

# PREHOSPITAL and DISASTER MEDICINE

Volume 26, Number 3

June 2011



WADEM

CAMBRIDGE  
UNIVERSITY PRESS

The Official Journal of the  
World Association for Disaster and Emergency Medicine

An aerial, black and white photograph of a large crowd of runners participating in a marathon on a wide road. The runners are spread across the width of the road, moving away from the camera. The road has white lane markings. The surrounding area is filled with trees and foliage.

DID YOU KNOW...

*Prehospital and Disaster Medicine* has published more manuscripts about mass gatherings than any other journal?

To order this compendium, please contact the PDM Editorial Office at [pdm@medicine.wisc.edu](mailto:pdm@medicine.wisc.edu).

# Table of Contents

## Editorial

- Triple Threat Trauma: Evidence-Based Mental Health Response for the 2011 Japan Disaster** . . . . . 141  
*James M. Shultz, MS, PhD; Fiona Kelly, PhD; David Forbes, PhD; Helen Verdeli, PhD;  
 Gloria R. Leon, PhD; Alexa Rosen; Yuval Neria, PhD*

## Editor's Corner

- Inputs, Processes, Functions, and Systems—Let Us Be Clear** . . . . . 146  
*Marvin L. Birnbaum, MD, PhD*

## Original Research

- End-Tidal CO<sub>2</sub> as a Predictor of Survival in Out-of-Hospital Cardiac Arrest** . . . . . 148  
*Marc Eckstein, MD, MPH; Lorien Hatch, MA; Jennifer Malleck, MS; Christian McClung, MD; Sean O. Henderson, MD*
- Disaster Health-Related Challenges and Requirements: A Grounded Theory Study in Iran** . . . . . 151  
*Hamid Reza Khankeh; Davoud Khorasani-Zavareh; Eva Johanson; Rakhshandeh Mohammadi;  
 Fazlollah Ahmadi; Reza Mohammadi*
- Hospital Emergency Readiness Overview Study** . . . . . 159  
*Daniel Kollek, MD, CCFP (EM); A. Adam Cwinn, MD, FRCPC*
- Correlations between Psychosocial Factors and Psychological Trauma Symptoms among Rescue Personnel** . . . . . 166  
*Col. Yechiel Soffer, PhD; Jonathan Jacob Wolf, BA; Menachem Ben-Ezra, PhD*
- Development of Statewide Geriatric Patients Trauma Triage Criteria** . . . . . 170  
*Howard A. Werman, MD; Timothy Erskine, EMT-P; Jeffrey Caterino, MD; Jane F. Riebe, MPH, CSTR;  
 Tricia Valasek, MPH; Members of the Trauma Committee of the State of Ohio EMS Board*
- Assessment of Hospital Emergency Management in the Beijing Area** . . . . . 180  
*Xin Yantao*
- Primary Health care and Disasters—The Current State of the Literature:  
 What We Know, Gaps and Next Steps** . . . . . 184  
*Lynda Redwood-Campbell, MD, CCFP, FCFP, DTMH, MPH; Jonathan Abrahams, MPH,  
 Grad Diploma (Population Health), BSc;*
- Assessment of Hospital Disaster Preparedness for the 2010 FIFA World Cup Using an  
 Internet-Based, Long-Distance Tabletop Drill** . . . . . 192  
*Water Valesky, MD; Mark Silverberg, MD; Brian Gillett, MD; Patricia Roblin, MS; John Adelaide, BA, PDM;  
 Lee A. Wallis, MD, PhD; Wayne Smith, BSc, MBCChB, EMDM; Bonnie Arquilla, DO*

## Comprehensive Review

- Challenges in Disaster Data Collection during Recent Disasters** . . . . . 196  
*Melinda Morton, MD, MPH; J. Lee Levy, MD, MSc*
- Value of Case Studies in Disaster Assessment?** . . . . . 202  
*Delphine Grynspan, MFPH; Virginia Murray, FRCP; Silvia Llosa*

