

essential to a more effective and efficient national response. The civilian and military sectors each have numerous directives, standards, regulations, and guidelines that encourage or require such integration.

Methods: Prepare for joint responses through CIV-MIL leadership support and appropriate resources by: initiating planning; exercising and developing organizational infrastructure; identifying, developing, piloting, evaluating, implementing and disseminating specific needs and suitable activities to address them; developing a broad-based constituency advocating for the support and promotion of integration activities; and providing the subject matter expertise and advice required to keep the tasks purposeful and on target.

Results: The integrated civilian-military model for health-care emergency response planning project will develop and implement programs and services (a training assessment, education and training, drills and exercises, a centralized electronic repository of best practices for domestic disaster medical response) that foster the integration of medical responses of the civilian and military sectors to achieve these types of results and enhance the disaster response and recovery capability of the nation.

Conclusions: An integrated CIV-MIL response will foster a heightened state of resiliency through reduction of human injuries, decrease in property damage and loss, protection of critical infrastructure, and a more rapid recovery post-disaster.

Keywords: civil-military collaboration; emergency; health care; model; planning; response

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(L2) Response and Assistance of the Greek Health Sector to a Mass-Casualty Incident in Albania

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A series of explosions in an old army storage facility in Gerde, Albania on 15 March 2008 resulted in 21 deaths and <300 injured persons, while <4,000 people lost their homes due to severe damage to nearby housing. The Greek government was notified of the event through its embassy in Tirana, while Albania notified the European Monitoring and Information Centre (MIC) of the Civil Protection Unit and requested international assistance to care for multiple casualties.

The National Health Operations Centre of the Ministry of Health immediately assumed a leading role in coordinating the response and assisting the neighboring state. Three staff members were deployed in Tirana where they participated in triaging the trauma patients and coordinating the transport of six of them to Greek hospitals for specialized care (critical care and microsurgery) during the first 12 hours after the incident. The on-scene staff also coordinated the transport of blood transfusion units, pharmaceuticals, and medical equipment such as ventilators and monitors to the Albanian hospitals. The transportation of patients and materials was successful with the close collaboration with the Greek military services.

The early deployment of personnel at the scene and the close collaboration with the military enabled the fast and efficient response of the Greek Health Sector in assisting its neighbor state with this mass-casualty incident.

Keywords: Albania; disaster health; disaster management; Greece; mass-casualty incident; response

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(L3) Emergency Medicine in a Tertiary Care Medical Center Under Missile Attack

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Introduction: Rambam Medical Center, an 800 bed, tertiary care, university medical center in northern Israel, is the only Level-1 Trauma Center in the region. Each year, 117,000 patients visit the emergency department. During the second Israel-Lebanon War, the Rambam Medical Center was the main receiving hospital for wounded Israel Defence Forces (IDF) soldiers. Rambam also cared for many of the injured civilians and was under constant missile threat.

Methods: Data regarding emergency department patient volume, patient demographics, chief complaints, and disposition were collected retrospectively from electronic emergency department records. Data regarding missile falls in Haifa and its vicinity was collected from the Home Front Command.

Results: The number of total emergency room visits decreased from an average of 229.9 in the 42 days preceding the war, to an average of 130.1 in the 34 days of conflict. The emergency department visits during the conflict include 849 war-injured soldiers and civilians. Labor and delivery admissions decreased between the two periods from an average of 12.3 to 3.6. Admissions to general surgery and orthopedics were mildly influenced.

Discussion: While serving as the main receiving hospital for soldiers and civilians injured in the war, emergency department visits, admissions, and characteristics underwent drastic changes when the Rambam medical center and surrounding city of Haifa were under intensive missile attacks. The three-fold decrease in admissions for the labor and delivery reflect that the population moved out of the heavily targeted Haifa area.

Keywords: attack; civil-military collaboration; emergency medicine; medicine; war

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Oral Presentations—Disaster Health Management

Computerized Patient Information

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The Israeli health system is on constant alert for mass-casualty incidents (MCIs) and disasters. Although experience