

up three months after the injury. This presentation also describes a multi-disciplinary approach to the care and management of these children and their families.

Prospective, observational research on the prevalence of traumatic stress reaction post-accidental trauma and local validation of the STEPP tool (modified) for risk assessment of the development of PTSD currently are being performed.

Keywords: accidental injury; children; family; post-traumatic stress disorder (PTSD); trauma

Prehosp Disaster Med

Lessons Learned from a Terrorist Attack in Beslan: Necessity of Prepared Pediatricians

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Introduction: More than 800 children were held hostage at a school in Beslan in 2004. A total of 365 children were wounded and 146 died.

Methods: Medical care for the victims was performed at three levels: (1) the children's field hospital (CFH) in Beslan; (2) hospitals in Vladikavkaz; and (3) specialized clinics in Moscow, Rostov-Don, St. Petersburg, and Orel. The medical staff consisted of 20 doctors and nurses. Seventy ambulance teams evacuated the wounded to the clinics of Vladikavkaz.

Results: A total of 311 children were taken to the CFH: 52 children needed intensive care treatment for live support; 199 children required immediate evacuation to hospitals in Vladikavkaz after receiving primary medical care. A total of 139 urgent surgical interventions were performed at the hospital in Vladikavkaz. Later, 146 children were transported by air to Moscow and other clinics in Russia. Ten percent were transported using life support systems. No children died during evacuation. Children were treated in 16 hospitals in Moscow, and >100 different specialized surgical interventions were performed. Five children died at the CFH, four children died in hospitals in Vladikavkaz, one died in Moscow. Wounded children transported to different Russian and foreign clinics required a long rehabilitation period.

Conclusions: When responding to acts of terrorism involving children, it is necessary to:

1. Have nationwide mobile medical capabilities (i.e., children's field hospital);
2. Train special medical staff and supply automobiles with pediatric models of respiratory equipment in the ambulance system and disaster medicine regional centers; and
3. Perform regular trainings of children's hospitals personnel to admit a large number of children with gunshot wounds.

Keywords: Beslan; lessons learned; pediatrics; preparedness; terrorism

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Responsibility of Community and Municipal Government in Planning and Responding to Disasters

Medical Reserve Corps: Volunteers Building Strong, Healthy, and Prepared Communities

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The Medical Reserve Corps (MRC) is a United States-based national network of local groups of volunteers committed to improving the health, safety, and resiliency of their communities. Medical Reserve Corps volunteers include medical and public health professionals as well as others interested in improving the public health and response infrastructure of their local jurisdiction. Medical Reserve Corps units identify, screen, train, and organize the volunteers, then utilize them to support routine public health activities and augment preparedness and response efforts. To date, the MRC program has grown to >800 MRC units in 50 states, Washington, DC, Puerto Rico, Palau, Guam, and the US Virgin Islands; and >180,000 volunteers nationwide.

The Office of the Civilian Volunteer Medical Reserve Corps (OCVMRC) is headquartered in the Office of the US Surgeon General. Its mission is to support local efforts to establish, implement, and sustain MRC units nationwide. In order to carry out this mission, the OCVMRC serves as the national voice of the MRC network, promotes MRC participation in response efforts at all levels, supports the growth and maintenance of the nationwide network of MRC units, and strengthens its internal capacity to support MRC units.

This session will provide a forum for preparedness and response experts from across the globe to explore key principles and promising practices of the MRC program. While presenters from the OCVMRC hope to share proven practices that the international preparedness and response community can learn and adopt in their given circumstance, they also look to this session as an opportunity to learn lessons and practices from outside the US that can be adapted for the MRC program.

Keywords: Medical Reserve Corps; preparedness; volunteer

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