Membership Section

Volume 1 Number 3
June 1990

Disaster Medicine

Newsletter from the American College of Emergency Physicians

Earthquake Scenario Tests Section's Communication System

by Andrew I. Bern, MD, FACEP

Friday, May 11, at 1339 EST this message was sent via the Section's Communication System provided by Voice Tele-Messaging Services, Inc., of Burlingame, CA.

"This is a test of the Emergency Notification System of ACEP's Section of Disaster Medicine. This is only a test! My name is Dr. Andrew Bern, Chair, ACEP's Section of Disaster Medicine.

An earthquake of magnitude 6.8 on the Richter Scale, and an epicenter at Marked Tree, Arkansas, about 35 miles northwest of Memphis, Tennessee was reported earlier today. Injuries and fatalities are reported in the surrounding five state area including western Tennessee, western Kentucky, eastern Arkansas, eastern Missouri, and southern Illinois. Memphis was particularly hard hit. An estimated 2,200 fatalities are anticipated with 10,000 casualties, and 72,000 individuals who need shelter. Your medical assistance and expertise are needed. Transportation to the affected areas has been arranged. As a federalized employee, issues of licensure, liability, and some compensation have been resolved.

If this were an actual response call, could you respond in 1) less than 6 hours, 2) less than 24 hours, 3) less than 3 days?

If you were able to respond, how long could you stay? 1) 3 days, 2) 1 week, 3) 2 weeks, 4) greater than 2 weeks.

Please answer the above questions realistically and include the phone number where you can be reached over the next 24 hours. If you need time to check your schedules or query your associates about changes in your emergency department schedule, you can call back and leave a response in mailbox #5200 (phone number 1-800-347-2133).

To repeat, this is only a test. However, please respond as you would in an actual call up for deployment. Thank you."

Within minutes four responses were received with the information requested.

The goal of this exercise was to test the ability of section members to be reached by Voice Tele-Messaging (VTM) and to discover if members could actually be available to respond without advance warning.

The earthquake scenario used in this test will be used on October 10, 1990 by the National Disaster Medical System in its first nation-wide exercise involving multiple states.

The importance of VTM technology was underscored in a recent interview with Dr. Paul Roth, of the Section's NDMS project. Dr. Roth related the time required to notify his Albuquerque, New Mexico Disaster Medical Assistance Team (DMAT) was enormous. It took three people an entire day on separate phone lines to notify all 200 people on the team.

Each of us can appreciate how the application of VTM could assist us in our own departments. How long and how much "person power" would it take for you to locate three additional members of your emergency department group to assist you if your department was confronted with a disaster (your capacity to respond was overwhelmed by the acuity, intensity, and number of patients who just arrived at your front door)?

This test will answer many questions. The first, how quickly will members with mailboxes respond to a message automatically, simultaneously placed in all Disaster Section mailboxes?

The second, how many members could actually respond to the scene? This will help determine how many individuals are needed for the call-up pool to secure a single physician for deployment.

The third, how long could these members remain deployed? Initial responses ranged from one day to two weeks. This is important because NDMS is considering a one to two week deployment schedule. The American Red Cross also deploys professional teams for periods greater than one week.

Currently, the leadership and members who responded, on the Section Database Questionnaire, that they wanted to be considered for a

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Disaster Section Membership Passes 300!

Highlights in this issue:

From The Editor

Although it is difficult to define disaster medicine, much as it was hard to define emergency medicine 20 years ago, the ACEP Section on Disaster Medicine (ACEP/SDM) and ultimately the ACEP Board of Directors must decide what part the College will play in the efforts to establish a core content, training programs and certification in disaster medicine. Two international organizations, the World Association for Emergency and Disaster Medicine (WAEDM) and the International Society on Disaster Medicine (ISDM) are beginning to develop a body of knowledge.

American medicine, however, acknowledges board certification or certificates of special competence issued only by boards accredited by the American Board of Medical Specialties (ABMS). To gain appropriate recognition in the United States, disaster medicine physicians should ultimately seek certification through an ABEM sponsored ABMS approved board.

