

Results: V-OSOCC is a platform for disaster response personnel in around the world. Disaster coordination information is shared interactively on a mimic board. This information is sent in E-mails and SMS in real time. OR is a collaborative inter-agency website, designed to enhance coordination of humanitarian responses within the cluster approach. Public documents such as situation and assessment reports, maps, meeting schedules, and contact lists can be viewed. RW provides a wide range of information, not only about disasters but also about humanitarian emergencies. However, this website does not provide information such as contact lists for direct use in relief work.

Discussion: These websites are considered from the viewpoint of a medical NGO. V-OSOCC can share information related to urban search and rescue in real time, but there is no coordination of medical teams. Thus, each medical team has to participate in health cluster meetings on site. OR is more convenient than V-OSOCC for health cluster members because it provides more detail, with updated situation and assessment reports and meeting schedules. However, such reports do not show needs at the community level. RW is suitable for institutions such as libraries, which generally collect academic information.

Conclusion: The websites discussed here are useful for collecting disaster information; however, they do not have information about community-level needs. Therefore, needs assessment has to be undertaken within affected communities.

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(A51) Utstein-Style Template for Uniform Reporting of Medical Response in Disasters and Health Crises

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Introduction: As in other branches of medicine, disaster medicine needs a scientific basis. A disaster medical response is only as good as the assumptions on which it is based. Many of these assumptions are incorrect and/or are not based on systematically collected evidence. Although guidelines for evaluation and research on health disaster management and guidelines for reports on health crises and critical health events have been published, no uniform template for collecting empirical data on medical care response in disaster situations have been published.

Method: An EMDM Academy Consensus Group was established representing several disaster medicine research centers, the disaster medicine section of the European Society for Emergency Medicine (EuSEM), the World Association for Disaster and Emergency Medicine (WADDEM), and the World Health Organization WHO. The Consensus Group decided to limit the project to the acute medical care response. The project was organized around a series of workshops, which created a forum for the presentation, analysis, and listing of descriptors (variables) and their indicators relevant for the disaster medical response. An adapted Delphi method and the Utstein-style method were used to reach consensus on the descriptors and indicators.

Results: A uniform template of describing pre-event, event, medical response and outcome variables and their indicators relevant for evaluation and research on the disaster medical response

have been developed, including the agreement on standard definitions.

Conclusion: A uniform reporting template and method are essential to gather empirical data on disaster medical response management in order to establish robust databases allowing disaster medical response investigators and researchers to collect evidence that will impact on response outcomes and provide best practice.

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(A52) Real World Event Data Collection and Analysis for after Action Reporting

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Background: In response to recent real world events impacting public health and medical services, The Yale New Haven Center for Emergency Preparedness and Disaster Response (YNH-CEPDR) has developed a methodology for collection and analysis for after action reporting of response operation effectiveness. This process has been implemented to multiple real-world events including the 2009/2010 H1N1 response activities. This method utilizes the US Department of Homeland Security Exercise and Evaluation Program (HSEEP) doctrine for the collection of response information, analysis and development of After Action Reports.

Objectives: In this session, participants will be introduced to data collection methods that include a combination of onsite response evaluation by subject matter experts applying a set of established operational response objectives, targeted web-based surveys collecting both qualitative and quantitative data regarding public health and medical staff opinions regarding response operations and achievement of objectives. Also introduced will be focus group interviews to determine response successes, opportunities and recommendations for improvement. This session will also provide an overview on the utilization of additional data sources including situational status reports, press releases, incident action plans and meeting minutes. In addition to providing a framework for developing a comprehensive After Action Report for a real-world response, this process can yield data that can be used to enhance ongoing response operations as well as to support anticipated response operations, such as applying lessons from one pandemic wave to the next. During the session, participants will be provided an opportunity to discuss their process for evaluating real-world events and to identify how this methodology can be integrated into their organization's response evaluation activities.

