Development of a Healthcare Coalition for Emergency Preparedness

Debi Drake; Chris Dent

Saint Alphonsus Regional Medical Center, Boise, Idaho USA

Introduction: Intentional and unintentional mass-casualty incidents (MCIs), including epidemics, weather-related events, and mass trauma are likely to cross city, county, and even state lines. Significant MCIs in one community may impact multiple disciplines and multiple agencies. Hospitals should collaborate with other partners in the planning for, response to, and recovery from any incident.
Objective: This presentation describes the development of a healthcare coalition for emergency preparedness in Idaho.
Methods: Descriptive information was obtained from observations and records associated with this project.
Results: In early 2003, a team of hospital managers and disaster coordinators developed a regional response matrix that included emergency notification contacts at each facility, resource management, and communication needs. In 2002, this healthcare coalition for emergency preparedness expanded to include regional responders in 14 counties and one bordering state, including fire, emergency medical services, county disaster coordinators, public health, law enforcement, Civil Support Team, regional hazardous materials (HazMat) response teams, and hospital infection control practitioners. An assessment of response capability was completed and draft memoranda of agreement were developed for communication and resource sharing. The coalition developed and approved a charter, mission statement, and membership. An emergency conference call process was developed and has been used for HazMat incidents, suspicious packages and threat events, and urgent communication needs. A regional infectious disease emergency response plan was developed. Mass-casualty incident planning includes all response partners. Regional exercises have been conducted, including specific coalition action plan items. The coalition membership also includes the United States Health Resources and Services Administration Bioterrorism Preparedness Program.
Conclusion: A healthcare coalition for emergency preparedness that includes first responders, hospitals, and other partners is essential for effective emergency response. An integrated emergency response plan can minimize the impact of an incident in the field and at hospitals.
Keywords: coalition; emergency; hazardous materials; healthcare; hospitals; Idaho; mass-casualty incident; response
Prehosp Disast Med 2005;20(5):s160.

Analysis of Emergency Management in Nigeria

Edeaghe E. Ehikhamenor;[1,2] A.O. Olanipekun;[2] A. Bafor[1,2]
1. Accident and Emergency Unit, University of Benin Teaching Hospital, Benin City, Edo State, Nigeria
2. Save Accident Victims Association of Nigeria (SAVAN), Benin City, Edo State, Nigeria

Introduction: Large-scale emergencies and disasters in Nigeria include mass-casualty motor vehicle crashes, petroleum pipeline explosions, kerosene explosions, explosions of unused ordinance, structural collapses, structural fires, and floods.
Objective: This presentation highlights current problem areas in emergency management in Nigeria.
Methods: Descriptive information was obtained through the authors' observations and personal experiences, anecdotal reports, and media and governmental reports when available.
Results: Problems identified in current emergency management include: (1) weak emergency response command and control structures; (2) lack of prehospital infrastructure; and (3) poorly motivated first responders. Another key problem area is the lack of safety regulations for industries, motor vehicle operation, housing, and consumer products, which in part may be attributed to the lack of academic curricula in injury prevention in the Nigerian universities.
Conclusion: These problem areas in emergency management in Nigeria likely are to differ from those in developed countries. Large-scale emergencies and disasters likely are to recur in Nigeria until these deficiencies are remedied.
Keywords: command and control; disasters; emergency; management; mass casualties; Nigeria; problem areas
Prehosp Disast Med 2005;20(5):s160.

Cyanide Exposure and Poisoning: Relative Risk of Cyanide Exposure and Advanced Life Support Prehospital Provider Knowledge, Attitudes, and Practices in the United States

Joe Eyerman

Research Triangle Institute International, Research Triangle Park, North Carolina USA

Objective: This study sought to assess the knowledge, attitudes, and practices of Advanced Life Support (ALS) prehospital providers in the context of their relative risk of cyanide exposure.
Methods: This study was a retrospective survey of the knowledge, attitudes, and practices of ALS prehospital providers in the context of their relative risk of cyanide exposure. A topic-specific, multi-mode survey tool was developed, based on the results of two previous studies of cyanide poisoning-related practices of emergency physicians and hospital laboratories. Survey participants were contacted, screened, and recruited through mail and telephone, and asked to complete the survey on paper, the Internet, or by telephone. A post-completion incentive was provided to respondents and a series of call-backs were used to maximize response rates. Survey partici-

pants were stratified by their relative risk of cyanide exposure of fire prevalence, cyanide-related industries, and transportation systems using data acquired by Geographic Information Systems.
Results: More than 800 ALS providers were identified for inclusion in this study. The results of this study will be reported during the presentation.
Conclusion: The results of this study suggests the need for additional research and possible modifications in the practices and procedures for treating cyanide exposure due to smoke inhalation in the prehospital setting.
Keywords: advanced life support; attitudes; cyanide; cyanide exposure; knowledge; practices; prehospital
Prehosp Disast Med 2005;20(5):s160–s161.

