

Discussion: Cultural competence is a model that gives the impression that healthcare professionals can develop culturally competent care; however, it masks the impossibility of achieving such an advance. This over-presumptuous model promotes the idea that Western emergency healthcare professionals can learn CALD health beliefs, yet it belies a lifetime of cultural learning which constructs and confirms culturally nuanced perspectives about health.

Conclusion: The usefulness of cultural competence is seen best as part of a developmental continuum. Now is the time to move beyond cultural competence and to develop a more contemporary model that affirms the need for Western emergency healthcare professionals to unpack their own cultural heritage and healthcare beliefs before encountering other cultures. Such a development moves caring across cultures from the myth of competence to an undertaking of responsiveness.

Keywords: cultural competence; cross-cultural care; health care; Australia

Prehosp Disast Med 2007;22(2):s20–s21

(26) Pioneer of Disaster Medicine and Hospital Disaster Planning Education in Turkey: Emergency Medicine Association of Turkey (EMAT)

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The First Emergency Medicine Residency programme in Turkey was established in 1993, and the Emergency Medicine Association of Turkey (EMAT) was founded in 1995.

The Marmara earthquakes of 1999 were a milestone for EMAT's disaster organization and education. After experiencing these two earthquakes, the EMAT delivered limited health care and had the opportunity to observe a real disaster area. The first studies conducted by EMAT on disaster medicine after these earthquakes were on field triage drills.

In 2000, EMAT and Dokuz Eylul University cooperated to design a course for hospital disaster planning. Experts from the US were involved in this process and a well-known hospital disaster plan (HEICS) was adapted for Turkey.

Between 2000 and 2003, the EMAT organized 15, one-day courses on the hospital disaster plan with >1500 attendees. In 2005, the EMAT developed a new, two-day course for hospital disaster planning that included information about the process of building a disaster plan, such as risk analysis, evacuation, and mitigation. The EMAT, with local authorities, decided to open disaster meeting centers in six major districts of Izmir, in order to deliver first-aid and health care with its volunteers.

Overall, two disaster meeting drills and five field triage drills were organized between 1999 and 2003. A one-day seminar in 2003 on nuclear, biological, or chemical disasters also took place. Furthermore, the EMAT organized short briefings and printed materials with information about disasters for distribution in the schools and to the public. Now, EMAT is working on a standardized disaster plan for the whole country, while continuing to conduct courses on disaster medicine.

Keywords: disaster courses; emergency medicine; Marmara earthquakes; preparedness; Turkey

Prehosp Disast Med 2007;22(2):s21

(27) Hospital Structural and Functional Assessments after Earthquakes: A Training Module for Hospital Administrators and Emergency Managers

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Background: Hospitals should remain functional during disasters. A group of experts composed of engineers, administrators, and clinicians from Asia came together to develop a teaching module to prepare hospital staff for disasters. The objective of this study is to review a locally developed disaster course used to train non-engineers on the use of simple tools for the assessment of structural damage and functional collapse.

Methods: The methodology employed was to review the curriculum development and implementation, as well as the hospital preparedness for emergencies, and/or the Hospital Emergency Preparedness and Response Course.

Results: In the aftermath of past earthquakes, most hospitals were unduly evacuated, and that this made care giving very difficult for both the patients and the healthcare staff. After being taught how to use the assessment tools including several instructional models, hospital administrators realized that hospital evacuation is not always the correct response during a disaster. Also, several aspects of the functional status of a hospital can be cause for an evacuation. It is recommended that engineers and clinicians undertake more collaboration and cooperation to help improve health care after earthquakes and disasters.

