

Classification System for Hospital Surge Capacity

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Introduction: A mutually agreed upon classification system with basic norms is necessary to compare and consolidate the surge capacity of hospitals for disaster preparedness planning.

Methods: A simple, uniform classification system to determine the surge capacity of a hospital with basic norms attached to each grouping is suggested based on empirical experience in South African hospitals. This has been implemented to determine the surge capacity of hospitals in preparation for the 2010 World Cup Soccer Tournament in South Africa.

The paper will provide an overview of the classification system as well as the norms used to classify space and facilities.

Results: An effective, flexible, practical classification system for use in both civilian and military hospital facilities allows hospitals to provide comparable data for a central planning database for disaster planning. However, this system only addresses space and not capabilities or staff.

Conclusions: Based on the classification system surge capacity, space can be classified and capabilities compared, allowing more effective planning for the distribution of patients during a disaster.

Keywords: patient distribution; preparedness; surge capacity
Prehosp Disast Med 2009;24(2):s97

The European Community Mechanism for Major Emergencies

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The European Union decided to establish a community mechanism for the civil protection assistance in case of a disaster inside the EU or for an outside state requesting assistance. This mechanism is intended to provide urgent support in the event of major emergencies or imminent threat thereof.

The European mechanism is under the control of the Monitoring Information Centre (MIC). The first step was to establish and manage a common emergency communication and information system. Second, intervention teams and intervention support available in the EU member-states were determined. The difference of language and civil protection culture needed to establish a common training program for intervention teams, experts, and assessment and coordination teams. The mechanism is activated when a member-state or other country requests help, or if a transboundary emergency is notified. The MIC collects validated information on the disaster, informs the participating states, and mobilizes teams of experts and coordinators for assessments. The states check their capacities and respond to the MIC. The affected country is informed and selects the entering responders. The coordination of the EU teams is done by the assessment and coordination team at the on-site operation command center. When the North Atlantic

Trade Organization (NATO) or United Nations teams also are involved, there is an international coordination with the Office for the Coordination of Humanitarian Affairs and NATO command. The EU mechanism is presented through examples from in and out of Europe and will focus on difficulties, but also show the benefits for European teams of the common training programs.

Keywords: assessment team; Community Mechanism for Cooperation in Civil Protection European Union; coordinator; Monitoring Information Centre; experts

Prehosp Disast Med 2009;24(2):s97

Disaster Risk-Reduction Efforts and Factors Affecting Flood Disaster Management: A Case Study of Katakwi District-Olupe and Ngariam Camps

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Objectives: To establish factors that affected flood disaster management in Katakwi district.

Methods: The study focused on 238 randomly selected internally displaced camp residents. Key informant interviews were conducted and were analyzed qualitatively to assess issues that impeded successful mitigation of flood disasters.

Results: The continued degradation of wetlands for crop cultivation, along with cattle over-grazing partly were responsible for increased flooding during the rainy seasons and the drought during dry seasons. The absence of accessible micro-finance credit schemes to support the recovery efforts of the communities drastically undermined measures to reduce the impact of floods. The district lacked contingency plans to show the risks and likelihood of related disasters and their potential effects at the community level. This impeded disaster management and preparedness. Neither the government of Uganda nor the local government of Katakwi district earmarked emergency funds for disaster response practically. The affected communities had no storage facilities for emergency relief items such as medicine and food. The idea of having community-level food stores and granaries died out, and this amplified the flood disaster with famine conditions, making disaster management difficult. The poor nature of the community's temporary mud bricks and wattle-roofed huts exacerbated the impact of the floods. Many huts were washed down, prompting the need for more relief items such as tents, which strained the relief efforts further.

Conclusions: A gross lack of awareness at the community level and lack of alternative means of livelihood that do not constrain non-renewable resources have provoked a greater risk to disasters caused by natural hazards in the district.

Keywords: disaster; floods; preparedness; risk reduction; Uganda
Prehosp Disast Med 2009;24(2):s97

Readiness to Confront Disaster: Families and the Disabled Speak Out

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Introduction: Healthcare needs of disabled persons often are underserved during disasters. It is unknown how fami-

lies plan to care for disabled members until help arrives. This study examined the readiness of disabled persons and their families to survive in time of calamity, and identified their concerns about the preparedness of their communities to meet their needs during a disaster.