## Case Study

- Evolution of Operative Interventions by Two University-Based Surgical Teams in Haiti  
 during the First Month following the Earthquake** . . . . . 206  
*Babak Sarani, MD, FACS; Samir Mehta, MD; Michael Ashburn, MD; Rajan Gupta, MD, FACS;  
 Derek Dombroski, MD; Maxi Raymondville, MD; C. William Schwab, MD, FACS*
- Conducting Rapid Health Needs Assessments in the Cluster Era: Experience from the Pakistan Flood** . . . . . 212  
*Osman A. Dar, SpR; Mishal S. Khan, PhD; Virginia Murray*

<b>Organizational and Command Aspects for Coordinating the Public Health Response to an Outbreak of Acute Renal Failure, Republic of Panama, 2006</b> .....	217
<i>Miguel A. Cruz, MPH; Mark E. Keim, MD; Joshua G. Schier, MD; Raul Gonzalez, MD; Angel Valencia, MD; Jana L. Telfer, MA</i>	
<b>Brief Report</b>	
<b>Cancellation of Scheduled Procedures as a Mechanism to Generate Hospital Bed Surge Capacity—A Pilot Study</b> .....	224
<i>Olan A. Soremekun, MD, MBA; Richard D. Zane, MD; Andrew Walls; Matthew B. Allen; Kimberly J. Seefeld, MEd, MS; Daniel J. Pallin, MD, MPH</i>	
<b>Computer-Facilitated Assessment of Disaster Preparedness for Remote Hospitals in a Long-Distance, Virtual Tabletop Drill Model</b> .....	230
<i>Brian Gillett, MD; Mark Silverberg, MD; Patricia Roblin, MS; John Adelaine, PDM; Walter Valesky, MD; Bonnie Arquilla, DO</i>	
<b>Special Report</b>	
<b>European Commission Project: European Guideline for Target Group-Oriented Psychosocial Aftercare—Implementation</b> .....	234
<i>Stepan Vymetal, PhD; Albert Deistler, Dipl. Ing; Robert Bering, PD Dr. Med. Dr. Phil.; Claudia Schedlich, Dipl. Psych.; Magda Rooze, MSc, MBA; Francisco Orengo, Dr. Med.; Gisela Zurek, Dipl. Psych.; Michaela Krtickova, MA</i>	
<b>Letter to the Editor</b>	
<i>Mohammad Hosein Kalantar Motamedi and Masoud Sagafinia</i> .....	237
<b>Intraosseous Access for Neonatal and Newborn Resuscitation in the National Park Service (NPS)</b> .....	238
<i>Eric R. Schmitt, MD, MPH; Geoff Stroh, MD, FACEP, NPS EMS Medical Advisor; Marc Shalit, MD, FACEP, NPS EMS Medical Advisor; Danielle Campagne, MD, NPS EMS Medical Advisor</i>	

**Editorial Office**  
University of Wisconsin-Madison USA

**Editor-in-Chief**  
Samuel J. Stratton, MD, MPH

**Editorial Assistants**  
Sarah Covington  
Jackson Helmer

**Publisher**  
World Association for Disaster and  
Emergency Medicine  
Madison, Wisconsin USA

Prehospital and Disaster Medicine (ISSN 1049-023X) is published bimonthly in the months of February, April, June, August, October, December, by Cambridge University Press for the World Association for Disaster and Emergency Medicine. Prehospital and Disaster Medicine incorporates the Journal of the World Association for Emergency and Disaster Medicine and the Journal of Prehospital Medicine.

**Editorial Information:** Submit manuscripts and editorial inquiries to: Samuel J. Stratton, MD, MPH, Editor, Prehospital and Disaster Medicine, UCLA School of Public Health and the David Geffen School of Medicine at UCLA, UCLA Box 21, Los Angeles, CA 90095 USA; Telephone (+1) (608) 819-6604; Facsimile (+1) (608) 819-6605; E-mail: pdm@wadem.org.

