

11th Congress
of
**WORLD ASSOCIATION FOR DISASTER AND
EMERGENCY MEDICINE**
WADEM
Osaka, Japan
May 10-13, 1999

SCIENTIFIC PROGRAM

The Scientific program will focus on Emergency Medicine/Prehospital Care and Disaster Medicine. It will be composed of Plenary Sessions, Symposia, and Panel Discussions, Free Paper Sessions, and Poster Sessions. The theme of the symposia and panel discussions are planned as follows.

Symposia and Panel Discussions Disaster Medicine

- 1) Lessons learned from The Great Hanshin-Awaji Earthquake
- 2) How to coordinate for anti-personnel landmines
- 3) Modern technology of warning systems for various disasters
- 4) Volcanic eruption: Short and long-term, direct and indirect health effects
- 5) Emergency response for radiation Accidents
- 6) Mass evacuation for war and civil conflict
- 7) Terrorism including suicide bombing
- 8) Quality management for disaster medicine
- 9) International Assistance

Emergency Medicine

- 1) How to treat multiple-trauma patients
- 2) New CPR
- 3) Fluid therapy at the prehospital phase
- 4) Advanced therapy of AMI
- 5) Quality management for emergency medicine
- 6) Emergency Medical Services Systems

PARTICIPATION

WADEM members and non-WADEM members, nurses, paramedical personnel, non-medical personnel concerned with emergency and disaster management, and accompanying persons

ORGANIZING COMMITTEE

President: Steven J. Rottman
Congress Chairman: Muneo Ohta
Honorary Congress Chairman: Toshifumi Otsuka
Congress Vice Chairman: Yasuhiro Yamamoto
Congress Vice Chairman: Takashi Ukai
Host Organization: World Association for Disaster and Emergency Medicine (WADEM)
Supporting Organizations: Japanese Association for Acute Medicine (JAAM); Japanese Association for Disaster Medicine (JADM); Asian Pacific Conference on Disaster Medicine



For more information contact:

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Current Contents:

Tables of Content, Volume 12 (1997) and Current Issue

Abstracts

Volume 12 (1997) and Current Issue

10th World Congress on Disaster and Emergency Medicine, Mainz,
Germany 1997

III Nordic Congress on Emergency and Disaster Medicine, Kuopio,
Finland, 1998

Author and Subject Indexes for Above Issues

Editorials

Complete Manuscripts for Volume 13, Number 1 (current issue)

Calendar of Future Events

Guidelines for Authors

Information for Advertisers

Subscription Information

Links to other relevant web-sites

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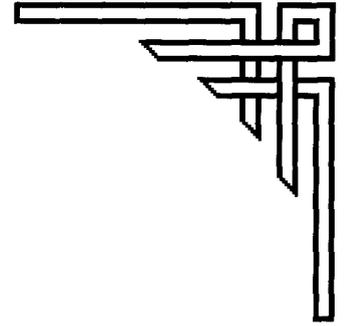
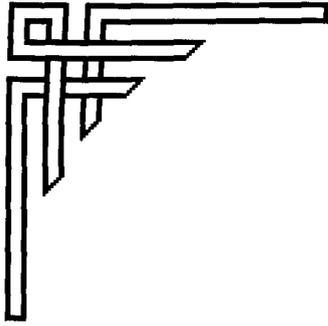
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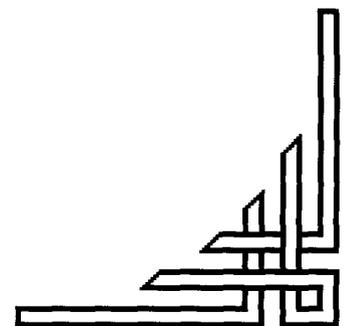
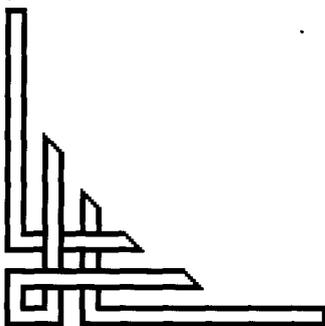
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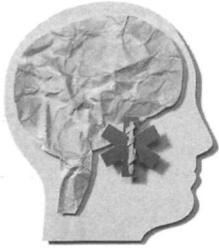
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**-2001-
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Abstracts in the category of clinical, systems, management and personnel will be presented at the 18th Annual EMS Today Conference March 22 to 25, 2000, in Orlando, Florida.