ACEP has a wealth of experienced leaders who facilitated the 12 year process which culminated in the establishment of ABEM. These physicians navigated ABEM through its genesis and the first decade of emergency medicine certification. These same individuals are still active in ACEP. What better way to use skilled leaders than to enlist their aid for the betterment of disaster medicine?

If the ACEP/SDM and ultimately the ACEP Board of Directors decides "to create and codify the specialty of" disaster medicine, an alliance of past ACEP leaders and DM physicians will be a formidable team. Drs. Gail Anderson, Sr. and Ronald Krome, current members of the Disaster Medicine Section, have served as presidents of ABEM. George Podgorny, MD, FACS, a former ABEM president, was featured in the last DM newsletter. He acknowledged that "in the 70s, disaster planning was recognized as a domain of emergency medicine." Has the situation changed? All three of these men were prime movers in the dozen years they worked for official recognition of emergency medicine and their subsequent decade on ABEM.

Now decisions must be made. Paths must be charted. Do we move rapidly forward formulating a definition of disaster medicine and designing a core content to recommend to the ACEP Board of Directors? Do we enlist the aid of our members to help the section advance DM in the ACEP and ABEM arena? Or do we proceed at a more stately pace and copy the programs developed by others? What part do we, the ACEP/SDM, ACEP and ABEM, want to play? Now is the time for our section to determine the priority this activity will take in the section and when it will develop recommendations for the ACEP Board of Directors. Speak up, contact Dr. Bern, express your preference (1-800-234-2133, mailbox 5200). Pick up the phone and play a part in the future of disaster medicine certification.

Pamela P. Bensen, MD, FACEP
Editor

Dictate Newsletter Articles

Newsletter dictation.
207-345-3333.
Touch ID # 0980.
Wait for the tone.
Enter "4" until the tone stops.

Please make sure you say you are dictating for the Disaster Section Newsletter for Dr. Bensen.

State and spell your name. Give your phone number in case there is a question about your dictation. **Just as if you were dictating to a secretary,** spell all proper names, make changes by saying you want to make a correction. Transcription is computerized and changes are easily made. There is no way to play your dictation back.

If you want a copy please include your name and address or Fax number. Write us at:

Disaster Newsletter
c/o EMA
RFD 1, Box 750
Oxford, Maine, 04270

Fax: 207-539-8475
Voice mail: 1-800-234-2133, mailbox 5289.
Phone: 207-539-8275.

Editorial Policies

1. Submissions must be typed.
2. Letters/articles may be edited.
3. Title initials, if provided, will be used after the name only the first time the name is used in an article.
4. Agency initials should be preceded by the name the first time they are used.
5. Common abbreviations, ACEP, ED, DM, EMS, and EM, may be used without definition.
6. Authors' names will be used on the byline.
7. When two similar articles are received they will be printed at the editor's discretion.

Earthquake Scenario

Continued from page 1

national or international disaster response have VTM mailboxes. However, only a third of the Section's 300 members have completed the database form. Since we anticipate conducting additional tests prior to the national NDMS exercise in October, there is still time to participate in this activity. If you did not complete a database questionnaire, you can obtain one from the EMS Department at the ACEP national office, 1-800-798-1822, Ext. 225.

A more detailed report of this and future VTM disaster response tests will be presented at the Section's next meeting in San Francisco during the ACEP 1990 Annual Scientific Assembly.

New Mexico DMAT Establishes Levels of Readiness

by Paul B. Roth, MD, FAAFP, FACEP
Director, ACEP/NDMS Subsection

The New Mexico National Disaster Medical Assistance Team (DMAT) has established "levels of readiness" in preparation for actual deployment. Using this readiness system the DMAT will be properly prepared and supported during activation.

The levels of readiness are:

1. Standby
2. Alert
3. Activation

Standby may occur any time following a catastrophic disaster event, anywhere in the world, which may result in the activation of a DMAT. Either the National Disaster Medical System (NDMS) headquarters or the local DMAT Commander may call the team to standby. Events which occur during standby begin with the immediate contact of the DMAT command group. Inventory and personnel files are reviewed. Information is gathered about the disaster for determination of the type of mission, logistical planning, and preparation for the next level of readiness.