**Subscription Information:** Institutions print and electronic: US\$460.00 in the USA, Canada, and Mexico; UK£288.00+VAT elsewhere. Institutions electronic only: US\$345.00 in the USA, Canada, and Mexico; UK£216.00+VAT elsewhere. Individuals print and electronic: US\$138.00 in the USA, Canada, and Mexico; UK£86.00+VAT elsewhere. Individuals electronic only: US\$104.00 in the USA, Canada, and Mexico; UK£65.00+VAT elsewhere. Single Part: US\$85.00 in the USA, Canada, and Mexico; UK£53.00+VAT elsewhere. Prices include postage and insurance. Airmail or registered mail is extra. Back volume prices are available upon request. Claims of non-receipt or damaged issues must be filed within three months of cover date.

Comprehensively indexed by the National Library of Medicine (MEDLINE), Cumulative Index to Nursing and Allied Health (CINAHL) and Health Star Cumulative Index. The database is available online via BRS, Data-Star, and DIA-LOG, and on CD-ROM through CD Plus, Compact Cambridge and Silver Platter. Abstracts and search capability available on the Internet at <http://pdm.medicine.wisc.edu>.

Copyright © 2011 by the World Association for Disaster and Emergency Medicine.

### Cover Artwork

Photography by Lynne N. Hardwick

Petroglyph IV is a mixed media piece. I am always experimenting with layering techniques and textures to tell my stories. I started this piece with charcoal and then began to design the textural aspects with a build up of mediums. The white or lighter areas are the most important to preserve as multiple layers of texture and colors are applied. It is these light areas that lead the viewer's eye through this piece. I work in transparent colors for the first of many, many layers. I then rub areas back, re-apply many more layers of transparent paints, rub them back again until I get the patina I desire. Near the end of this layering process, I begin to work with opacity to add interest and contrast.

My pieces tell the stories of the lands, the people, their histories, beliefs, stories, and cultures.

In Petroglyph IV, I am honoring the ancient "artists" who literally wrote their stories in or on stone with petroglyphs and pictographs around the world. I hope you find your own stories and memories in my work.

For galleries and exhibit information, please go to <http://www.lynnhardwick.com>.

**EDITOR-IN-CHIEF****Marvin L. Birnbaum, MD, PhD**University of Wisconsin-Madison  
Madison, Wisconsin, USA**DEPUTY EDITORS****David A. Bratt, MD, MPH**Royal Melbourne Hospital  
Melbourne, Australia**Geert Seynaeve, MB**

Brussels, Belgium

**Samuel Stratton, MD**University of California-Los Angeles  
Los Angeles, California, USA**Darren Walter**University Hospital of South Manchester  
Manchester, United Kingdom**SECTION EDITORS***Humanitarian Affairs***Frederick M. Burkle, MD, MPH, DTM**Senior Fellow and Scientist,  
Harvard Humanitarian Initiative  
Harvard University  
Cambridge, Massachusetts, USA  
Senior Public Policy Scholar  
Woodrow Wilson International Center for Scholars*International Health Law and Ethics***Michael Hoffman, JD**

Washington, DC, USA

**EDITORIAL BOARD****Carol Amaratunga, PhD**Adjunct Professor  
School of Child and Youth Development  
University of Victoria Research Associate of the Justice Institute of British Columbia Canada**Ahmed Ammar, MD**King Fahd Medical Complex  
Riyadh, Saudi Arabia**Paul Arbon, PhD**School of Nursing and Midwifery  
Flinders University  
Adelaide, Australia**Frank Archer, MD**Monash University  
Melbourne, Australia**Jeffery Arnold, MD**Department of Emergency Medicine  
Santa Clara Valley Medical Center  
San Jose, California, USA**Yaron Bar-Dayan, MD, MHA**Israeli Defense Forces Home Front Command  
Or-Yehuda, Israel**Joost Biernes, MD, PhD**

Amsterdam, Netherlands

**Tareq Bey, MD**Department of Emergency Medicine  
University of California-Irvine,  
Irvine, California, USA**Richard A. Bissell, PhD**University of Maryland-Baltimore  
Baltimore, Maryland, USA**Felipe Cruz-Vega, MD**Office of Social Security  
Mexico City, Mexico**Robert de Lorenzo, MD, MSM, FACEP**Medical Corps  
United States Army  
San Antonio, Texas, USA**Claude de Ville de Goyet, MD**