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(A53) A Community Home-Based Family Treatment Model in Disaster Areas

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The ongoing shelling of missiles on the city of Sderot in Israel for the past 8 years have caused damage in terms of life and

property as well as have put more than 25,000 residents under significant and ongoing threat. A recent study examining the impact of living under these conditions has revealed that 28.4% of the area residents suffer from PTSD and 75%–94% of the children reported to experience posttraumatic symptoms (Gelkopf, Berger, Bleich, Cohen, submitted). Despite the psychological needs of the residents, mental health service utilization has been sparse due to many residents not feeling safe to leave their homeland fear the stigmatization in attending public mental-health clinics. In order to resolve this dilemma, we have developed a community home-based family intervention delivered through a mobile unit of professionals who provide mental-health services for to traumatized families in their homes. The model incorporates family systemic approach with trauma-focused cognitive-behavioral technique and narrative strategies. I will outline the model and present an evaluation of its efficacy in reducing PTSD and in improving daily functioning in adults and children. I will also describe several cases illustrating the model. Finally, we conclude that such a model may be useful in providing mental-health services in major disaster, such as Tsunamis, earthquakes and floods, particularly in developing countries where mental health capacity is limited and where local populations will not always have the means or be able to reach clinics.

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(A54) EU Project: European Guideline for Target Group Oriented Psychosocial Aftercare-Implementation

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Although most victims of disasters recover on their own, a minority of survivors, uniformed services, and relatives develop long-term disaster related psychic disorders such as Posttraumatic Stress Disorder (PTSD). Especially this subgroup should receive timely and appropriate psychosocial help. In many EU countries is offered post-disaster psychosocial care by a variety of caregivers (i.e. professionals and volunteers, NGOs, church or commercial organizations). Therefore, European standardization of providing post-disaster psychosocial support is currently required. The presentation describes the project supported by the European Commission and named European Guideline for Target Group Oriented Psychosocial Aftercare – Implementation (EUTOPA-IP), supported by the European Commission. EUTOPA-IP has integrated two materials: German “Target Group Intervention Programme” and Dutch “Multidisciplinary guideline”, also with the experiences of experts in the area of psychosocial support from the EU countries. Main target is to develop a guideline for the uniformed services on the basis of the Multidisciplinary guideline for early psychosocial interventions, the adaptation of the Target group Oriented Intervention Program (TGIP) to the International Classification of Functioning, Disability and

Health (ICF) and preparation and implementation of training program for various professional groups. The project aims at standardization of psychosocial aftercare in case of disasters as well as at the development of European network based on current findings in psychotraumatology. Early screening, supportive context, early preventive and curative psychosocial interventions, management of interventions, implications for the clinical field and future research are topics discussed in the project. Project consortium:

- City of Cologne (Germany)
- Centre of Psychotraumatology (Germany)
- Impact (The Netherlands)
- Spanish Society for Psychotraumatology and Traumatic Stress (Spain)
- Charles University in Prague (Czech Republic)
- Capital City of Dusseldorf, Department of Public Health (Germany).

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(A55) Stress & Trauma Studies Program (STSP): Theoretical & Practical Emergency Mental Health Interventions Studies for BA Social Work Students

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The Tel Hai college Department of Social Work established this program as part of its community commitment to ensure that persons with skills in emergency mental health / trauma intervention will be available to the community as first responders when needed. The main goal of the STSP: Training Social work students As First Responders with Very High Professional Standards of Emergency as well as Long Term Mental Health Interventions Qualifications. This program enables the students to integrate between theory and hands-on basic and advanced skills in stress & trauma interventions – from the help to a single traumatized person to mass disasters involving more complex interventions. In addition, program underlines and empowers the students self efficacy and resilience. The studies are carried out in 4 main channels: A. Academic studies and advanced professional workshops. B. Outdoor drills with other help and rescue units: MDA (EMS), IDF, Police, Israel fire and rescue services, local and national rescue units) C. Volunteering in community trauma / first responder units D. Emergency mental health interventions during real time events (Last one: Emergency interventions among the evacuated families during the mount Carmel bushfire) Student’s Skills Acquired During the STSP • Theoretical & practical knowledge of the stress & trauma development process. • Differential diagnosis of the trauma stages (From ASR to C-PTSD). • Identifying all sources of resilience and coping strategies. • Basic & advanced crisis and disaster intervention methods. • Crisis & disaster management & command • Professional self confidence, Independency & Creativity, leadership and leading capabilities. The program, its benefits and latest drills and real time intervention will be discussed as well as demonstrated with videos.

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