An alert can only be called by NDMS headquarters which will then begin the cascade of telephone calls to each local DMAT member to determine availability for deployment. Rendezvous points for the team are identified and information about the disaster event is passed on to team members. Employers of each team member are contacted to notify them the team member may be absent from the job for 7-14 days.

The New Mexico DMAT has established a 24 hour information line which members can use to obtain status reports on the level of readiness.

Activation is the ultimate level. By this time NDMS headquarters will have determined deployment is necessary. Team members identified in the alert phase as deployment ready will be contacted with new information, rendezvous points, and departure times. The time from activation until the team is enroute will not exceed eight hours.

Using these progressive levels of readiness, a DMAT will be able to effectively prepare and dispatch the team. The intervals between each level may be as short as 4-6 hours, but this logical progression offers an efficient and effective deployment strategy.

Medical Disaster Response Equipment Stockpiled in Orange County

A combined private-public program for medical disaster response (MDR) is now mobilizing in Orange County, CA to stockpile critical care medical supplies in every neighborhood and train emergency medical volunteers to operate more productively during disasters. The program was developed by Robert Bade, MD, FACEP, CA ACEP/SDM state coordinator, working with the Society of Orange County Emergency Physicians (SOCEP).

Orange County, CA expects to suffer up to 80,000 serious injuries from a massive earthquake in the next 20-30 years. Without supplies, quake victims will be denied critical stabilization for the 48-72 hours it takes for medical relief to be mobilized from outside the earthquake area. Preventable loss of life and limb will occur.

Dr. Bade's critical care equipment program consists of standardized "MDR backpacks" which certified medical volunteers will carry in the trunks of their cars and large stockpiles of medical supplies for permanent storage throughout the community. Supplies are rotated every 6-12 months with community hospitals to ensure freshness and eliminate waste.

Use of the equipment is limited to licensed physicians and nurses who have completed a two day course in Disaster Medical Direction (DMD). The course is open to emergency physicians and nurses as well as physicians and nurses with prerequisite experience and training, including certification in Advanced Cardiac Life Support (ACLS) and Advanced Trauma Life Support (ATLS) or the Trauma Nursing Core Curriculum (TNCC). Successful completion of the DMD is verified by an official county photo ID card and custody of an MDR Backpack.

The DMD curriculum was developed and tested by SOCEP in 1988. Additional clinical tracks were developed by UC Irvine Medical Center (UCIMC) emergency medicine faculty with funding from CAL/ACEP. Further support for training and equipment prototype development was provided by the Orange County Board of Supervisors, District III and the SOCEP membership. Start-up funding was provided by Supervisor Gaddi Vasquez, the Orange County Medical Association, and the CA EMS Authority.

The MDR Program has been endorsed by SOCEP, CAL/ACEP, ENA Orange County Chapter, The Orange County Medical Association, University of CA Irvine Medical Center EM Division, Hospital Council of Southern CA EMS Committee, Orange County Fire Chiefs Association EMS Committee, and Orange County Health Care Agency EMS.

The first DMD course was held in November 1989 at UCIMC. Thirty-seven participating CA emergency physician volunteers were certified. The course was repeated in April and May. It has been approved for 12 hours of Category I ACEP CME credit.

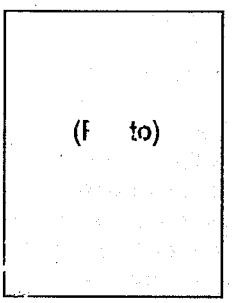
A non-profit public benefit corporation has been formed to coordinate training activities and equipment acquisition and distribution.

For more information, call CAL/ACEP, 1-800-735-ACEP, or write Dr. Bade at Medical Disaster Response (MDR), PO Box 578, Dana Point, California, 92629.

From the Section Chair

by Andrew I. Bern, MD, FACEP

The Vision: "Let's Get Busy!!!"



Today the Section of Disaster Medicine is a thriving reality which has grown to 300 members. Yesterday, however, this reality was only a dream. Three years ago, the concept of sections was championed by only a few College leaders. Those visionaries saw sections as a tool to empower College members. Sections would enable members with special interests a means of channeling creative energy within the structure of ACEP to the benefit of the entire College. This would minimize the need for members with special interests to consider the possibility of forming splinter organizations which could drain needed talent and energy from ACEP.

