

Pandemics: Planning—Emergency Medical Services Perspective

Chairs: Frank Archer; R. Coutinho

Pandemic Influenza: Australian Paramedic Risk Perception Study

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As front-line health professionals, paramedics will be among the first members of the health community to face exposure during a pandemic event. In Australia, the pre-hospital workforce has had little experience in working in infectious environments such as an influenza pandemic. Currently, there are limited published studies on the perceptions of the prehospital workforce on pre-event risk, in particular, of paramedics and their partners. A collaborative national and international team led by the Australian Centre for Pre-hospital Research commenced a national study of paramedics and their partners to examine these perceptions. The results of this research will be directed toward the development of responsive health and infection control messages for paramedics and their families. Preliminary analyses highlight some important messages for the prehospital community. These messages include that among paramedics, high risk perception is associated with less confidence in the provision of adequate strategies by employers to protect them from exposure, and higher likelihood of being unwilling to work during pandemic conditions. However, knowledge about avian influenza and/or human pandemic influenza does not appear to be associated with employer confidence, levels of concern, or willingness to work in pandemic conditions (OR = 1.91; 95% CI = 1.1–3.3). Paramedics report that the information most likely to mitigate their level of perceived risk relates to the confidence in their Personal Protective Equipment and intra/inter-organization communications and alert systems. The results of this study will be described in detail and an analysis will be provided of the strategies that are in place in the Australian emergency prehospital services to respond to these messages.

Keywords: Australia; pandemic; paramedics; perceived risks; prehospital
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Ambulance Call-Taking and Dispatch Data: New Approaches to Population-Based, Infectious Disease Surveillance and Triage

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In Australia, traditional strategies for infectious disease surveillance are based on data reported from Emergency Departments and General Practice and Locum Services. To date, little attention has been paid to the potential utility of emergency prehospital call taking and dispatch data to contribute to infectious disease surveillance. In early 2006, a collaborative national and international team led by the Australian Centre for Pre-hospital Research, commenced a national study of paramedics and their partners to examine the perceptions and expectations of these groups to working and living in pandemic conditions and to examine the utility of ambulance call taking and dispatch data to inform population-based models for surveillance and triage. Using data secured from the Melbourne Ambulance Service and the Queensland Ambulance Service, researchers mapped the ability of these data to mirror data provided by the Victorian Infectious Disease Reference Laboratory on influenza-like illness (ILI). The results demonstrate the potential utility of using emergency prehospital data to complement existing infectious disease surveillance systems. In addition, these results provide a platform for the development and testing of a model of syndromic surveillance at the point of call-taking. The results from this study will be described and the importance of emergency prehospital data to public health applications will be demonstrated.

Keywords: call system; dispatch; pandemic; paramedic; prehospital; surveillance
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Session 6: New Horizons and Evaluation

Chairs: TBA

Two-Year Experience (2005–2006) in Improving Clinical Services in West Aceh after the 2004 Tsunami

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On the fifth day after the Tsunami struck Aceh Province, a medical rescue team formed as a joint collaboration between Gadjah Mada University and Sardjito Hospital arrived in Meulaboh, the second largest city in Aceh Province. Their mission was to restore services at the Cut