Brussels, Belgium

**Judith Fisher, MD**Consultant  
Washington, DC, USA**Erik S. Gaull**George Washington University  
Washington, DC, USA**Michael Gunderson**President  
Integral Performance Solutions  
Lakeland, Florida, USA**Keith Hotlermann, MD**George Washington University  
Washington, DC, USA**Mark Johnson, MPA**Retired Chief of EMS  
Juneau, Alaska, USA**Mark Keim, MD**Center for Disease Control and Prevention  
Atlanta, Georgia, USA**Per Kulling, MD**EU Commission  
Stockholm, Sweden**Todd J. LeDuc, EMT-P**Deputy Fire Chief  
Broward Sheriff Fire Rescue  
Ft. Lauderdale, Florida, USA**Gloria Leon, PhD**Professor of Psychology  
University of Minnesota  
Minneapolis, Minnesota, USA**Graeme McColl**Emergency Management Team,  
National Health Board, Ministry of Health, Christchurch,  
New Zealand**Andrew Milsten, MD, MS, FACEP**University of Massachusetts  
Emergency Medicine  
Baltimore, Maryland, USA**Jerry Overton**Chairman  
IAED Emergency Clinical Advice System & Standards Board  
Salt Lake City, Utah USA**Paul Paris, MD**Center for Emergency Medicine  
University of Pittsburgh  
Pittsburgh, Pennsylvania, USA**Lynda Redwood-Campbell, MD, MPH**Department of Family Medicine  
McMaster University,  
Hamilton, Ontario, Canada**Edward Ricci, PhD**University of Pittsburgh  
Pittsburgh, Pennsylvania, USA**Leonid Roshal, MD**Institute of Pediatrics  
Academy of Medical Sciences  
Moscow, Russia**Don Schramm**University of Wisconsin-Madison  
Madison, Wisconsin, USA**Knut Ole Sundnes, MD**Baerum Hospital  
Oslo, Norway**Takashi Ukai, MD**Hyogo Emergency Medical Center  
Hyogo, Japan**Michael Van Rooyen, MD**Associate Professor, Harvard Medical School, Brigham and Women's Hospital  
Boston, Massachusetts, USA

**Aims and Scope:** The mission of *Prehospital and Disaster Medicine* (PDM) is the distribution of information relevant to the practice of out-of-hospital and in-hospital emergency medical care, disaster health, and public health and safety. PDM provides an international forum for the reporting and discussion of scientific studies, both quantitative and qualitative, that have relevance to the above practices. The major objectives are: (1) the improvement of the types and quality of the care delivered to patients with perceived medical emergencies and to victims of multi-casualty accidents or disasters, including the public health and safety aspects of such events; and (2) the prevention and/or mitigation of the occurrence of such events and of the effects of these events upon the human population and environment.

**Editorial Office:** Prehospital and Disaster Medicine, 3330 University Avenue, Suite 130, Madison, Wisconsin 53705, USA. Telephone: +1-608-263-2069; Fax: +1-608-265-3037; E-mail: [pdm@wadem.org](mailto:pdm@wadem.org)

**Publishing, Production, and Advertising Office:** Cambridge University Press, 32 Avenue of the Americas, New York, NY 10013-2473, United States.

**Subscription Offices:** (for USA, Canada, and Mexico) Cambridge University Press, 32 Avenue of the Americas, New York, NY 10013-2473, United States; (for UK and elsewhere) Cambridge University Press, The Edinburgh Building, Shaftesbury Road, Cambridge CB2 8RU, UK.