Two years ago, the Council adopted the necessary changes to allow membership in sections and the Board of Directors established policies by which sections could be formed and operated. Our Section of Disaster Medicine was the first section to be approved by the ACEP Board of Directors. It was the first section to become operational (in Washington, D.C. at the Council meeting) after 100 members had paid their dues. This birth occurred one decade after the recognition of emergency medicine by the American Board of Medical Specialties.

The sense of excitement and enthusiasm expressed by our section members is reminiscent of the excitement, energy, and vision displayed by our original specialty forefathers when they created the College in 1968.

What is the vision of the DM Section? What are its purposes and goals? How will it operate? Where is it going? To what end will all this energy be channelled?

The Section of Disaster Medicine has sailed in uncharted waters guided by supportive staff (Elaine Jastram and Bill Metcalf) and the vision of its leadership. In June, the ACEP Board of Directors will receive a copy of our Section's operational policy, which was presented and discussed at our Tucson meeting during the Winter Symposium. In it we identify our purpose: "to provide a forum in which members of the College with special interests in the medical and non-medical management of disasters, mass casualty incidents, and mass gathering events can develop a knowledge base, share information, receive and give counsel and serve as a resource to the ACEP Board of Directors as well as others interested in this area of emergency medicine."

The policy lists five objectives of the section:

1. To develop a section of emergency medicine where all ACEP members who are interested in disaster medicine can share and develop a base of knowledge.
2. To promote interest in the science of disaster medicine to include but not be limited to: research, events resulting in disasters, hospital disaster planning and operations, prehospital disaster planning including exercises and operations, and disaster response capability within this country and throughout the world.
3. To develop systems of information of the various parameters of disasters for the education of the members of the Section, of the College and others interested in this field of knowledge.
4. To provide advice and input to the College leadership on policies relative to disaster medicine.
5. To serve as a resource for the President of the College, College committees, paraprofessional groups and government agencies on the various aspects of disaster medicine.

The Governance Group, chaired by Nancy Auer, MD, FACEP, developed this policy after input from the Section members. They are owed a debt of gratitude for their excellent work.

The Section structure was published in our first newsletter (November, 1989). Many of the leadership positions have been filled. However, there is still plenty of opportunity for participation by interested members.

Eric Noji, MD, MPH, FACEP has submitted a first draft of the core content of disaster medicine for your comment and review. Parallel to the core content development effort is the formulation of the annotated bibliography of disaster medicine. The project directors are identifying the scientific basis for each of their areas and a first draft of this document is expected within six months.

The chapter coordinators are to be congratulated on their great efforts as well. Our membership now stands at 300 and continues to grow. Chapters are including topics on disaster medicine at their annual or special meetings, with Tennessee, Michigan, Florida, California, and Indiana taking the lead. The Indiana ACEP chapter has become the second chapter to officially designate a committee on disaster medicine within their chapter structure.

The NDMS sub-section is reviewing guidelines for development and deployment of disaster medicine assistant teams (DMATs). Recently, a test of the CNR notification system was conducted.

Although I am very proud of all the activity which has occurred to date, I look forward to what lies ahead. The development of educational courses, a disaster medicine textbook, and subspecialty certification are but a few of the possible goals we can achieve if we get busy together.

ACEP Section of Disaster Medicine News

Section Meets in Tucson

The Disaster Medicine Section met in Tucson March 14, 1990. Chairman Dr. Andy Bern provided a review of the Section's history and a description of future section activities. Dr. Dick Aghababian, a current ACEP Board member, requested disaster-specific input for the emergency medicine core content. The Section responded with a draft which follows this article.

Dr. Nancy Auer reviewed proposed policies and guidelines for section governance. She has finalized the draft for inclusion on the June Board of Directors meeting agenda.

Julian Williams (Voice Telemessaging Service) provided an overview of the voice-mail pilot project.

Dr. Bern described specific goals for completion by September: 1. increase section membership, 2. identify the core content, 3. compile an annotated bibliography on disaster medicine, 4. create a table of contents/index for a disaster medicine textbook, 5. develop Council resolutions.

The energy and enthusiasm evident at the meeting has already resulted in achievement of the first two goals.

