

Medicine, University of Peradeniya was established to prepare Sri Lankan healthcare workers for all forms of health disasters.

Description: HEDMaTC conducts training programmes for health professionals, including medical doctors, nurses, emergency technical officers, ambulance drivers and porters. As these are adult training programmes practical methods of training such as drills, workstations, group work and hands on training have been used, in addition to lectures. Emergency care equipment, specific kits and techniques and desktop exercises are used to demonstrate protocols of emergency management and discuss principles of risk management, disaster management concepts, conceptual and technical challenges in measuring disasters and their impact on public health and its effective management. Participants prepare action plans for their individual institution based on the knowledge gained and are discussed in follow up programmes a month later.

Outcome: HEDMaTC is the only institution in Sri Lanka that is accredited by the Ministry of Health, Sri Lanka to train their staff in disaster management. HEDMaTC has trained 200 personnel in Public Health Emergency and Disaster Management, 117 in Sexual and Reproductive Health Services in Crises and 1034 in pre-hospital emergency care. The trained personnel were mobilized to the North and East of the country to handle healthcare issues, ranging from administration to ground work, of almost 300,000 displaced civilians in 2009 with a very satisfactory outcome.

Recommendations: The training methods used in these programmes are especially beneficial in adult training and it is to be recommended. We also recommend that HEDMaTC to be developed as a regional training center for South Asia.

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(P1-45) Harvard Humanitarian Initiative (HHI) and Federal University of Paraiba (UFP) Joint Emergency Medicine and Disaster Preparedness Training Center A Model for Academic and Clinical Exchange of Expertise
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Introduction: Evolving health systems frequently seek guidance with emergency medicine related topics. This has led to countless international collaboration between organizations attempting to meet this need.

Background: Paraiba, a state of 3.6 million, ranks near the bottom in Brazil for per capita income. The medical establishment has private, public and military systems without emergency medicine training and no disaster plans. HHI and Harvard International Emergency Medicine Fellowship are academic research and service oriented organizations with an emergency medicine and disaster preparedness focus. In 2009 a request for technical assistance was made to HHI from Paraiba, concerning disaster preparedness, clinical emergency medicine and pre-hospital training.

Methods: Exchange of correspondence surrounding needs and expectations of the partner organizations was conducted until the

August 2010. During August a series of meetings was conducted among the civilian, military and federal representatives and a collaborating body was formed under the guidance of UFP consisting of SAMU (prehospital care), the medical school and the five main hospitals of the city. In September HHI staff conducted a series of meetings and assessments in Paraiba. Plan Evaluation, educational and programmatic steps were decided on to be conducted over the several year project. Space and resources for the training center at the UFP was allocated. Establishment of 8–12 teaching modules for practicing physicians and nurses, built and taught by local staff with HHI support will be implemented and become a requirement to work in emergency areas. An assessment of disaster risks and emergency metrics will be conducted concomitantly. Exchange of staff between Brazil and USA will occur throughout the project.

Conclusion: No standard model of collaboration exists regarding international emergency medicine and disaster planning but ours demonstrates that exchange of information can evolve to match the abilities and expectations of both parties.

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(P1-46) A Model of Mass Casualty Management Education: The Prehospital Mass Casualty Exercise and Trauma Management Course

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Introduction: In this article, we aimed to share “the prehospital mass casualty exercise and trauma management course” which is performed at the 10th European Congress of Trauma & Emergency Surgery as a model.

Methods and Materials: The preparation, format, participant properties and the discussion of the course were evaluated.

Results: The course performed in 4 parts. On the first part, a panel discussion including opening, targets of course and a conference was performed. On the second part, the prehospital mass casualty exercise was performed. On the third part, the participants discussed in different 4 workshops. On the last part, basic discussion results were declared. At the mass casualty exercise, the scenario was adapted from bus bombing which was in Diyarbakir on 03.01.2010, 6 deaths, 96 wounded. Field and injury simulations were performed. We trained 15 paramedic volunteers to act as wounded patients. Moulage and make-ups were made due to previously defined injuries as in Diyarbakir. The victims were placed in simulated maneuvers field. Participants were accepted in five each groups to the maneuvers field and they were requested to manage the scene, triage, first aid. After the exercise, 4 workshops themed as Scene Medical Management, Ground and Air Evacuations, Preparedness of the E D's and Preparedness of the OR's, and ICU's were performed. The results of the workshops were presented at the last part.

