

of their families (accommodation, transportation, etc.); (9) transporting patients to rehabilitation centers; and (10) connecting the soldier with the Division of Rehabilitation in the Ministry of Defense.

**Conclusions:** This unique model enables coordination and collaboration between the army and the civilian hospitals. It ensures optimal treatment for sick and injured soldiers, and plays a crucial role during war and emergencies.

**Keywords:** civil-military; hospital; Israel; military; tertiary care

*Prehosp Disaster Med*

### The Federal Bureau of Investigation/Centers for Disease Control and Prevention Joint Criminal and Epidemiological Investigations Course: Enhancing Relationships to Improve Biothreat Readiness

*K.E. Hayashi; S.S. Papagiotas*

US Centers for Disease Control and Prevention, Atlanta, Georgia  
USA

**Introduction:** Bioterrorism incidents necessitate that law enforcement and public health communities coordinate criminal and epidemiological investigations to protect public health and safety. Since these entities may not interact routinely, information sharing and investigation coordination can be challenging. To facilitate inter-agency communication, the (US) Centers for Disease Control and Prevention (CDC) and the Federal Bureau of Investigation (FBI) developed a Joint Criminal and Epidemiological Investigations Course for public health and law enforcement personnel. The course is designed to develop relationships and promote information exchange between public health and law enforcement.

**Methods:** The joint investigations course is a two-day curriculum of lectures and exercises that is facilitated by CDC and FBI instructors. Lectures provide an overview of investigative methods and information sharing practices while the exercises reinforce the principles and techniques highlighted in the lectures.

**Results:** Since 2004, the Joint Investigations Course has been conducted 13 times, training >800 students. Since there has not been a major bioterrorism incident in the US since 2001, it is difficult to determine if there is significantly increased information sharing and collaboration between public health and law enforcement. Course evaluations indicated that the training has sometimes served as the first opportunity for public health and law enforcement interaction in a jurisdiction. Additionally, it has been reported that jurisdictions that have completed the course have used joint investigation methods to respond successfully to incidents involving threat agents.

**Conclusions:** The course is considered an effective method for developing essential linkages between law enforcement and public health in responding to bioterrorism. While the course initially was developed in the US, it may be a useful model for use by other countries.

**Keywords:** bioterrorism; Centers for Disease Control and Prevention; criminal; epidemiology; Federal Bureau of Investigation; investigation

*Prehosp Disaster Med*

### Threat of Ambulance Car Bombs Arriving at Hospitals and Other Mass-Casualty Scenes—Intelligence Review and Methods for Mitigation

*Reuven Keren; Mr. David Schwartz*

Israeli Ministry of Health Security Division, Israel

**Introduction:** Hospitals are no longer safe havens, as they can be alluring targets to terrorists in various parts of the world. Among possible modes of operation, one *modus operandi* stood out—terrorist groups plan and attempt to infiltrate hospitals using ambulances that are transporting trauma patients from scenes of mass casualties. The threat of terrorists arriving at the emergency department requires measures to counter such a possibility, without the medical condition of the evacuees deteriorating.

**Methods:** Researchers consulted with trauma specialists and wrote new standard operating procedures (SOPs) regarding the security clearance of ambulances, which were verified by the Israeli Police and Ministry of Health. They also trained the security staff and implemented the plan.

**Results:** In the years since the implementation of the new SOPs, and through a multitude of terrorist attacks and other national emergencies, thousands of ambulances were screened by security guards at the entrances to Israeli hospitals. In none of the cases, has a victim or medical staff member claimed that the medical condition deteriorated due to these tighter security measures.

**Conclusions:** Although stopping or delaying ambulances conveying victims with trauma wounds can deteriorate the medical condition of the victims, allowing the uninterrupted approach of ambulances into the hospitals poses an imminent hazard.

Based on the results of this SOP, delaying an ambulance for 30–40 seconds has no negative effect on the victims. Yet, the security screening nullifies the possibility of infiltration by this *modus operandi*, even during mass-casualty incidents, when a large number of ambulances are arriving at the hospital.

**Keywords:** ambulance; car bomb; hospital; mass-casualty incident; standard operating procedure; terrorism

*Prehosp Disaster Med*

### The Israeli Committee on Conventional Mass Casualty Situations

*Moshe Michaelson, MD*

Head of the Israeli Committee on Conventional Mass Casualty Situations, Israel

The Israeli Committee on Conventional Mass Casualty Situations (ICCMCS) has been a part of the Emergency Division of the Ministry of Health for >30 years. Its members are appointed by the General Director of the Ministry of Health. Members include doctors, nurses, health administrators, and representatives of the Pre-Hospital Forces.

The committee advises the Minister of Health on the guidelines for dealing with Conventional MCS. With the approval of the Ministry of Health, these guidelines are distributed to all hospitals, where local committees transform them to written standing orders that are returned to the Emergency Division for approval.

As the state of Israel has experienced a number of MCSs, experiences are included in the guidelines. Thus,