Section Meetings

- September 17, ACEP Scientific Assembly, San Francisco, CA, 5:30-7:30 pm, location to be announced.
- February 7-10, 1991, Disaster 91, Orlando, FL, time and date to be announced.

Core Content of Disaster Medicine Under Development

by Andrew I. Bern, MD, FACEP

This newsletter contains a proposed Core Content of Disaster Medicine, submitted by Eric Noji, MD, MPH, FACEP, who chairs the Section's academic/ research project subsection. This first draft is presented to the entire membership for input. Our goal is to have a fully developed and discussed core content of disaster medicine for membership distribution at the annual meeting.

The core content will serve as a starting point for future section activities. It will be the basis for the annotated bibliography of disaster medicine as well as the table of contents for a textbook. It will provide guidance as we develop educational programs for our members.

Dr. Noji, who plans to attend the European Symposium on Disaster Medicine Education which will focus on disaster medicine education and curriculum, will report other ideas for the core content when he returns.

Membership review and comment is now needed. This is your section. If you have thoughts about areas, topics, or content not listed in this first draft, or want to share other ideas, please send your comments to Bill Metcalf at ACEP. He will distribute them to Dr. Noji and his committee.

The Section will submit this draft to the College's core content review committee for incorporation into the ACEP core content.

Dr. Noji, who recently accepted a position with the Center for Disease Control (CDC) as the first chief of the Disaster Epidemiology Section, will consider the comments you submit as well as the deliberations of the international community.

The Section thanks Eric for a job well done and for his continuing interest and assistance.

Core Content Development Project

by Eric K. Noji, MD, MPH, FACEP
Academics/Research Group Chairman

A major priority of the ACEP Section of Disaster Medicine is to develop a central body of knowledge for the study and practice of disaster medicine. One problem associated with disaster medicine is that few can agree on what it is or what a "disaster physician" does. Until an identifiable, teachable and testable body of knowledge is developed, and some professional authority takes responsibility for certifying physicians who have mastered this knowledge, disaster medicine will continue to be an "orphan child". A similar situation existed for emergency medicine in the 1960s, before the American College of Emergency Physicians was formed to create and codify the specialty of "emergency medicine".

There are at least two other medical organizations currently working on curriculum developed for training disaster physicians. These include the World Association for Emergency and Disaster Medicine (WAEDM) Task Force on Disaster Medical Services and the International Society on Disaster Medicine (ISDM) Scientific Commission.

May 28-29, in Amiens, France, I will present a paper on Earthquake Medical Care at the European Symposium on Disaster Medicine Education sponsored by the ISDM. ISDM's aim is to define various theoretical and practical components of an educational program for disaster medicine. ISDM plans to establish diploma courses in disaster medicine at medical schools and to promote this rapidly developing branch of medicine. I will present the conclusions and results of the final report of this Symposium in the next issue of the Disaster Medicine Newsletter.

In summary, a body of knowledge essential for physicians involved in disaster planning and management needs to be developed, educational institutions need to develop training programs to transmit this information, and a professional authority for testing applicants for certification in disaster medicine should manage credentialling and quality assurance.

Disaster Medicine Core Content Categories

1.0 The Science of Disaster Medicine
- 1.1 Definition and terminology
- 1.2 Epidemiology of disasters
  - 1.2.1 Taxonomy of disasters
  - 1.2.2 Health problems common to all disasters
  - 1.2.3 Health problems specific to the type of disaster
- 1.3 Sociology of disasters
- 1.4 Political-economic consequences
- 1.5 Philosophy of disaster management
  - 1.5.1 Routine medical practices altered
  - 1.5.2 Routine medical practices unaltered

