

and response material into the curricula for every health professional school in the nation.

Discussion: To date, the focus has been on the education of the existing healthcare workforce. Students' needs differ from those of practitioners in that there is a fundamental difference between educational competencies and occupational competencies. It is also important to recognize that to assure proper preparedness there must be a clear connection between departments of public health and all other healthcare entities. To this end we included public health students in the creation of competencies and have shown that non-clinical practitioners can, and indeed must, be included in this process.

Observations: We describe a process and present a list of emergency preparedness core competencies for health care professions and their applicability to Medical, Dental, Nursing and Public Health students. While we have designed this set of competencies using these disciplines, they may be easily adapted to other healthcare disciplines. The only variations would be in the assignment of proficiency levels and the decision of whether or not clinical competencies are appropriate. The core competencies have been divided into the following four categories which represent broad subject areas and the separation of the competencies related to direct patient care:

- Emergency Management Principles
- Terrorism and Public Health Emergency Preparedness
- Public Health Surveillance and Response
- Patient Care for Disasters, Terrorism and Public Health Emergencies.

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(A162) Preparing Plans! Helping First Responders Prepare the Population

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It is common knowledge that having an individual or family disaster plan is vital for saving lives and property before, during and after a disaster. First responders have the daunting task of helping many people during a disaster. It would make their jobs easier if people had disaster plans before a disaster. However, for a variety of reasons, few people have a disaster plan. People often do not develop disaster plans due to the time required to devise a plan, a lack of knowledge of the benefits of having a plan, or the effort required for the primarily manual process of developing a disaster plan. Wilberforce University has designed a solution called Wilberforce's Information Library Boosting Emergency Recovery (WILBER) which is a customized, online tool to quickly and automatically generate disaster plans to help save lives and property as well as mitigate the impacts of a potential disaster. WILBER utilizes an interdisciplinary approach to automatically generate a basic disaster preparedness plan. The system addresses a wide range of disasters but focuses on floods, earthquakes and technological disasters such as terrorism and nuclear disasters. WILBER automatically processes locally relevant data intelligently and combines mathematical analysis; distributed computing; individual and business risk management; current and historical information from a comprehensive Geographical Information Systems (GIS) that includes

imagery, infrastructure, demographic, and environmental data; and wireless sensors for real time condition assessment. Not planning for a disaster only increases the potential magnitude of a disaster. WILBER allows citizens to quickly establish immediate procedures in the event of an emergency which in turn can lessen the burden on first responders and reduces the likelihood of loss of life. This research is funded by the Department of Energy's National Nuclear Security Administration and conducted by the Wilberforce University Disaster Recovery Center in Wilberforce, Ohio, USA.

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(A163) Hospital Evacuation Plan

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Introduction: Hospitals, as one major cornerstone of contingency planning, are often expected to be fully functional during a major incident. However, the continuous streamlining of today's healthcare system with a constrained economy, lean production principles and increasing complexity together with changing levels of the threats may result in an evacuation, should hospitals themselves be the targets for a disastrous action.

Objective: The aims of this study were 1) to evaluate an appropriate risk and vulnerability analysis model as a basis for hospital evacuation plan, 2) to identify hazards triggering an evacuation 3) to evaluate the response needed in an evacuation situation and 4) to clarify the impact of such an evacuation plan on the ordinary emergency medical plan.

Material and Methods: A systematic online literature search based on the following keywords; evacuation/closure, hospitals/medical facilities, and disaster/hazards; alone or with planning, and also a risk and vulnerability analysis as a case study at the hospital in Lidköping, Sweden, were conducted.

Results: Our findings indicate that hospitals are vulnerable to different risks such as technological dysfunctions, climate changes and terror actions, which can result in an evacuation of patients. In such a situation, well functional transport organization and availability of temporary facilities along with good communication are necessities to assure patient safety. Such functional abilities may be assessed by planning, education and continuous training.

Discussion and Conclusion: There is a need for an elaborated evacuation planning for hospitals. Such plan should continuously be drilled based on a risk and vulnerability analysis and be integrated in the ordinary medical emergency plan. Simulations of different scenarios are one way to determine risks and identify proper actions before a major incident or disaster strikes.

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(A163a) Gold-Medal Performance: “Operational Readiness Assessments” for High-Risk Workplaces

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This presentation will demonstrate that the use of an “Operational Readiness Assessment” was successful in identifying high-