| **Author, Year** | **Sub-category** | **Study Location** | **Study Type** | **Study Design** | **Relevant type of mass casualty event** | **Strategy** | **Findings** | **Outcome Modulators** | **Quality score** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Erwin, 200958 | Biological counter-measures | US | Analysis of single real event | Post only with comparison group: Benchmark | Infectious disease: Smallpox | Use CDC smallpox post-exposure clinic guidelines to establish an emergency mass clinic. (The guidelines were implemented during a Hepatitis A outbreak.) | Time per patient - mean: 10 minutes for individuals and mean: 3.5 minutes for groupsImmunizations (actual demand) per staff-hour - 1.45 immunizations per staff-hour (versus CDC benchmark of 1.58 immunizations per staff-hour) | N/A | 4/8 |
| Hupert, 200959 | Biological counter-measures | Not relevant | Computer simulation | N/A | Infectious disease: Anthrax | Account for temporal variability in patient arrivals by dynamically adjusting staffing to meet demand in point-of-dispensing stations for mass prophylaxis using Dynamic POD Simulator | For a given number of staff hours, dynamic changes in staffing in response to demand can increase the capacity (number of patients treated) of a POD station. | Ability to accurately forecast future arrivals based upon current demand might be limited | 2/7 |
| Adini, 201057 | Public information | Israel | Analysis of multiple real events | Pre-post | All-hazards | Use a standardized, automated central information distribution system for hospitals to help family members locate and identify MCE victims | Overload of hospital communication lines occurred frequently during MCEs, prior to deploying the central information system, but has never happened since implementing the system | N/A | 4/8 |