2.0 Principles of Disaster Medical Care
- 2.1 Disaster Response
  - 2.1.1 Response initiation and coordination
    - 2.1.1.1 Incident Command System
  - 2.1.2 Phases of disaster operation
  - 2.1.3 Search and rescue
  - 2.1.4 Triage
  - 2.1.5 Manpower management
  - 2.1.6 Disaster communications
  - 2.1.7 Record keeping
  - 2.1.8 Security and protection
  - 2.1.9 Transportation and evacuation
  - 2.1.10 Decedent affairs
    - 2.1.10.1 Mass fatality management
- 2.2 Health Management
  - 2.2.1 Rapid assessment of emerg. health care needs
    - 2.2.1.1 Methods of data collection and analysis
  - 2.2.2 Evaluation and management of mass casualties
    - 2.2.2.1 Resuscitation decisions
    - 2.2.2.2 On-site medical management
  - 2.2.3 Medical supply/equipment management
    - 2.2.3.1 Essential drugs for disasters
    - 2.2.3.2 Pharmaceutical: distribution/control
    - 2.2.3.3 The role of vaccines
  - 2.2.4 Anesthesia/analgesia and pain control
  - 2.2.5 Nutritional emergencies in large populations
    - 2.2.5.1 Famine Relief
  - 2.2.6 Transportation disasters
  - 2.2.7 Medical response to terrorist incidents
  - 2.2.8 Mass crowd/gathering events
  - 2.2.9 Refugee health care
  - 2.2.10 Building collapse medical care
    - 2.2.10.1 Integration of medical care
  - 2.2.11 Mental health consequences of disasters
    - 2.2.11.1 For disaster victims
    - 2.2.11.2 For professionals
    - 2.2.11.3 Critical incident stress debriefing
  - 2.2.12 Emergency tropical/wilderness medicine
  - 2.2.13 Other special circumstances

3.0 Clinical problems
- 3.1 Shock and its treatment in field situations
  - 3.1.1 Hypertonic fluids
- 3.2 Trauma casualties
- 3.3 Crush syndrome/injury
  - 3.3.1 Fasciotomy
  - 3.3.2 Emergency renal dialysis
- 3.4 Compartment syndrome
  - 3.4.1 Fasciotomy
  - 3.4.2 Field amputation
- 3.5 Mass burn care
- 3.6 Pulmonary casualties
- 3.7 Pediatric casualties
- 3.8 Neuropsychiatric casualties
- 3.9 Toxic-chemical casualties
- 3.10 Radiation exposure casualties
- 3.11 Blast injuries

4.0 Technological Hazard Management
- 4.1 Risk assessment
- 4.2 Interdisciplinary coordination
- 4.3 Health and safety procedures
- 4.4 Emergency response to:
  - 4.4.1 Chemical exposures
  - 4.4.2 Environmental exposures
  - 4.4.3 Radiation exposures
- 4.5 Building design, destruction and casualty recovery
- 4.6 Natural hazards of engineering
- 4.7 Evacuation from the scene
- 4.8 Clean up and control

5.0 Public Health and Preventive Medicine
- 5.1 Environmental health management after disaster
- 5.2 Sanitation and shelter
- 5.3 Water and sewage
- 5.4 Food control and distribution
- 5.5 Infectious disease control
  - 5.5.1 Risk factors for communicable disease
- 5.5 Immunization
- 5.6 Time/surveillance studies
- 5.7 Ecological risks
- 5.8 Emergency vector control after natural disaster

6.0 Information Services
- 6.1 Local/national/international disaster information
- 6.2 Public relations
- 6.3 Media coordination
- 6.4 Legal aspects

7.0 Recovery and Rehabilitation
- 7.1 High risk population management
- 7.2 Population displacement and refugees
- 7.3 Risk recovery and planning
- 7.4 Stress debriefing
- 7.5 Rehabilitation and reconstruction phase

8.0 Education, Training and Research
- 8.1 Disaster drills
- 8.2 Teaching materials and dissemination
- 8.3 Training for prevention
- 8.4 Computer software materials
- 8.5 Research protocols
- 8.6 Essential agency addresses and contact numbers

9.0 Administrative Aspects of Disaster Medicine
- 9.1 Certification Aspects of Disaster Medicine
  - 9.1.1 Allied health licensure
    - 9.1.1.1 EMT/Paramedic
    - 9.1.1.2 Nurses
  - 9.1.2 CME
  - 9.1.3 Physician licensure
  - 9.1.4 Specialty certification
- 9.2 Hospital Disaster Planning Requirements
  - 9.2.1 Accreditation
    - 9.2.1.1 JCAHO Standards
    - 9.2.1.2 Public Health
- 9.3 Administration of Disaster Medical Assistance Team
  - 9.3.1 National Disaster Medical System
- 9.4 Management of temporary living quarters
- 9.5 Management of international relief assistance
  - 9.5.1 Coordination
  - 9.5.2 Volunteers
- 9.6 Medical-legal aspects
  - 9.6.1 Laws
  - 9.6.2 Liability
- 9.7 Disaster planning in developed countries
- 9.8 Disaster planning in developing countries

