

Results: For Olt county, the simulation indicated that the existent human and material resources are sufficient, but some adjustments are needed.

Conclusions: Performing computer simulations may enable us to better plan and perform the medical interventions required in case of the occurrence of natural disasters such as earthquakes.

Keywords: algorithm; assets; computer simulation; disasters; medical forces; needs; resources

Prehosp Disast Med 2002;17(s2):s31-32.

Current Status of Disaster Response and Training among Emergency Medicine Residency Programs: Pre- and Post-September 11

Chayan C. Dey, MD, MPH; Jurek G. Grabowski, MPH; Raghu Venugopal, MD, MPH; Michael J. VanRooyen, MD, MPH

Center for International Disaster, Emergency and Refugee Studies, Johns Hopkins University, Bloomberg School of Public Health, Baltimore, Maryland USA

Introduction: Emergency physicians (EP) always have played a significant role in disaster preparedness. It is believed that EP should assume a major role in the medical aspects of disaster planning, management, and patient care. In this study, we evaluated: (1) Whether emergency medicine (EM) training programs have played a major role in past disaster responses; (2) The current training and education available in EM training programs; and (3) The need for further disaster management education (DME) to be incorporated in EM residency programs post 11 September 2001.

Methods: All accredited EM residency training programs in North America were evaluated. A 36-question survey measuring the attitudes toward disaster training, previous responses to disasters, previous DME in residency programs, and future plans for DME was sent to all EM residency directors (RD). Non-responders were contacted by repeat mailing, e-mail communication, fax, and direct conversation.

Results: Of the 168 mailed surveys, 67% (112/168) were returned. Of all respondents, 57% (64/112) have dealt with disaster or mass casualty incident in the past. Currently, 97% (109/122) include teaching on disaster medicine (DM), with 30% (37/112) having an established curriculum. Following 11 September 11, the mean DM training hours have increased from a mean of total 8.6 to 10.6, and majority (63%, 71/112) of RDs feel that this is amount of DM training is appropriate.

Conclusions: This study suggests that post-September 11, the amount of DM training in EM residency programs has increased slightly, and most RDs feel this is sufficient training for EM physicians.

Keywords: 11 September; curriculum; disaster; disaster medicine; emergency medicine; residency; roles; training

Prehosp Disast Med 2002;17(s2):s32.

Description and Evaluation of a Crash Program to Prepare Healthcare Professionals to Manage Casualties and to Instruct Their Colleagues Concerning Non-Conventional Warfare

Nela Marks, RN, BN;¹ Robert Cohen, PhD;² Lion Poles, MD³

1. Ministry of Health, Department of Emergency, Israel
2. Chairman, Center for Medical Education, Hebrew University Faculty of Medicine, Jerusalem, Israel
3. Kaplan Medical Center and the Ministry of Health, Israel

The possibility of a non-conventional attack on the State of Israel during 2003 encouraged the Emergency Services Department of the Ministry of Health to rapidly develop and implement an educational intervention to prepare healthcare professionals to deal with such an attack. This presentation will provide a description and evaluation of 19 two-day meetings attended by approximately 2,800 professionals from both hospitals and the community medical system. The educational program provided: (1) Essential knowledge and skills necessary to deal clinically with a non-conventional warfare attack; and (2) The ability to organize an educational intervention in their respective settings to prepare relevant staff to manage Mass Casualty Events stemming from either a chemical or biological attack. The time frame for developing and implementing the education was approximately five months. Evaluation data will be presented from an analysis of pre- and post-session questionnaires completed by the participants. The pre-session questionnaire was a self-assessment of the participants' level of knowledge required to clinically diagnose and treat victims, and their perceived ability or readiness to organize an educational intervention for healthcare workers in their respective work settings. The post-session questionnaire evaluated the contribution of the two-day meeting to their ability to effectively manage a chemical or biological attack, diagnose and treat the victims, and implement the educational intervention.

Keywords: assessments; attack, biological or chemical; community; education; evaluation; hospitals; intervention; Israel; knowledge; mass casualty event

Prehosp Disast Med 2002;17(s2):s32.

E-mail: nelam@zahav.net.il

Terrorism 101: Introduction to Terrorism and Its Medical Implications

John Moloney

Medical Displan, Victoria, Australia

For many medical personnel around the world, especially those without a military affiliation, terrorism is something that happens somewhere else, to someone else. However, recent events have highlighted how vulnerable our communities are to terrorist activities.

By understanding some of the tactics and techniques used by terrorist organisations, prehospital and hospital personnel can be better prepared to deal with this type of event.

From a medical perspective, the weapons of the terrorist can be categorised according to the B-NICE acronym (Biological, Nuclear, Incendiary, Chemical and Explosive). The methods of delivery of these weapons and their effects on the body will be described, along with the implications