

127. Triage in Mass-Casualty Situations

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No generally admitted or universally recognized triage directives exist. Therefore, it is up to any appropriate authority to issue its own policy. This results, nationally and internationally, in a great variety of triage procedures.

Triage in mass-casualty situations is not identical to triage in the daily EMS due to the disproportion between the medical response capacity and the actual resources available to manage the casualties. The military categorization procedures are the only triage methods that have proven their efficacy in mass casualty situations. These military sorting procedures must be adapted to disaster pathology and civilian logistics.

There is a need to standardize the triage procedures both on a national and international level. These standardized triage guidelines must be applicable to mass-casualty situations both in disasters and armed conflicts. Education and training in triage procedures is mandatory. Triage is a dynamic, continuing, and progressive process.

058. Factors Affecting Success of Prehospital Endotracheal Intubation the First Year Following Introduction in an Urban EMS System

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Purpose: To identify factors associated with successful prehospital endotracheal intubation the first year following introduction of the technique in an urban EMS system.

Methods: Prospective, observational study. Data were collected on information sheets designed to be completed after each intubation attempt. A total of 689 cases during a 12-month period were collected and reviewed. The multiple logistic regression stepwise method was used to determine the association between intubation success and the following independent variables: 1) medical versus traumatic cardiopulmonary arrest (CPA); 2) number of attempts; 3) presence or absence of adverse conditions (i.e., blood or vomitus in the airway, anterior cords, oral soft-tissue trauma, equipment failure); 4) age; 5) race; and 6) gender.

Results: The following variables were positively associated with successful intubation: 1) patients in medical CPA ($p < 0.05$) and two or less intubation attempts ($p < 0.01$). Presence of adverse conditions was inversely associated with successful intubation ($p < 0.01$). The other independent variables were not associated with intubation success.

Conclusions: Factors associated with successful prehospital intubation include medical CPA and intubations completed as described above by the second attempt. The presence of adverse conditions significantly decrease the likelihood of successful intubation. Emergency medical services systems should consider these finding when designing implementing intubation training programs.

134. First Aid for Life

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This video presents the "Chain of survival" and the ABCs of emergency care:

- 1) evaluation of level of consciousness, ventilation, and circulation;
- 2) alert;
- 3) airway;
- 4) auto-drainage position (stable side position);
- 5) mouth-to-mouth ventilation; and
- 6) chest compressions.

This document will help to enable citizen training.

Video: 7 minutes. VHS, 8mmHI, PAL SECAM

059. All-Russian Service for Disaster Medicine (ARSDM): The Experience of the Activity

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The All-Russian Services for Disaster Medicine (ARSDM) is the system of administration bodies, institutions, and units of medical-preventive and sanitary-epidemiological type, which are under the authority of the federal bodies of executive power, bodies of executive power of the Russian Federation and bodies of local government. These units and institutions are united on the functional basis for joint actions within the parameters of the Russian system for prevention and action in emergency situations.

The hospitals, and the following teams: medical, specialized medical, emergency, first medical, premedical aid, and sanitary-epidemiological, etc. are part of the ARSDM units and institutions. The joint coordinating committees and corresponding disaster medicine centers are in charge of ARSDM. The All-Russian Center for Disaster Medicine "Zaschita" is the head scientific and practical state institution. It consists of the headquarters with the operation-dispatcher service, mobile multiprofile autonomous hospital, the department of medical provision, about 20 scientific laboratories, the disaster medicine faculty etc.

Depending on the emergency and injuries characteristics,