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Submissions

Authors of those abstracts representing the most original scientifically based work of greatest impact to prehospital care will be invited to present their study in either an oral or poster presentation during sessions at EMS Today.

Submissions are encouraged in prehospital emergency medicine clinical, system, management personnel and education categories. Notable abstracts will be published in the 2000 Prehospital Care Research Forum supplement. All abstracts must be submitted on the official submission form.

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Cash awards will be given for the studies of most significant contribution.

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Deadline for Submissions is Friday, October 29, 1999

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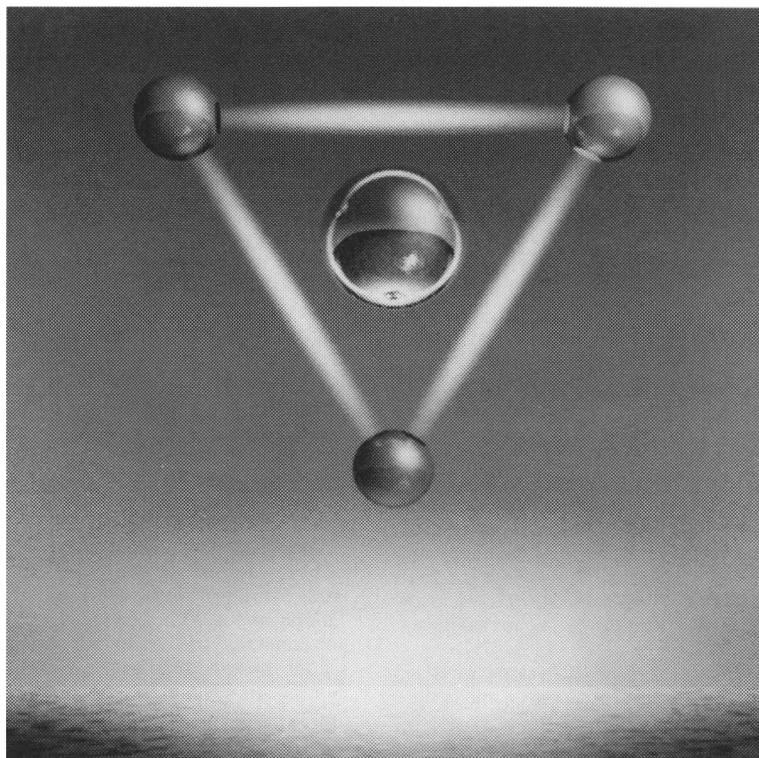
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2. **Introduction**—Provides justification for the effort with appropriate references annotated. If quantitative, the concluding sentence should define the hypothesis. If qualitative, the problem should be stated clearly.
3. **Methods**—The Methods section should be descriptive to a degree that other investigators would be able to reproduce the findings. Statistical methods used must be annotated. Approval by an Institutional Review Committee must be included when appropriate.
4. **Results**—Results must be written in text and may be accompanied by tables and figures. The text must explain all data included in tables and figures, but should not be unnecessarily redundant. All direct results from the study must appear in this section. No discussion of the results may be included.
5. **Discussion**—The Discussion should provide an interpretation of the Results in terms of meaning and application. Results should not be repeated. Computations or extrapolations that may help explain the results may be provided. Limitations of the study should be defined and suggestions for future research should be included. References that support or negate explanations provided are appropriate.
6. **Conclusion**—The findings in terms of implications for the practice of prehospital, emergency, and/or disaster medicine should be summarized in a few sentences.

