

the inclusion of disaster medicine in the core, health-based initiatives in Afghanistan and developing countries within the South East Asia Region.

**Keywords:** Afghanistan; coordination; disaster; emergency health; neglect; preparedness

*Prehosp Disast Med* 2007;22(2):s119–s120

### (200) Thessaloniki EMS Mass-Casualty Preparedness System: Resources and Structure

*D. Ekklesiarchos,<sup>1</sup> K. Fortounis,<sup>2</sup> A. Christodoulou,<sup>2</sup> K. Iliades,<sup>2</sup> C. Matsikoudi,<sup>2</sup> D.M. Boultis<sup>2</sup>*

1. Poligiros, Greece
2. Emergency Medical Services Thessaloniki, Thessaloniki, Greece

**Introduction:** The Emergency Medical Services (EMS) of Thessaloniki serves a population of 1,000,000 on a daily basis for routine emergency circumstances. In cases of mass-casualty incidents (MCI), there is an emerging need of larger scale planning to meet the requirements of the expanded area of Northern Greece.

**Aim:** To present the Mass-Casualty Preparedness System (MCPS) of the Thessaloniki EMS.

**Methods:** All emergency physicians (10–15) and 50 paramedics are involved on a voluntary basis under a plan of rapid response with the use of a waterfall pattern of activation, where each member must activate two others using a checklist.

A sufficient number, depending on the severity of the MCI, of basic life support (BLS) ambulances, Mobile Emergency Care Units, and five special vehicles are available. These include: (1) one Mobile Dispatch Vehicle (with three very high frequency and one Ultra High Frequency receivers, two cell phones, one satellite phone, six telephone lines, one Television-Video set, two laptop-scanner-printer-cameras, and one diesel generator); (2) one Radiation, Biological, Chemical (RBC) Vehicle (with 15 sets of personal protective equipment (PPE) Type B, one chemical agent monitor, 60 paper chemical detectors, four victims isolation boxes, 60 kits for garment and skin decontamination, one decontamination device, and 2 portable showers); (3) one High Capacity Mobile Emergency Care Unit (with five ventilators, advanced life support (ALS) equipment for 20 victims, triage kits, and one diesel generator); and (4) two trucks for general transportation purposes.

Full-scale exercises with the participation of the fire department and civil protection authorities take place at regular intervals.

**Conclusion:** The Mass-Casualty Preparedness System (MCPS) of the Thessaloniki EMS is a promising new tool, but is in need of further validation.

**Keywords:** emergency medical services (EMS); emergency vehicles; mass-casualty incidents; Mass-Casualty Preparedness System; resources

*Prehosp Disast Med* 2007;22(2):s120

### (121) Selling Disaster Preparedness to the Public: Why Are They Not Buying?

*A.L. Garrett,<sup>1</sup> D.M. Abramson,<sup>2</sup> I. Redlener<sup>2</sup>*

1. Columbia University, New York, New York USA
2. National Center for Disaster Preparedness, New York, New York USA

Annual surveys conducted by the National Center for Disaster Preparedness and the Marist College, both in New York, have established a low level of disaster preparedness activities among US citizens, despite aggressive messaging from authorities and a climate of fear that should promote this type of activity. The authors will present an overview of the types of preparedness messaging that exists in the US, as well as a summary of the longitudinal data. To encourage citizens to make a behavioral change towards greater preparedness, it may be beneficial to explore the problem using a similar approach as other lifestyle modifications, such as smoking cessation or weight loss. Through the application of the established Stages of Change (Transtheoretical) Model, the barriers that likely are preventing higher levels of citizen preparedness can be described and understood better. More effective messaging also can be developed. The Stages of Change Model suggests that individuals who are contemplating a behavioral change (in this case, to take steps toward emergency preparedness for themselves and their family) would fall into one of five “stages”, namely: (1) precontemplation; (2) contemplation; (3) preparation; (4) action; and (5) maintenance. Moving individuals from one stage to the next towards a goal of preparedness likely requires a specific approach to be most effective. The current plan of “one size fits all” messaging may be missing an opportunity to motivate as many citizens as possible to develop a family preparedness plan.

**Keywords:** disaster preparedness; family preparedness plan; messaging; public awareness

*Prehosp Disast Med* 2007;22(2):s120

### (202) Hospital Disaster Planning—Critical Elements for Success

*D.L. Dixon*

Western Health, Victoria, Australia

Implementing a comprehensive disaster plan is essential in order to ensure the safety and best outcomes for patients and staff in unexpected and unusual circumstances, when resources and capability are stretched beyond normal operations. Public awareness and expectations dictate the necessity of such a plan for all hospitals, and help to evaluate the effectiveness of implementation of the plan after the event.

Incident response can be described in three phases: (1) stand-by; (2) activation; and (3) stand-down. Action cards outlining staff roles in each phase are beneficial. Developing a clear understanding of an almost militaristic chain of command structure is essential for hospital staff, as it enhances the communication and reporting processes.