**2011 Subscription Information:** *Prehospital and Disaster Medicine* (Print ISSN 1049-023X; Electronic ISSN 1945-1938) is published bimonthly in the months of February, April, June, August, October, and December by Cambridge University Press, 32 Avenue of the Americas, New York, NY 10013-2473, United States/Cambridge University Press, The Edinburgh Building, Shaftesbury Road, Cambridge CB2 8RU, UK for the World Association for Disaster and Emergency Medicine. 2011 Annual subscription rates: Institutions print and electronic: US\$460.00 in the USA, Canada, and Mexico; UK£288.00+VAT elsewhere. Institutions electronic only: US\$345.00 in the USA, Canada, and Mexico; UK£216.00+VAT elsewhere. Individuals print and electronic: US\$138.00 in the USA, Canada, and Mexico; UK£86.00+VAT elsewhere. Individuals electronic only: US\$104.00 in the USA, Canada, and Mexico; UK£65.00+VAT elsewhere. Single Part: US\$85.00 in the USA, Canada, and Mexico; UK£53.00+VAT elsewhere. Prices include postage and insurance. Airmail or registered mail is extra. Back volume prices are available upon request.

**Indexing:** National Library of Medicine (MEDLINE), Cumulative Index to Nursing and Allied Health (CINAHL), and Health Star Cumulative Index.

© **World Association for Disaster and Emergency Medicine 2011.** All rights reserved. No part of this publication may be reproduced, in any form or by any means, electronic, photocopying, or otherwise, without permission in writing from Cambridge University Press. Policies, request forms, and contacts are available at: <http://www.cambridge.org/rights/permissions/permission.htm>. Permission to copy (for users in the United States) is available from Copyright Clearance Center Transactional Reporting Service, 222 Rosewood Drive, Danvers, MA 01923, USA. <http://www.copyright.com>, email: [info@copyright.com](mailto:info@copyright.com).

Printed in United States of America on acid-free paper.

Postmaster: Send address changes in the USA and Canada to *Prehospital and Disaster Medicine*, Subscription Department, Cambridge University Press, 100 Brook Hill Drive, West Nyack, NY 10994-2133, USA.

Periodical postage rate paid at New York, NY and additional mailing offices.

# INSTRUCTIONS FOR AUTHORS

## Editorial Policy

Manuscripts in one of five different categories can be submitted for review and publication in *Prehospital and Disaster Medicine* (PDM): (1) Original Research; (2) Special Report; (3) Comprehensive Review; (4) Case Report; or (5) Brief Report.

All manuscripts submitted for publication must include an abstract that summarizes the work. Other types of manuscripts must have the approval of the Editor before being submitted or may be invited by the Editor or a member of the Editorial Board. The characteristics specific to each of these categories are described briefly below:

1. **Original Research**—structured research that uses quantitative and/or qualitative data collection methods and analyses to establish a hypothesis or prove a cause: effect relationship(s) is included in this category. The manuscript must be structured as follows:

**Abstract**—concise summary in the following format (*not to exceed 375 words*):

**Introduction:** need for the study.

**Hypothesis/Problem:** what was tested (experimental studies only). If qualitative, statement of problem addressed.

**Methods:** summary of methods used with subsections as appropriate (type of subjects, number of subjects, study design, statistical tests). If the work is qualitative, the types of instruments used and the scope and type of work must be described. If a disaster is involved, the dates, type of event, location, scope, magnitude, and numbers of casualties and deaths must be summarized in tabular form for indexing.

**Results:** summary of principal findings.

**Conclusion:** implications of findings.

**Introduction**—provide justification for the effort with appropriate references annotated. If quantitative, the concluding sentence should define the hypothesis. If qualitative, the problem being addressed should be stated clearly.

**Methods**—descriptive to a degree that other investigators would be able to reproduce the study. Statistical methods used must be annotated. Approval by an Institutional Review Committee must be included when appropriate.

**Results**—results must be written in text and may be accompanied by tables and figures. The text must explain all data included in tables and figures, but should not be unnecessarily redundant. All direct results from the study must appear in this section. No discussion of the results may be included.

**Discussion**—the discussion should provide an interpretation of the results in terms of meaning and application. Results should not be repeated. Computations or extrapolations that may help explain the results may be provided. Limitations of the study should be defined and suggestions for future research should be included. References that support or negate explanations provided are appropriate.

**Conclusion**—the findings in terms of implications for the practice of prehospital, emergency, and/or disaster (humanitarian) medicine should be summarized in a few sentences.