Methods: Focus groups were held with 50 English-speaking adults with special needs and/or their family members in the southeastern United States; one-on-one interviews were conducted with 10 persons meeting the same criteria. Participants were asked to: (1) describe their concerns about caring for themselves/family members during a disaster; (2) identify steps they had taken to prepare themselves to be self-sufficient for at least three days post-event; (3) describe barriers to and facilitators of personal preparedness; and (4) discuss expectations of their communities to respond to their needs. Phenomenological interviews gave responders the opportunity to discuss their concerns in detail.

Results: Participants were largely unprepared for a disaster, and as a result, were anxious. Barriers included: (1) cost; (2) lack of space for storage; (3) insurance limitations on extra medication or supplies; (4) reliance on community or federal agencies; (5) assumptions about disaster planners' knowledge of disability needs; and (6) lack of time to think about disaster plans. Facilitation included interventions by disaster advocacy groups.

Conclusions: Health policies must target ways to help families to help themselves through education, insurance allowance for preparedness supplies, and realistic suggestions for planning. Advocacy groups must include disaster planning in routinely provided information. Inadequate preparedness places lives in jeopardy and complicates disaster response.

Keywords: disabled persons; disaster; disaster management; healthcare needs; preparedness

Prehosp Disast Med 2009;24(2):s97–s98

Long-Term Accommodation for Evacuated Residents of Nursing Homes

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The gruesome scenes in nursing homes following Hurricane Katrina horrified even hardened disaster veterans. There were many disturbing stories of nursing homes without evacuation plans, and existing plans that have never been tested. During disasters, administrators of assisted healthcare facilities and nursing homes, are faced with decisions on how, when, where and to evacuate the elderly. Who is responsible? How is this organized?

Evacuation planning can be problematic for nursing homes. Many residents cannot walk, and some may have dementia and need a secure and safe place to be relocated. This can limit the available accommodations.

Well-practiced disaster plans and all-hazards emergency management services will save many lives. Control, command, communication, and coordination are the key elements for a successful evacuation of elderly residents from nursing homes and assisted care facilities. What lessons has the world learned since Hurricane Katrina? What plans do the health department, owners and managers of nursing homes and assisted care facilities have in place

to ensure that a repeat of the poor response and planning seen during Hurricane Katrina never happens in any other part of the world.

Keywords: assisted care facilities; Hurricane Katrina; nursing homes; planning; preparedness
Prehosp Disast Med 2009;24(2):s98

Emergency Preparedness for Various Threats

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Introduction: Hospitals are required to develop preparedness to various threats. As maintaining preparedness is complicated and expensive, it might be valuable to determine the relationship between preparedness for different threats. This study investigated these relationships overall and between different components of preparedness.

Methods: A standardized tool was developed in order to evaluate the preparedness levels of hospitals to mass-casualty incidents (MCIs), mass toxicological/chemical events (MTEs), and communicable diseases. Utilizing the evaluation tool, the overall and different components of the preparedness of all general hospitals were measured. The relationships between the preparedness for the different threats was explored.

Results: A comparison of the overall preparedness for the different threats showed a positive relationship. Correlations were found between standard operating procedures (SOPs) for MCIs to preparedness for MTEs and for communicable diseases. A strong correlation was found between training and drills to the overall preparedness for MCIs, MTEs, and communicable diseases.

Conclusions: Preparedness for MCEs relates to the preparedness for other threats, which suggests that basic MCE preparedness may contribute towards achieving preparedness for other threats. Standard operation procedures appear to be an important element in the preparedness process especially for unfamiliar threats. Education and training are very important in maintaining preparedness for different threats.

Keywords: hospital; mass-casualty incident; preparedness; threat
Prehosp Disast Med 2009;24(2):s98

Exploring the Emergency Preparedness Competencies of Disaster Healthcare Responders during Hurricanes Katrina and Rita

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Introduction: Despite consensus that preparation is key to effective disaster response, little published data exists about what preparation is required or how to best accomplish the transition to disaster healthcare provider. This study identifies and analyzes critical issues related to emergency preparedness through the Meleis' Transition Framework.

Methods: In 2007, nurses and doctors who responded to Hurricanes Katrina and/or Rita were invited to complete an Institutional Review Board approved, anonymous, 544-