(192) Preparing for the Pandemic Challenge: The United States Government

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Pandemic influenza is a global threat that must be faced with a united purpose and action. The ability to safeguard the world population in the event of a devastating global pandemic only can be assured through cooperation between the stakeholders.

On 01 November 2005, President George W. Bush announced the National Strategy for Pandemic Influenza, a comprehensive approach to addressing the threat of pandemic influenza. This Strategy outlines how to prepare for, detect, and responded to a potential pandemic will be.

This session will describe the series of historic steps taken by the US Government and the Department of Homeland Security to address the pandemic threat. Major initiatives that are in process, include: (1) an Implementation Plan for the National Strategy for Pandemic Influenza and its five guiding principles; (2) an International Partnership for an Avian Influenza Pandemic; (3) tools developed to assist the private sector during such an event like Pandemic Influenza *Preparedness, Response, and Recovery Guide for Critical Infrastructure and Key Resources*; as well as (4) efforts to enhance individual and family levels of preparedness.

Efforts to prevent or contain the disease will require the participation of, and coordination by, all levels of governments and segments of society to be successful.

Keywords: influenza; pandemic; preparedness; United States
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(193) Safe Hospitals, the Mexican Experience

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The Pan-American Health Organization (PAHO) defines a Safe Hospital as, "a health facility whose services remain accessible and functioning at maximum capacity, and in the same structure, during and immediately following the impact of a natural hazard". In this regard, it is understood that for a hospital to adequately protect patients' lives and workers' health, it must have a physical structure that withstands the effects of a natural hazard, while remaining functional and offering vital services.

A safe hospital is not a health facility that is 100% resistant to an earthquake or hurricane, but a structure that, in spite of damages, can continue its operations.

This initiative was endorsed in January 2005 at the World Conference on Disaster Reduction, held in Kobe, Japan, and incorporated into the 2005–2015 Work Plan. It called for states to "integrate disaster risk reduction planning into the health sector and implement mitigation measures to reinforce existing health facilities".

In Mexico, the Civil Protection System is charged with establishing the diagnosis of safety in hospitals in new and existing health facilities, according to PAHO standards. There already is a "Multidisciplinary Group" that is evaluating the hospitals starting with those located in high-risk zones. After completion of the evaluation process, each can be classified. A Certification Process of nearly 1,085 hospitals will begin.

Keywords: accreditation; hospial; Mexico; preparedness; safe hospitals; safety
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(194) Delivering Remote Prehospital Emergency Care Education to Primary Care Facilities in Crete

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The need for the continuing education of emergency care in primary care physicians has been recognized internationally. Despite this need, providing on-site education to remote and isolated areas is difficult, due to a lack of personnel, travel expenses, limited resources, and a lack of time. Health professionals in rural Greek areas have little training in emergency care, despite the fact that emergencies occur daily. The use of information and communication technologies for the remote delivery of medical courses addresses the need and high demand for emergency education, and helps overcome the difficulties of resource scarcity. The Foundation for Research and Technology-Hellas operates a hybrid network for tele-education consisting of wifi, satellite, and terrestrial networks. Several pilot courses have been delivered successfully by the Emergency Medical Service of Crete. The objective of the network is to provide tele-education courses to isolated areas in the South Aegean Islands and Crete. Diversity of expertise increases the interdisciplinarity of the course and expands the target audience. In the East Mediterranean region, it is the first such course to be delivered through tele-education. The quality is monitored through the continuous evaluation of user satisfaction, knowledge retention, and technical quality. The course introduces several innovations in tele-education. Users receive real-time video and audio of all participants, simulating a feeling of a classroom environment. The courses address medical staff, nurses, and ambulance personnel. A preliminary evaluation has shown that emergency education is a high priority for all healthcare providers, and tele-education an acceptable method for its delivery.

Keywords: Crete; distance learning; education; emergency; hospital; prehospial; preparedness
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(196) Hospital Preparedness for Contaminated Patients in Austria: A Survey

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This study is a cross-sectional questionnaire survey of all 118 acute care hospitals in Austria, using the newly devised Hospital Preparedness for Contaminated Patients (HPCP) Score.

