

**(A60) Collection of Disaster Information in the Emergency Phase: An NGO View**Y. Takada,<sup>1</sup> T. Ukai<sup>2</sup>

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**Background:** In a disaster, the most important information for those in the international disaster response community is that about the exact place and scale. However, problems with communication networks and the complexity of the disaster information can make collection difficult. The United Nations Office for the Coordination of Humanitarian Affairs provides information about the situation in the affected country on its websites; Virtual On-Site Operations Coordination Center (V-OSOCC), One Response (OR) and ReliefWeb (RW). The positive and negative characteristics of these websites are discussed from the viewpoint of a medical non-governmental organization (NGO).

**Results:** V-OSOCC is a platform for disaster response personnel in around the world. Disaster coordination information is shared interactively on a mimic board. This information is sent in E-mails and SMS in real time. OR is a collaborative inter-agency website, designed to enhance coordination of humanitarian responses within the cluster approach. Public documents such as situation and assessment reports, maps, meeting schedules, and contact lists can be viewed. RW provides a wide range of information, not only about disasters but also about humanitarian emergencies. However, this website does not provide information such as contact lists for direct use in relief work.

**Discussion:** These websites are considered from the viewpoint of a medical NGO. V-OSOCC can share information related to urban search and rescue in real time, but there is no coordination of medical teams. Thus, each medical team has to participate in health cluster meetings on site. OR is more convenient than V-OSOCC for health cluster members because it provides more detail, with updated situation and assessment reports and meeting schedules. However, such reports do not show needs at the community level. RW is suitable for institutions such as libraries, which generally collect academic information.

**Conclusion:** The websites discussed here are useful for collecting disaster information; however, they do not have information about community-level needs. Therefore, needs assessment has to be undertaken within affected communities.

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**(A61) Utstein-Style Template for Uniform Reporting of Medical Response in Disasters and Health Crises**M. Debacker,<sup>1</sup> Emdm Academy Consensus Group<sup>2</sup>

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**Introduction:** As in other branches of medicine, disaster medicine needs a scientific basis. A disaster medical response is only as good as the assumptions on which it is based. Many of these assumptions are incorrect and/or are not based on systematically collected evidence. Although guidelines for evaluation and research on health disaster management and guidelines for reports on health crises and critical health events have been published, no

uniform template for collecting empirical data on medical care response in disaster situations have been published.

**Method:** An EMDM Academy Consensus Group was established representing several disaster medicine research centers, the disaster medicine section of the European Society for Emergency Medicine (EuSEM), the World Association for Disaster and Emergency Medicine (WADEM), and the World Health Organization WHO. The Consensus Group decided to limit the project to the acute medical care response. The project was organized around a series of workshops, which created a forum for the presentation, analysis, and listing of descriptors (variables) and their indicators relevant for the disaster medical response. An adapted Delphi method and the Utstein-style method were used to reach consensus on the descriptors and indicators.

**Results:** A uniform template of describing pre-event, event, medical response and outcome variables and their indicators relevant for evaluation and research on the disaster medical response have been developed, including the agreement on standard definitions.

**Conclusion:** A uniform reporting template and method are essential to gather empirical data on disaster medical response management in order to establish robust databases allowing disaster medical response investigators and researchers to collect evidence that will impact on response outcomes and provide best practice.

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**(A62) Real World Event Data Collection and Analysis for after Action Reporting**

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**Background:** In response to recent real world events impacting public health and medical services, The Yale New Haven Center for Emergency Preparedness and Disaster Response (YNH-CEPDR) has developed a methodology for collection and analysis for after action reporting of response operation effectiveness. This process has been implemented to multiple real-world events including the 2009/2010 H1N1 response activities. This method utilizes the US Department of Homeland Security Exercise and Evaluation Program (HSEEP) doctrine for the collection of response information, analysis and development of After Action Reports.

**Objectives:** In this session, participants will be introduced to data collection methods that include a combination of onsite response evaluation by subject matter experts applying a set of established operational response objectives, targeted web-based surveys collecting both qualitative and quantitative data regarding public health and medical staff opinions regarding response operations and achievement of objectives. Also introduced will be focus group interviews to determine response successes, opportunities and recommendations for improvement. This session will also provide an overview on the utilization of additional data sources including situational status reports, press releases, incident action plans and meeting minutes. In addition to providing a framework for developing a comprehensive After