

PATIENT TRACKING IN DISASTER DRILLS

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Introduction.

Disaster drills, the world over, test several aspects of disaster response encompassing inter-agency coordination, institutional response and individual proficiency. This abstract analyzes the efficiency and gaps in patient triage in a large inter-agency disaster drill conducted in Mumbai in December 2010.

Methods

Over eighty simulated patients at the mock disaster site in Mumbai were triaged for transport to two hospitals via prioritized EMS vehicle and other modalities. Each patient was tagged with an identifier and his/her final destination compared to the intended destination to gauge accuracy of triage. Arrival and departure time-stamps at each location helped plot triage efficiency and variation in inter-group response times. EMS responders were trained in START triage during the preparatory phase.

Result

There was no significant difference in time to transport “red” and “Yellow” patients to the triage zone. Patients in the “accident buses” were triaged twice as slowly as those outside in spite of the zone being declared safe to enter, by the controlling authorities. 11% of “red patients” were down triaged and 30% of yellows were “over triaged”. A significant bottle-neck developed between field triage zone and transport zones.

Conclusions Our group has conducted disaster drills in several large cities in Sri Lanka, India and the Dominican Republic. Expanding focus to document time-stamps and triage accuracy highlighted need for more robust triage training, allowing local agencies to prioritize training for EMS responders in the coming months. Demonstrating how inaccurate triage could potentially overwhelm the system helped local agencies recognize the need to train first responders in START triage.