Establishment of a Pharmacist Consulting Team for Statewide Bioterrorism Preparedness

Brett Feret;[1] Jeffrey Bratberg;[1] Catherine Cordy;[2] Alysia Mihalakos;[2] Gregory Low;[1] Stephen Kogut[1]
1. University of Rhode Island College of Pharmacy, Kingston, Rhode Island USA
2. Rhode Island Department of Health, Providence, Rhode Island USA

Introduction: Mass medication dispensing is an essential part of the emergency response to bioterrorism-related events.
Objective: This presentation describes the establishment of a pharmacist consulting team for statewide bioterrorism preparedness in Rhode Island.
Methods: The Rhode Island Department of Health (RIDOH) recognized the importance of involving pharmacists in planning for bioterrorist events, and recruited five pharmacy consultants through an application process. Those hired included a community pharmacist, three faculty members from the University of Rhode Island with specialties in community pharmacy, infectious disease, pharmacoepidemiology, and a pharmacist with expertise in pharmacoinformatics. They received Centers for Disease Control and Prevention-recognized Strategic National Stockpile (SNS) Training in Anniston, Alabama. Their time was paid through federal and state grants.
Results: The pharmacist consulting team and the RIDOH together have developed an emergency plan for mass antibiotic distribution, including drug selection algorithms, drug and disease information for patients, and patient assessment tools. This plan was exercised statewide in August 2003, including the receipt and breakdown of an SNS Training Education and Demonstration package. One outcome of this exercise was the development of an inventory management tool, which several states have adopted. A regional bioterrorism training program for pharmacists was implemented in November 2004. Future directions include the development, exercising, and evaluation of specific municipality plans, as well as ongoing training programs for all healthcare professionals.
Conclusion: Collaboration between a pharmacist consulting team and the RIDOH has helped improve the level of bioterrorism preparedness in Rhode Island.
Keywords: bioterrorism; pharmacists; pharmacist consulting team; preparedness; Rhode Island
Prehosp Disast Med 2005;20(5):s161.

Standardized Patients in Preparedness Education: In-Person and Online Training

Elizabeth Kachur; Marc Triola; Adina Kalet; Sondra Zabar; Marian Anderson; Henry Feldman; Colleen Gillespie; Mack Lipkin

New York University, New York, New York USA

Introduction: Standardized patients (SP) are individuals who portray specific clinical cases in a consistent fashion and have become a common educational tool for teaching and assessment. Since preparedness training often requires a hypothetical context, SPs can make potential future scenarios come alive for more realistic skills practice. The New York University Preparedness Program, "Psychosocial Aspects of Bioterrorism and Disaster Medicine", has developed workshops in which small groups of participants encounter four SPs who portray typical psychological reactions or disorders, which teaches relationship development, interviewing skills, and diagnostic and treatment planning skills.
Objective: This presentation reports experiences with SP recruitment, in-person training, and online training.
Methods: Descriptive information was obtained from observations, reported training experiences, performance feedback from the participants and course faculty, and electronic tracking of virtual patients.
Results: Ten workshops in five cities required nearly 100 SPs. Training methods included: (1) detailed scripts; (2) presentations on the joint disaster scenario; (3) role play and feedback; (4) audio-taped encounter samples; (5) interactions with virtual patients; and (6) comparative symptoms charts. The SP sessions routinely were the participants' favorite workshop element. General observations, which may improve SP sessions, included: (1) screening SPs for personal disaster experiences; (2) clarifying responses to screening questions (and related diagnostic criteria); (3) fine-tuning the SPs' emotional tones; and (4) adequate debriefing. Computer sophistication and use varied among SPs. Some virtual patient cases are more suitable for SP training than others.
Conclusion: The use of SPs in preparedness training requires special attention to their personal disaster experiences and to case portrayal accuracy. Online training tools are useful, but still are an emerging methodology.
Keywords: disaster education; online training tools; standardized patients; training; workshops
Prehosp Disast Med 2005;20(5):s161.