Discussion and Conclusion: The participants expressed that observing and experiencing the chaos circumstances during the maneuvers are the most important things in scene management

and these must be considered in preparedness and planning phases.

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(P1-47) Disaster Medicine and the Philosophy

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There are many problems, to be solved in the actual fields of disaster medicine. That is the reason why we completed the disaster medicine compendium, 2005. As the next stage, we focused upon the significance of the philosophy from the viewpoint of the disaster medicine.

Results: In the disaster situation, leaders are obliged to determine the policies under the mental/ sophisticated consideration. Basically, the following famous phrase “the greatest good (happiness) for the greatest number of people” are accepted simply/ childishly without profound thought. This phrase is presented by the popular concept of Utilitarianism beggined by Jeremy Bentham, followed by John Stuart Mill, etc. This concept strongly influenced in the field of disaster medicine, especially the decision making of triage. However, several argument or criticisms have been pointed out: i.e., definition of happiness, relief of the minority or so-called CWAP, etc. Other opinions are included, as follows: John Rawls: The Principle of Justice or Maximin Principle, Kan Naoto: Minimal unhappiness/misery in the society/people, etc.

Conclusions: I basically appreciate the concept utilitarianism. But, especially, if we consider the CWAP or people in the poor countries under the actual unfavorable condition, the latter concepts should also be included.

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(P1-48) Rethinking the “Disaster Club” as a Student Interest Group on a Health Professions Campus

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Disaster preparedness and response requires an integrated response by all aspects of the health professions. The most successful outcome can occur when interprofessional cooperation exists between community, first responders, and the many facets of health professions. At Western University Health Sciences we have replaced our interprofessional disaster club with a disaster focused element in several other health professional interest clubs. The primary coordination is centered in the Public Health Club which is composed of students from many of our medical colleges. The public health club mirrors our community disaster response in that preventive medicine and preparedness lies in our public health program. Public health interest such as rabies prevention and education on world rabies they are centered in our public health club with support from our faculty expertise in public health. Educational components such as wilderness medicine fit well into the human emergency and critical care student group. Both human and veterinary emergency and critical care student group's natural interest lies in triage and first

response. Student interest groups or clubs that focus on community outreach in medicine, nursing, dentistry and veterinary shelter medicine have a take the lead in emergency sheltering for vulnerable populations. Using the model presented here, disaster preparedness is promoted as routine extensions of daily professional endeavors. By building upon student interest groups we can build a culture of connectivity across the professions. Extending student club supported training endeavors to the community surrounding can allow the disaster responder community to meet on neutral ground. Western University Health Sciences is uniquely situated in Los Angeles County and our faculty and students reside in neighboring Orange Riverside and San Bernardino counties. At a private health professions university, our focus is to provide educational opportunities in a real-world setting which is integrated with community.

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(P1-49) Development of the Disaster Drill for the Staff Member at the Hospital of the Region in Japan

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A hospital disaster drill is commonly carried out based on the activities assigned beforehand by the occupational description. However, it is difficult for each staff the role is fixing to understand the global image of a disaster correspondence in a hospital disaster when their role is assigned and fixed. We have developed the understandable drill about the whole practice at each hospital in disaster. We keenly realized the necessity of a standard disaster medicine. Therefore we have developed the disaster drill which can be held per hospital. As a goal of a course, each hospital personnel could understand the global image of the disaster, and aimed at the daily course which can master necessary minimum skill to correspond a disaster in each hospital. From the reasons above, we created the course which consisted of a lecture, individual skill training, and a gross training. As essential skill, it starts with (1) management of disaster countermeasures office (2) management of triage post (3) treatment at room (4) support of conveyance between hospitals (5) information control. In order to employ these individual skill booths efficiently we divided attendances into five groups. Five hospitals started from 2008, were carried out 11 times, and about 500 persons took this disaster drill on a course. We expect that cost to bellow, the course to be simpler, and the quality of training will improve by holding this course repeatedly.

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(P1-50) Pilot Study: The Challenges of Full Scale Radiation Decontamination Drills with Special Needs Populations

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