

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

*Prehosp Disast Med* 2007;22(2):s118–s119

### (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

*Prehosp Disast Med* 2007;22(2):s119

### (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

*Prehosp Disast Med* 2007;22(2):s119

### (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