A Hospital Management Team must be established. Nominated members allow for appropriate authority to be available at all times. Liaison with external agencies such as

local government or emergency services should be delegated to a member of this team to ensure resource coordination and approach integration where necessary. The location of this team also requires significant planning, and requirements like communications, space, signage, and equipment are addressed.

In addition, plans should include processes for incident notification and activation, staff management, casualty registration and management, media and resource/supply management, crowd control and perimeter security, documentation, and evidentiary care expectations.

Developing a hospital disaster plan is a challenging task that relies on the use of a strategic framework for success. This presentation will highlight critical elements to be considered in hospital disaster planning identified within the Western Health Service in Melbourne, Australia.

**Keywords:** disaster; effectiveness; hospital; planning; process; team  
*Prehosp Disast Med* 2007;22(2):s120–s121

### (203) Development of the Local Disaster Medical Assistance Team System in a Local Government and the Tohoku Region of Japan

K. Morino,<sup>1</sup> H. Henmi,<sup>2</sup> M. Honma,<sup>2</sup> Y. Otomo,<sup>3</sup> H. Kondo,<sup>4</sup> S. Yamanouchi,<sup>5</sup> T. Kenichiro,<sup>1</sup> Y. Tsujimoto<sup>1</sup>

1. Yamagata Prefectural Medical Center for Emergency, Yamagata City, Japan
2. National Disaster Medical Center, Tokyo, Japan
3. Tokyo Medical and Dental University, Tokyo, Japan
4. Nippon Medical School, Tokyo, Japan
5. Tohoku University, Sendai, Japan

Ever since the Kobe earthquake, Japan has authorized hospitals that treat disaster victims; presently 550 hospitals are authorized. However, the level of preparedness of each individual hospital differs. Some authorized hospitals do not even train for disasters. In addition, only a few local governments mandates require evaluation of the disaster medical system. Disaster Medical Assistance Teams (DMATS) are based at the disaster hospitals, but the role of DMATs (except for the Tokyo DMAT) mainly is focused on nationwide aircraft evacuation—no local DMAT system copes with local accidents or disasters. The local disaster management system is not sufficient in Japan, the disaster hospitals and DMATs are not able to function in actual disasters. In view of this situation, the local government has organized “Yamagata Prefectural Disaster Medical Hospital Communication Coordination Conference (YDMC)”, and developed a communication and coordination system, an education system, and a local DMAT system that copes with local accidents or disasters (Yamagata DMAT). The same system will be developed in the Tohoku Region to improve the relationship of the the inter-local DMATs.

**Keywords:** disaster medical assistance team; hospital; Japan; government; preparedness  
*Prehosp Disast Med* 2007;22(2):s121

### (204) Orthopedic Preparedness vis-a-vis Capacity Development: Observations from a Tsunami Medical Relief Camp in India

J.P. Prakash,<sup>1</sup> K.M. Shyamprasad,<sup>2</sup> U.G. Gauthamdas,<sup>3</sup> J.S. Prakash<sup>1</sup>

1. Christian Medical College & Hospital, Ludhiana, India
2. National Lutheran Health & Medical Board, Chennai, India
3. Academy for Disaster Management-ADEPT, Chennai, India

**Introduction:** The 26 December 2004 Asian Tsunami impacted the world in many ways.

Over 220,000 lives were lost and properties and infrastructure worth billions of dollars were destroyed in 12 countries.

**Methods:** After obtaining mandatory governmental approvals, a Tsunami Medical Relief Camp became operational on 07 January 2005 at the Bishop Peter Teachers Training Institute at Devenampattinam, Cuddalore district, Tamilnadu, India. International, interdenominational Christian donor agencies partnered with the Christian Medical College & Hospital (Ludhiana), National Lutheran Health & Medical Board (Chennai), Christoffel Blinden Mission International, CSI Somervel Medical College (Karakonam), Joseph's Eye Hospital (Trichy), Bethesda Hospital (Ambur), Academy of Disaster Management—Education, Planning, and Training (ADEPT, Chennai), and Martin Luther Christian University (Shillong) India.

**Results:** Data from patients undergoing orthopedic surgery and other procedures performed at the Camp will be presented.

**Conclusion:** Although the partners/volunteers had varied prior experiences in working during various disasters and mass casualty incidents, observations and the analysis of the data collected from the Tsunami Medical Relief Camp led to the conclusion that further research on orthopedic preparedness and other aspects of capacity development is necessary.

**Keywords:** capacity development; disaster; donors; medical relief camp; orthopedic; preparedness; Tsunami

*Prehosp Disast Med* 2007;22(2):s121

### (205) Importance of Population Self-Sustainability in Crisis Situations

C. Motz

Fylgiur, Bushcraft, Trekking and Wildmed, Rotterdam/Zuid Holland, The Netherlands

In the current age of fast technological advancement and globalization, there is an increasing awareness of the disasters occurring around the world. The increasing world population, changes in the environment caused by the exhaustion of natural resources, and the increasing imbalance in the distribution of assets are either direct or indirect results of humanity.

For the most part, disaster and crisis management, especially in the developed world, have mostly been addressed through crisis-prevention programs by the government and supporting governmental bodies. These programs have been entrusted with the task of protecting the