2. **Special Report**—describes some aspect of our science or activities that provide information necessary for the progression of the science. The Introduction should highlight the problem being addressed and the reasons that it needs to be addressed. Sections of the report should be

subtitled. The presentation should include citations as to the sources of the material and should be followed by a discussion that includes the significance of the report in terms of the science. The manuscript should be finished with the conclusions reached.

3. **Comprehensive Review**—a review of the literature to be used to clarify areas in which there seems to be disagreement. Comprehensive reviews seek to establish the evidence-base for the area being addressed. The format used should be identical to that described for special reports.
4. **Case Report**—uses one or more cases of specific patients or events/responses to highlight a current aspect of medical care or of a phenomenon. Case reports also may have value in the development of definitive research projects by the same or other investigators. The Introduction should describe the reasons for the report. The actual case report(s) should be described in the next section, and like the above, the discussion should describe the significance of the reports including a comprehensive review of the pertinent literature. The conclusion should be similar to the format noted above.
5. **Brief Report**—a short report that may predict a trend, but the work does not meet all of the criteria required for original research. Preliminary reports also are included in this category. The format used should be identical to that used for the original research described above.
6. **Congress Abstracts**—All abstracts submitted by the Secretariat of a Congress will be edited by the Editorial Staff into the best English possible prior to publication.

## Submission of Manuscripts

Manuscripts are preferred in electronic form (disk, CD, or email) with a cover letter, cover page and manuscript. In electronic format, the cover letter, cover page, and manuscript should be sent as separate electronic files on one diskette or CD in Word or WordPerfect as Rich Text Format (RTF) files. If sending on CD or disk, please label the diskette or CD and include the paper's title and the primary author's surname. Electronic files may be submitted to our office via e-mail to the following address: [pdm@medicine.wisc.edu](mailto:pdm@medicine.wisc.edu).

If the manuscript is submitted by mail, please include paper version of the cover letter, cover page, and one paper copy of the manuscript to accompany the disk. However, if electronic format is not available, we will accept manuscripts in paper form. If submitting the article in paper form only, please send one cover letter, the cover page, and manuscript.

The following must be included with the submitted manuscript:

**Cover Letter**—each manuscript should be accompanied by a cover letter stating the following:

- The primary author who attests to the original nature of the material, that the paper has not been published elsewhere, is not under consideration by any other publication
- That the authors agree to transfer copyright to *Prehospital and Disaster Medicine* if accepted for publication.
- The institution(s) in which the work was performed, the sponsoring institution(s), and the respective departments must be annotated.
- If the work was supported all or in part by grants or endowments, the granting institution(s) should be indicated.
- If the paper has been, or is to be presented in a forum orally or as a poster, indicate the title of the forum, sponsoring institution, and the date of presentation.



- Specify the name of the author with whom any correspondence should be directed, and, correspondence street address, telephone number, fax number, and email address if appropriate. Abbreviations for groups of words may be used only for unusually cumbersome titles or for commonly accepted abbreviations. Whenever such abbreviations are used, they must be annotated with the initial mention of words within the manuscript followed by the abbreviation in parentheses.
- In addition, list eight or more keywords or phrases in alphabetical order separated by semicolons to facilitate indexing or electronic searches.

**Cover Page**—include a cover page that includes the title of the paper, first names, middle initials, last names, and highest academic degrees of all authors. Reiterate from the cover letter the name of the author with whom any correspondence should be directed and the street address, telephone number, fax number, and email address if appropriate. Do not indicate author names or institutions anywhere in the manuscript other than on the cover page.

**Language**—all manuscripts must be submitted in English. Also, do not use *I*, *We*, or *Our* when describing the researchers. The fact that the research was conducted by the authors is implicit.

**Paper, Margins, and Type Style**—manuscripts should be submitted on plain white paper, letter size up to A4, 8.27" by 11.69" (210 mm by 297 mm). *Do not right justify the margins.* Use standard type styles. Do not use bold, italicized, superscript, or subscript characters, and make no extraneous marks on the printed manuscript page. Double space all text.

**Generic Names**—whenever possible, use generic names. Brand names may be indicated parenthetically and the name and location of the manufacturer must be provided in parentheses followed by a generic description of the medication, drug, product, or equipment.

