



Yale New Haven International Congress on Disaster Medicine and Emergency Management

Abstract Submission Form

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Abstract Text – Be sure to include Background/Objectives, Methods, Results and Conclusions

Background: Clinical trials and/or prospective studies in Multiple Casualty Incidents (MCIs) and Disasters are neither ethical nor possible. Some other studies can be made include practical exercises, software simulations, etc. Thus, most of critical experience and available evidence for Plan Design must be drawn from MCI retrospective collected data from already happened incidents. It's our experience that these evaluation tools are not available nor specially useful in practice. Up to date Templates (Sundness, 1999) and Guidelines (Task Force, 2003) endorse some adaptations from the *Utstein style* for MCI and Disasters evaluation, showing some lack in language and specific tools for this specific work.

Objectives: Our workgroup suggest that MCI is the elemental unit in more complex emergencies and disasters, specially in the urban and terrorist settings. Experience shows MCI may be easier to assess, handle, evaluate, planning, etc. when it's considered in such a way. Trying to learn from past incidents in a systematic way, this approach needs and pursues:

- * To design a datasheet as a practical tool that could bring a systematic approach for MCIs.
- * To propose MCI flexible data unification, communication and sharing worldwide.
- * To show available evidence for future plans from MCIs.
- * To introduce all these data in an MCI database available online to share useful conclusions.

Methods: Beginning main work for our 2003 Madrid terrorist bombings analysis, we conducted some searches to find some practical tool for evaluation. In the first step, an extended advanced google-website search with the words chain ("*multiple casualty incident*" OR "*disaster medicine*") AND (*evaluation OR analysis OR research*). Medline (1966-2005) used chain search was ("*Disasters/methods*"[MeSH] OR "*Disasters/prevention and control*"[MeSH] OR "*Disasters/statistics and numerical data*"[MeSH]). Some other and manual searches were also performed, and many experts consulted by mail, phone and personal interviews.

No specific useful results found, an expert panel from our website suggested by consensus some items for discussion. All the interventions were assessed keeping in mind their medical weight in terms of mortality impact. The list of relevant items were interactively collected.

Results: The MEBE proposal is an *Access*® collecting datasheet divided in a modular approach. Major Disaster incident filiation, date, nature-origin, type (simple, complex) and main characteristics are outlined.

Detailed specific MCI data are developed in an only page, where you point out: 1. on-site triage/Incident Commander presence, methods and results, 2. dead, critical, severe, light victims number and classification, 3. prehospital EMS available resources, 4. rescue or CNBR needs, 5. ambulance evacuation index, 5. number and distance of main hospitals used, 6. time spent, etc.

Database Office® publication properties make possible online availability and search-conducting and grouping.

Conclusions:

- 1.- Most Disasters and complex emergencies may be divided in more elementary MCIs. This approach makes handling and evaluation more easy and useful.
- 2.- The MEBE proposal offers a new practical tool for unification, communication and data share from cumulated MCIs to favour Disaster Evaluation and Planning.
- 3.- Evidence-based MCI/Disasters workline must consider the maximal available evidence data arise from retrospective cumulated data. This is of vital information for MCI care-providers, Plan-designers and methodological researchers.

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