In today's world, the risk of contamination incidents is discussed as terrorism-related, but much more it is an occupational safety problem. The relatively scarce epidemiolog-

ical data suggest that contamination is not a rare event. Currently, contamination response is shaped by the responders' experience with hazardous materials and focuses primarily on ensuring responder safety.

Hospitals must not rely on on-site decontamination, as this always will be incomplete and there always will be some patients who bypass the emergency medical services. Well-documented risks for hospitals include secondary contamination of staff and disruption of hospital services. The selection of the hospitals and performance on the survey were guided by previous survey studies. The response rate was 40%. Similar to previous surveys, it was found that in most cases, hospital preparedness for contaminated patients is low. Decontamination facilities and Personal Protective Equipment (PPE) are absent in many hospitals. Plans appear almost ubiquitous, but include the contamination topic only in about one third of the cases. The ability to implement the plans frequently is doubtful. Contamination-related training and exercises are the exception, not the rule. Awareness of PPE in hospitals is especially low.

The issues associated with "contaminated patients" frequently are not perceived by hospital administration or staff. A coherent responsibility for the management of contamination almost is absent and the spectrum of radioactive, biological, or chemical contaminations is not fully covered by any of the hospitals that participated. Also, there is a lack of authoritative guidance and legislative regulation.

Keywords: contamination; hazardous materials; preparedness; survey; terrorism
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(197) Disaster Readiness of a Singapore Teaching Hospital: The Training of General Ward and Outpatient Clinic Nurses in Disaster Preparedness

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Singapore has a population of four million people and is vulnerable to disasters caused by both man-made and industrialized incidents. The National University Hospital is located near Jurong Island that contains heavy petroleum refinery plants and the Tuas Industrial Park in which chemical plants are located. Being the closest hospital to Jurong Island, the National University Hospital must be prepared to manage casualties from incidents occurring at these sites.

Nurses are an integral part of the response to any mass casualty incident. Preparedness training of emergency department nurses in the National University Hospital, a tertiary-level hospital in western Singapore, had been conducted over the years. However, in response to a mass-casualty-incident, the demand for nurses in the emergency department resulted in a revised plan that brought in nurses from the general wards, outpatient clinics, and educational facilities for assistance.

Emergency department nurses and nurses from other facilities are not only being trained to support the prehospital field team, but also are being trained in intensive care skills to assist in intensive care units. The training includes: (1) an Advanced Cardiac Life Support course; (2) a Basic Trauma Course for nurses; (3) a Hazmat course; (4) a Pediatric Advanced Life Support course; and (5) a Basic Critical Care course. The training also includes a competency assessment and a one-week of instruction in the emergency department and the intensive care unit.

This plan has been tested with frequent drills and few recalls.

Keywords: industrial accident; mass-casualty incident; nurses; preparedness; training
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(198) Crisis Center Quality Management

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A Crisis Management Center was implemented at the county level in Namur, Belgium in the 1990s. It requires a permanent team that is in charge of maintenance and alerting the appropriate staff members in case of major emergencies.

The recruited staff members originate from cooperating agencies and services. These services are: (1) fire brigades; (2) health emergency services and public health authorities; (3) police, civil, and armed forces for logistics; and (4) a specialized cell in communication (media, public, and authorities).

Recently, the general organization and management of this Crisis Management Center were reviewed by an external audit company. The Center was labeled International Organization of Standardization (ISO) 9001 in 2005.

The aims, functions, and emergency procedures of the Center will be presented. The decision-making process of each professional group within the Center and the use of communication channels also will be described. Strengths and weakness will be identified in this analysis.

Keywords: Belgium; communication channels; crisis center; health professionals; management
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(199) Disaster Medicine: The Enigma of Development in Afghanistan

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Afghanistan, a disaster-prone country emerging from more than 25 years of war and turmoil, continues to lag behind in various aspects of disaster and emergency management. Disaster medicine is a core competence in any preparedness, prevention, response, and recovery systems. However, it remains a neglected priority within the country's health systems. Lack of statutory approaches, prioritization, capacity, and development of awareness among both the government of the day and its partners in development, chief amongst them world-wide emergency health agencies, continues to contribute to the rising potential of disaster conditions. This paper seeks to marshal support for