urgency in five-minute intervals from the start of the incident was analyzed.
Results: There were 34 MCIs in 2002, 15 in 2003, and two in 2004. More MCIs (24%) occurred on Wednesdays, and more MCIs occurred during the 05:30–08:59 (18%), 12:00–14:59 (20%), and 17.00–19.59 (24%) time slots. More MCIs occurred in the Jerusalem (24%) area, followed by Tel Aviv (16%). Twenty-six percent of the MCIs resulted from explosions in open areas, 22% in buses, 20% from shootings, and 28% from explosions in semi-closed and closed areas. The mean dispatch time of the first ambulance after notification was 48 seconds. An average of 14.25 ambulances were dispatched in the first five minutes, followed by eight, three, and three in the five-minute slots following. An ANOVA indicated a significant difference in dispatch times by towns/cities ($p = 0.05$). The average arrival of the first ambulance was 6.4 minutes, and evacuation of the first urgent casualty was 13.6 minutes, the last evacuation was 26.5 minutes after arrival. More urgent casualties (45%) compared to 20% non-urgent were evacuated in first 15 minutes; the majority of non-urgent victims (79%) were evacuated after 16 minutes. The mean number of dispatched ambulances ranged from 37.9 to 26 in urban versus rural areas, respectively. The number of ambulances actually used for evacuation in urban and rural areas was 55% and 44%, respectively.
Conclusions: Information analyzed from AAR is useful for improving Standard Operating Procedures and structuring continuing education interventions for MCIs.
Prehosp Disaster Med 2011;26(Suppl. 1):s137–s138
doi:10.1017/S1049023X11004523

(P2-9) Patient Allocation to Hospitals During Mass-Casualty Incidents

K. Ruettger,[1] W. Lenz[2]
1. FB 40.70 - Brandschutz, Rettungsdienst Und Katastrophenschutz, Bad Homburg, Germany
2. Gefahrenabwehrzentrum, Gelnhausen, Germany

Due to the limited resources of specialized hospital departments, the allocation of patients to different hospitals according to the severity of their condition is an extraordinarily complex and time-critical problem. The emergency capacity was determined for all medical centers ($n = 135$) in the State of Hessen, for patients of the various hospitalization triage categories (red, yellow, green), for normal working hours, for weekends and nights, including logistic specifications of a potential helicopter landing. This data was entered into a state register. Using the data from the "acute-care-register", a Ticket System was developed that allows the operations management to assign patients according to the severity of their condition, urgency and necessary specialization (e.g., neurosurgery, ophthalmology, pediatrics) to a hospital without exceeding the admission and/or treatment capacity of the hospital/facility. During a non-critical period, the order of allocations depending on the distance of the clinic to the site of the emergency is planned in advance so that no further modifications are necessary during the acute intervention phase of an emergency response. Additional notification of hospital capacities for severe casualties provided during the emergency response can be easily and immediately supplemented. Due to the relatively low frequency of such emergency responses, a cost-effective concept that is easily adaptable to the respective fields of application has been discovered. The system is a sticker set customized for the respective rescue teams. The sets will be carried permanently in the rescue equipment by the organization manager of the rescue service team. The equipment is not dependent on electronic components. The cost per sticker set is approximately US$50. Keeping track of the patient allocations is assured.
Prehosp Disaster Med 2011;26(Suppl. 1):s138
doi:10.1017/S1049023X11004535

(P2-10) Emergency Medical Services Workers' Willingness to Work during Pandemic Influenza

I. Klein,[1] R. Balicer,[2] L. Aharonson-Daniel,[3] E. Jaffe[2]
1. International, Tel Aviv, Israel
2. Tel Aviv, Israel
3. Prepared Research Center, Tel Aviv, Israel

Background: Emergency medicine services (EMS) will play a key role in any response to a flu epidemic. In order to devise an effective preparedness plan for coping with pandemic, it is necessary to comprehend the factors affecting the willingness of EMS workers to respond during an outbreak.
Aims: This study aims to: (1) examine the willingness of the workers of Israeli EMS (Magen David Adom (MDA)) to come to work during a pandemic flu; and (2) identify the factors that will increase the willingness of workers to come to work and the obstacles that will keep them from working during a flu pandemic.
Methods: Between November 2009 and January 2010, a representative sample of MDA workers in Israel were given questionnaires asking about their knowledge and attitudes in regard to pandemic flu, and concerning factors that may influence their willingness to come to work. Data analysis included descriptive statistics, central and dispersion measures, analyzes of variance, and an exploratory factor analysis.
Results: The study population included 365 people (290 men and 75 women), with 84% aged 20–49 years. Of the respondents, 92% expressed willingness to come to work during a flu pandemic, even if they were asked and not obligated to report to work. An increase in willingness to come to work was found to be associated with the significance of the role of the workers, the guidance that they receive from the organization, their trust in the system, their knowledge, and their feeling of being protected.
Conclusion: Workers' perception of the significance of their role and their trust in the system were found to be central factors in determining workers willingness to come to work during a time of an emergency.
Prehosp Disaster Med 2011;26(Suppl. 1):s138
doi:10.1017/S1049023X11004547

(P2-11) Teletransmission of 12-Lead ECG in Warsaw Ambulance Service — Analysis of the First Months of the Operation

G. Michalak, D. Zając, S. Pilip
Medical Emergency Department, Warsaw, Poland

Background: Since September 2009, the Warsaw Ambulance Service (WAS) has enabled 23 ambulances to carry out a 12-lead