NEWS OF MEETINGS

TO COME:

The Forensic Dentist and Disaster Medicine

The Ninth Southwest Symposium on Forensic Dentistry, July 19-22, presented by the U of Texas Health Science Center at San Antonio, Dental School includes a workshop on disasters. The mass disaster preparedness workshop will draw upon faculty experience. Topics will include readiness, procedure at the disaster site, the role of the forensic dentist and special problems.

The Pan Am 759 crash in New Orleans, the Delta 191 crash at the Dallas/Ft. Worth Airport, along with military air disasters will be discussed in detail.

For information, call Becky Nixon or Tammy Tovar at 512-567-3177.

PAST:

Moscow International Conference on Disaster Medicine

The Ministry of Health of the USSR sponsored a two-day conference on "Disaster Medicine" in Moscow May 22-23, 1990. The conference included speakers responsible for medical response to recent catastrophes in the Soviet Union, the nuclear plant disaster in Chernobyl, the train crash and explosion at Ufa in the Urals, and the earthquakes in Armenia and Tadjhikistan. Medical teams from other countries who participated in relief operations in Armenia, the Red Cross, the World Health Organization, and other international agencies shared their experiences. The Soviets described their efforts to develop a national disaster medical system and a centralized disaster management agency. Other topics covered: general characteristics of the affected population in natural calamities, industrial and transport disasters; medical-sanitary and epidemiological estimation of the situation, warning and communication system, principles of planning medical evacuation, forensic examination and psychological aid. For more information, contact Dr. Eric K. Noji at (301) 955-8708.

Earthquake Injury Epidemiology for Mitigation and Response

In July, 1989, a workshop entitled "Earthquake Injury Epidemiology for Mitigation and Response" was held in Baltimore, Maryland. Organized by the Departments of Emergency Medicine, Civil Engineering, and the Injury Research Center of the Johns Hopkins University, the program was funded by the National Science Foundation, the National Center for Earthquake Engineering Research and the Office of U.S. Foreign Disaster Assistance. The purpose of the conference was to develop guidelines for improving search, rescue, and medical response.

The program gathered together a group of professionals, from several widely disparate disciplines, whose collaboration is critical to earthquake preparedness and response. Fields represented included emergency medicine, epidemiology, architecture, earthquake engineering, sociology and experts in heavy urban search.

The goals of the workshop were achieved by a combination of paper presentations, small, multidisciplinary work groups, and plenary sessions.

Presentations included "Corporal Damage as Related to Building Structure and Design", "Earthquake Casualty Estimation and Response Modeling", "Use of Quantitative Measures of Injury Severity in Earthquake Research", "Methodologic Issues in the Epidemiologic Studies of Disasters", "Assessing Strategies to Reduce Fatalities in Earthquakes", "The Physical Setting's Role in Earthquake Injuries", "Structural Aspects of Urban Heavy Rescue", "A Computer Model for the Recovery of Trapped People in Collapsed Buildings", "Medical Care of Entrapped Patients in Confined Spaces", "Estimation of Post-earthquake Search and Rescue Personnel and Equipment Needs", and "Casualties as a Function of Building Quality and Earthquake Intensity".

To effect reductions in casualties in future earthquakes, contributions from many professionals must be integrated and implemented in a rational and consistent manner. Just as epidemiology and other public health principles have provided important new insights into the study of disease processes, so the integration of epidemiologic techniques to other disciplines involved in earthquake research (eg. structural engineering) is likely to lead to better methods to reduce casualties in future earthquakes.

For more information about the workshop or to order workshop proceedings, contact Dr. Eric K. Noji, Department of Emergency Medicine, The Johns Hopkins Hospital, 600 N. Wolfe St., Baltimore, MD 21205.

