

contamination to the medical/rescue staff is minimized without spreading the dangerous materials.

In conclusion, this system is still in the field trial stage. Although there are some minor problems, as was revealed after the Hanshin-Awaji earthquake and Tokyo subway sarin incident, these will be able to be resolved with minimal changes.

**Keywords:** evacuation; leaping tags; rescue; triage; triage tags

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### Help the Helpers during Disasters: Keeping Team Resilience

*O.B.J. Benin Goren*

Tel Aviv Sourasky Medical Center, Tel Aviv, Israel

Tel Aviv Sourasky Medical Center (TASMC) is a Level-One Trauma Center located in the center of Tel Aviv. During the last six years, the Medical Center has experienced >23 mass-casualty incidents (MCI) caused by terrorist attacks and has treated about 1,300 injured persons.

Following the exposure to terrorist attacks and treatment of victims of terrorism, health providers are considered the “secondary circle of trauma”. Health providers are normal people facing abnormal situations. They have not been prepared to see and treat shattered bodies, especially for the sight of mutilated bodies of infants and children. How can health providers deal with their feelings and fears? How can a medical center preserve team resilience while coping with MCIs over and over again?

The accumulated experience in supporting system uses at TASMC will be presented. It will focus on the emotional functioning of team members who took care of MCI casualties. Also the use of emergency leadership workshops in order to establish personnel who are leaders in the field of disaster management will be discussed.

Recommendation of “Return to Routine” in a way that can “Help the Helpers” to continue their work while they are functioning well and are able to preserve their resilience also will be presented.

**Keywords:** health providers; Israel; mass-casualty incidents; team resilience; terrorist attacks

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### Impact of Lightning Strikes on Hospital Function

*L.J.M. Mortelmans,<sup>1</sup> G. Van Springel,<sup>2</sup> S. Van Boxtael,<sup>1</sup>*

*J. Herrijgers,<sup>1</sup> S. Hoflack<sup>2</sup>*

1. AZ Klina, Brasschaat, Belgium

2. AZ St. Jozef, Malle, Belgium

Two regional hospitals were struck by lightning within a period of one month. The first hospital, with a capacity of 236 beds, experienced a direct strike to the building. This resulted in a spread of the power peak with temporary failure of the standard power supply. The principle problems that occurred after the standard power supply was restored were with the fire alarm system and the peripheral network connections in the digital radiology systems. No direct impact on the hardware was found. Restarting the servers

resolved all of the problems. The second hospital (436 bed capacity) was struck on the premises with the main problem of induction. All the affected installations had a cable connection from outside. The power supplies never were endangered. The primary problem that resulted was a failure of different communication systems (telephone, radio, intercom, fire alarm system). Also, the electronic entrance control was not functioning. During the following days, multiple software problems became apparent, as well as a failure of the network connections controlling the technical support systems. There almost are no means to prepare for induction problems; however, the use of fiber-optic networks could limit further damage.

**Keywords:** function; hospitals; lightning; power supply; preparedness

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### Potential Use of an Award Scheme for Rescuing Drowning Victims to Study Prevention, Rescue, and Resuscitation

*A.M. Venema,<sup>1</sup> J.W. Groothoff,<sup>2</sup> J.J.L.M. Bierens<sup>1</sup>*

1. Ten Boer, The Netherlands

2. University Medical Centre Groningen, Groningen, The Netherlands

**Introduction:** Since 1767, the Maatschappij tot Redding van Drenkelingen (MRD) rewards bystanders who save a person from drowning. These awards are based on data from different sources. This study investigates if the award scheme can be a potential source for research on prevention, bystander rescue, and resuscitation in non-fatal drowning. **Methods:** A total of 289 reports in the period 1999–2004 were studied. A total of 133 relevant variables were used. Variables only were included in the analysis whether data were available in at least 60% of the reports. This set of data was compared with the recommended Utstein criteria for drowning registration.

**Results:** A total of 26 (20%) of 133 parameters are available in >60% of cases. The data are consistent with existing international and national data. New data about drowning victims, causes of drowning, and bystander rescue and resuscitation also were discovered. A total of 12 of the variables are included in the Utstein registration for drowning studies.

**Discussion:** These data correspond well with previous reports. This suggests that the database on awarding rescues is robust and potentially is suitable for analysis. If the quality of the information in the data sources is improved, unique information about drownings can be collected and analyzed, specifically regarding on the role of bystanders in the rescue and resuscitation of drowning victims.

**Conclusions:** The current MRD reports to reward bystanders are of limited use for analysis. If the data-set is re-defined and the registration becomes more uniform and goal-oriented, structured data collection and analysis seems possible.

**Keywords:** award; structured data collection; drowning; Netherlands; rescue; Utstein

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