**References**—references must be cited in the sequential order in which they appear in the text. All references should be parenthetically cited by full-sized Arabic numbers in the text, tables, and legends for illustrations. Titles of journals referenced must be annotated using standard *Index Medicus* abbreviations and must be underscored. Unpublished data or personal communications should be indicated in parentheses directly following the reference and should include the dates of such correspondence (Personal Communication, Safar P, October 1989). The following format for references must be used:

**Journals**—White SJ, Hamilton WA, Veronesi JF: Comparison of field techniques used to pressure infuse intravenous fluids. *Prehosp Disaster Med* 1991; 6:429–434.

**Books**—Schwartz GR, Safar P, Stone JH, *et al* (eds), *Principles and Practice of Emergency Medicine*. 2d ed. Philadelphia: WB Saunders Co., 1985, pp 1198–1202.

**Chapters**—Lindberg R: Pathology of Head Injuries. In: Cowley RA, Trump BF (eds), *Pathophysiology of Shock*. Baltimore: Williams and Wilkins, 1982, pp 588–592.

**Website**—International Crisis Group: Impact of the Bali bombings. In: *Indonesia Briefing*, Jakarta/Brussels. Available at [http://www.crisisweb.org/projects/asia/indonesia/reports/A400804\\_24102002.pdf](http://www.crisisweb.org/projects/asia/indonesia/reports/A400804_24102002.pdf). Accessed 09 June 2003.

#### Figures and Tables

Only essential figures and tables should be included. Further tables, figures, photographs and appendices, may be included with the online version on the journal website.

*Photographs* Unmounted photographs on glossy paper should be provided. Magnification scales, if necessary, should be lettered on these. Where possible,

prints should be trimmed to column width (i.e., 70 mm). *Diagrams* These should not be included in the text and should be submitted in a form suitable for direct reproduction; illustrative materials must be professional quality, should be submitted as large as possible, up to 8.27" by 11.69" (A4 210 mm by 297 mm), and be at least 600 dpi resolution. Color illustrations must be discussed with the editor. The printed version will normally be reduced to 70 mm wide, so care should be taken to ensure that lettering and symbols will remain clearly legible.

To ensure that your figures are reproduced to the highest possible standards and your article is published as quickly and efficiently as possible, Cambridge Journals recommends the following formats and resolutions for supplying electronic figures. Please note that submitting low quality figures may result in a delay in publishing your valuable research.

Please ensure that your figures are saved at final publication size (please see the latest issue of the journal for column widths) and are in our recommended file formats. Following these guidelines will result in high quality images being reproduced in both the print and the online versions of the journal.

#### Line artwork

Format: tif or eps

Colour mode: black and white (also known as 1-bit)

Size: please size to final publication size

Resolution: 1200 dpi

#### Combination artwork (linic/tone)

Format: tif or eps

Colour mode: grayscale (also known as 8-bit)

Size: please size to final publication size

Resolution: 800 dpi

#### Black and white halftone artwork

Format: tif

Colour mode: grayscale (also known as 8-bit)

Size: please size to final publication size

Resolution: 300 dpi

#### Colour halftone artwork

Format: tif

Colour mode: CMYK colour

Size: please size to final publication size

Resolution: 300 dpi

If you require any further guidance on creating suitable electronic figures, please visit [http://dx.sheridian.com/guidelines/digital\\_art.html](http://dx.sheridian.com/guidelines/digital_art.html). Here you will find extensive guidelines on preparing electronic figures and also have access to an online preflighting tool where you can check if your figures are suitable for reproduction.

All graphs, and diagrams should be referred to as figures and should be numbered consecutively in Arabic numerals. Ensure that the figure number is marked on the back of the photograph or artwork together with the name of the author and paper title. Captions for figures should be typed double-spaced on separate sheets.

**Permissions**—illustrations or tables from other publications must be accompanied by written permission from the author and publishers of the document in which they originally appeared.

#### Proofs and offprints

Page proofs will be sent to the author designated to receive correspondence. Corrections other than to printer's errors may be charged to the author. A final PDF version of the article will be supplied to the corresponding author when the article is published.