatric training and experience for front line personnel; (2) alternate care sites/bed capacity/surge planning; (3) ethical issues; (4) transport; (5) credentialing/pediatric specialist availability; (6) incident command/community integration; (7) pediatric supplies and equipment; (8) patient identification; (9) financial tracking/reimbursement; and (10) Crisis Standards of Care/Crisis Operation Standards Moving forward, the participants of the Summit will reconvene into small workgroups to develop plans and training for the areas specified above. In May, 2011 a statewide exercise utilizing the special population of children will occur to test these plans.

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#### (P1-107) Paediatric Emergencies

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Paediatric asthma is a frequent presentation to Emergency departments. Early intervention may prevent progression of the acute phase to a severe or life threatening stage. Magnesium is a wonder molecule that has repeatedly undergone vigorous trials. Magnesium is used by intravenous and nebulized route in many guidelines across the world. Heliox keeps coming in

and falling out of favour with conflicting literature reviews. Its simplicity of use makes it an effective tool in the treatment of exacerbations of asthma. Aminophylline is one of the earliest bronchodilator that has heaps of adverse effects. This presentation begins with a world tour of major guidelines with a special focus on Magnesium, Aminophylline and Heliox followed by an in depth literature search. Current literature and metanalysis for all the three drugs for pulmonary function test, hospitalisation and adverse effects are graphically illustrated. Based on the evidence so far, a guideline is proposed for the use of the above three drugs for Paediatric asthma.

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### (P1-108) Humanism in Disaster Medicine

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The main trends in the development of the ideology of humanism in disaster medicine can be formulated in the following theses:

1. Responsibility of governmental bodies for providing medical safety of a human being in emergencies;
2. Responsibility of public health in the society;
3. Main tasks in nuclear threats connected as applied to disaster medicine are the responsibility of United Nations;
4. History of humanitarian medicine and the development of the World Health Organization's activities in providing medical humanitarian assistance;
5. Ethics of modern physical investigations in the light of development of nuclear and thermo-nuclear hazards;
6. Roles and trends of humanitarian medicine in modern society;
7. Philosophical and humanitarian approaches and ethics in the modern scientific investigations in the whole;
8. Ethics in modern medicine, biology, and disaster medicine;
9. Rights of victims to receive humanitarian medical assistance in local military conflicts; and
10. Threat of acts of terrorism with the use of chemical, biological, radiological, or nuclear agents and technologies; The paradox of the modern age is that the "principal basis and aim of disaster medicine are humanitarian by their primordial nature", but the reduction of common human values can lead to a global disaster. On the other hand, emergencies should lead mankind to unity, to the deep understanding of bio-social aspects of survival when the best qualities of human nature are revealed. International disaster medicine problems should be considered as tools for providing an optimal basis for the development of human relations. The development of humanitarian and disaster medicine should be realized with consideration of deep-laid moral positions, on the basis of ethic principles and high moral values, among which, the primordial values are individual existence of everybody and survival of mankind as a species.

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### (P1-109) Violence, Health and Human Rights: Analysis of the Right to Health for Conflict Displaced Persons Living In IDP Camps in Northern Sri Lanka

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This presentation explores the nexus between collective violence (in the form of violent civil conflict) and health and human rights

in Sri Lanka, focusing specifically on persons displaced during the most recent conflict in Northern Sri Lanka beginning in November 2008. After exploring the normative framework in relation to the right to health, the local legal framework governing internal displacement, and the related component on health-care access, service provision, and standards will be described. By examining health cluster reports, health surveys, and case-studies, this presentation describes how the health sector responded in providing healthcare services to those war displaced living in internally displaced people (IDP) camps in Vavuniya District. The "rights based approach to health" is examined in relation to the health sector response, and key issues and challenges in meeting health protection needs are highlighted. A conceptual framework on the right to health for IDPs in Northern Sri Lanka is presented. This presentation also explores how some health interventions in the post-conflict Sri Lankan context may have acted as a bridge for peace building and reconciliation.

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### (P1-110) Key Elements of Successful Disaster Health Management Policy

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**Introduction:** Disaster health management policies are being developed and implemented by various government and non-governmental organizations. However, there has been a lack of studies to comprehensively identify the key elements in the successful disaster health management policies.

**Methods:** A survey of experts was used to identify key elements of successful disaster health management policy arrangements. This research conducted 10 face-to-face interviews, together with 22 e-mail surveys to identify the key elements. The experts were selected based on the person's background and expertise in disaster health management and policy analysis.

**Results:** Key elements of disaster health management policies were identified and introduced in four parts, including the characteristics of conceptual policy framework of disaster health management (risk assessment and recognition, strategic view, resilience community, inclusive and accountable, good structure with clear authority, fault tolerant, good communication, rigidity and flexibility, education and training, mutual understanding, effective funding), elements of policy development (adequate leadership, extensive consultation, clear goals and terms, easy to access and implement, locally owned and accepted, standard and flexibility, linkage with other policies, keep updated, involve all the stakeholders, regular drills as part of the policy), elements of policy implementation (well defined structure and agencies, professional disaster management body, delegate the power and coordination, maintain interests and involvement, communication, recognition of disaster risks, policy familiarity, full participation of health elements, financial support, specific measurement), and elements of policy effectiveness evaluation (advisory committee, evaluate true disasters, evaluate policies in exercises and drills, test people's knowledge, evidence of stakeholders contributing, practice and procedural change, evaluate operating procedural, scientific evidence).