General Submission Requirements

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2. **Copyrights**—After acceptance for publication, the copyright to the manuscript rests with *Prehospital and Disaster Medicine*.
3. **Cover Letter**—Each manuscript should be accompanied by a cover letter from the primary author who attests to the original nature of the material, that the paper has not been published elsewhere, is not under consideration by any other publication, and that the authors agree to transfer copyright to *Prehospital and Disaster Medicine* if accepted for publication. The institution(s) in which the work was performed, the sponsoring institution(s), and the respective departments must be annotated. If the work was supported all or in part by grants or endowments, the granting institution(s) should be indicated. If the paper has been, or is to be presented orally, indicate the title of the forum, sponsoring institution, and the date of presentation. Specify the name of the author with whom any correspondence should be directed, and, correspondence street address, telephone number, telefacsimile (FAX) number, and e-mail address if appropriate.
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Journals—White SJ, Hamilton WA, Veronesi JF: Comparison of field techniques used to pressure infuse intravenous fluids. *Prehospital and Disaster Medicine* 1991;6:429–434.
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Additional Information

Contact Marvin L. Birnbaum, MD, PhD, Editor, *Prehospital and Disaster Medicine*, Clinical Science Center (E5/615), 600 N. Highland, Madison, WI 53792 USA, (608) 263-9641; e-mail: mlb@medicine.wisc.edu. Website: <http://pdm.medicine.wisc.edu>

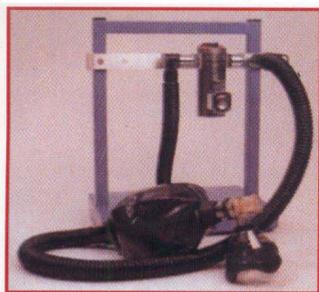


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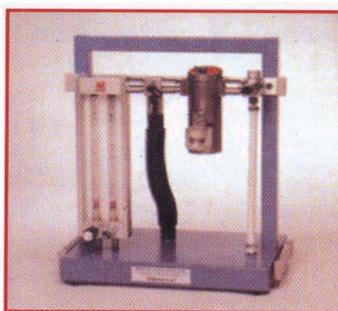
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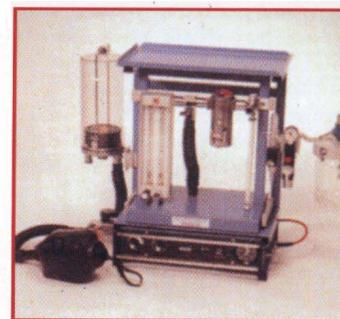
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This model is designed for use with a "Draw-over" patient system. By using a resuscitator, ambient air is drawn through the vaporizer and to the patient. It also is possible to use oxygen from an oxygen concentrator.



Anaesthesia Machine MP-2

This is a MP-1 with flowmeters for O₂ and N₂O, as well as an O₂ flush valve added. The MP-2 works on the same principles as anaesthesia machines found in most hospitals. It can be used as a "Draw-over" machine if the oxygen supply fails.



Anaesthesia Machine MP-3

This is a MP-2 with a ventilator, suction, and bag-in-a-bottle system added - a very sophisticated machine. The MP-3 also can be used as a "Draw-over" machine similar to the MP-1 and MP-2.



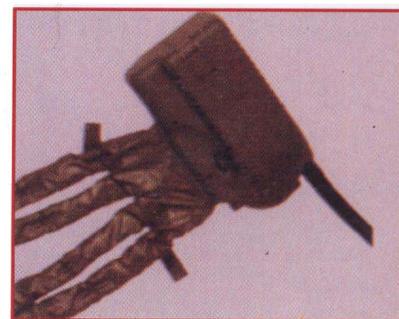
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