Michigan ACEP EMS EXPO

In early May Michigan ACEP joined the Michigan Association of Ambulance Services and the Michigan EMT Association to create a complete and unified EMS EXPO which offered an exceptional educational opportunity for the entire EMS community.

On the second day the focus shifted to disaster medicine. Linford J. Davis, MD, FACEP, Chairman of Michigan ACEP Emergency Preparedness Committee, presented the International Perspective on Disaster Management: A Multi-Faceted Problem. Jon R. Krohmer, MD, discussed his experience with a Mass Phosphorous Exposure. Constance J. Doyle, MD, FACEP, Vice Chair of the ACEP Disaster Medicine Section, talked about the Future of Disaster Medicine - 1990 and beyond. Daniel L. Bouwman, MD, FACEP, Medical Advisor of the HAZMAT Team at The Upjohn Company, addressed training aspects for EMS personnel and the handling of a hazardous materials disaster. An expert from the recent

Continued on page 8

1990 MEETINGS — MASTER CALENDAR

June 23-July 7
Third International Course on Health and Disasters
Brussels, Belgium
Center for Research on the Epidemiology of Disasters
Debarati Guha-Sapir
32-2-764-5322

July 12-15
Clincon '90
The 1990 Clinical Conference On Pre-Hospital Emergency Care
Hazardous Materials Incidents
July 12
Orlando, FL
Florida Chapter ACEP and Mid-Florida Technical Institute
407-281-7396

September 7-9
Semi-Annual Critical Incident Stress Debriefing Conference
CISD - Growing for the 90's
Roanoke, VA
Ellen Manson
804-371-3500

September 28-29
Maintaining the Human Resource
Lake Buena Vista, FL
Critical Incident Debriefers of Florida, Inc (CISD)
407-273-CISD

October 2-5
First International Conference on Burns and Fire Disasters
Palermo, Italy
Mediterranean Burns Club
Prof. Michele Masellis
(91) 206385

October 9-11
International Symposium on Medical Aspects of Earthquake Consequences
Yerevan, Armenia, USSR
Public Health Ministry of the Armenian SSR
Eric K. Noji
301-955-8708

October 10-13
National Exercise of the National Disaster Medical System (NDMS)

October 17-19
International Conference on the Management of Public Health in Case of Disaster
Lucerne, Switzerland
International Society on Disaster Medicine
Dr. William Gunn
41-22-762161

October 18-20
International Congress on Emergency and Disaster Medicine
Pittsburgh, PA
U of Pittsburgh, Division of Conference Management
412-624-1023

November 1-4
EXTRICATION 90, 7th Annual International Extrication Competition and Learning Symposium
Norman Miller
407-323-2500, Ext. 5177

November 3-5
Virginia State EMS Symposium
Richmond, VA
Gwen E. Messler Harry
804-966-5966

February 6-9, 1991
Disaster '91
Orlando, FL
FL ACEP
407-281-7396

Michigan EMS EXPO

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Hurricane Hugo disaster evaluated the Emergency Response from the perspective of how well the disaster plan worked.

The day ended with a panel discussion hosting all the day's presenters who looked at the Michigan Disaster Response Crossroads and tried to determine "Where Do We Go From Here?"

Call For Abstracts

Abstracts to exchange scientific information on Disaster Medicine are being sought for "Disaster 91". Abstracts should be sent to Bill Metcalf, ACEP, PO Box 619911, Dallas, TX 75261-9911.

Tell Us About Yourself

Disaster Section members want to network with each other. Names and addresses are available through ACEP, but we want to hear about who you are, how you got interested in DM and what disaster activities you participate in. Each newsletter will feature articles on Section members. Won't you contribute?

Disaster Medicine

Section Chair:
Andrew I. Bern, MD

Vice Chair:
Constance J. Doyle, MD, FACEP

Editor:
Pamela P. Bensen, MD, FACEP

Disaster Medicine is a newsletter of the Section of Disaster Medicine of the American College of Emergency Physicians. All correspondence and address changes should be addressed to Disaster Medicine, ACEP, PO Box 61911, Dallas, TX 75261-9911. Opinions expressed in this newsletter do not necessarily reflect the College's point of view.