Keywords: assessments; damage; functional status; hospitals; training

Prehosp Disast Med 2007;22(2):s21

(28) PLESCAMAC (INTERREG III B)

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Objective: The purpose of this project is to train and coordinate the development and management of plans for health emergencies and/or disasters in the Macaronesia region. It also promotes the development of contingency plans for accidents that result in multiple victims. Another of its goals is to create of a support network that is capable of deploying persons and equipment for a disaster response. Also, this training could be used to support other regions and countries that lack the necessary resources, personnel, and infrastructures

Methods: This project consists of a series of carefully planned actions: (1) participation in an international forum; (2) holding four work meetings with all of the project partners; (3) holding of a final meeting to draw conclusions and identify results of the project; (4) accomplishing of research and development (studying and designing health models in case of catastrophes, and studying the locations best adapted for the deployment of material); (5) the accomplishment of a plan for multi-level education; and (6) the buy of four tons of assistance to multiple victims.

Conclusion: Disasters require policies which optimize resources in the event of a disaster, as well as multidisciplinary teams that are properly trained, and specific material for use in the immediate interventions.

Prehosp Disast Med 2007;22(2):s21–s22

(29) Emergency Medical Technician/Paramedic Training in Europe: An Integrated Level of Training is Yet to be Seen

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Introduction: Currently, there are many different systems of ambulance services in Europe; there is no integrated level of training for the paramedical specialist staff. In countries with an emergency doctor system, most levels of training of these staff members are bad or insufficient. In comparison, the level of training with paramedic systems seems good or excellent.

Methods: Lectures were presented on the subject of ambulance services during several conferences in Europe. Trainers and members of professional associations were questioned in person or by telephone communication about their respective level of training during these conferences. Furthermore, ambulance trainings have been evaluated and analyzed during the licensing processes. The development of special lessons for ambulance staff in several European countries was compiled in this study.

Results: The professional guidelines of the different countries have developed rapidly in the last years; however, the extent of training provided has not always met the requirements. This often obstructs the possibilities in developing special professions. In countries with large numbers of volunteers in the public ambulance service, the training level often is low.

Conclusions: In Europe, there is no integrated regulation of emergency medical support by paramedical specialist staff. External influences are guiding the development of training and skill levels. This may result in problems for the European licensing processes and may make the realization of European guidelines to mutual acceptance of diplomas more difficult.

Keywords: ambulance; emergency medicine; Europe; paramedic; training

Prehosp Disast Med 2007;22(2):s22

(30) Disaster Plan Exercise in a Military Medical Academy in Turkey, 2005

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The greatest potential causes of disasters in Turkey are earthquakes. Due to the massive numbers of injured persons that occur after earthquakes, a large number of injured are taken to the hospitals at the same time. Triage is performed in line with the prepared "Hospital Disaster Plans": urgent patients are admitted to the hospital with priority, which helps to decrease mortality and morbidity.

In June 2005, a Hospital Disaster Plan (HDP) Exercise was organized in Gulhane Military Medical Academy Training Hospital, Ankara. The subjects for the simulation were students from the Military Faculty of Medicine, Nursing High School, and Vocational High School of Health. Make-up for the injuries was done using a moulage kit and make-up kit. A triage team and area officials were selected from the volunteer hospital personnel. According to the scenario, after the earthquake, 1,000 injured persons were transported to the hospital via land and air ambulances. The HDP was activated. According to the scenario, 30 injured with the suspicion of chemical contamination were subjected to the decontamination procedure. The decisions of the triage team were evaluated after the exercise through an examination. After the exercise, a feedback meeting was convened and the lessons learned were assessed. It has been suggested that such exercises will enhance the success of the organizations in hospitals receiving mass injuries.

Keywords: drills; earthquakes; hospital; preparedness; triage

Prehosp Disast Med 2007;22(2):s22

(31) Training Course for the Iraq Management System for Emergency Medical Services

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Introduction: In Iraq, number of injured patients are increasing due to the aggravated security. In addition, the emergency medical services system that collapsed during the war, still does not function. There is a deficiency of emergency medical specialists and paramedics. Above all, improving the management of the emergency medical services system, training emergency medical specialists and paramedics is urgent.

Objective: The purpose of this study was to establish guidelines and create an effective management system for prehospital care, hospital care, and disaster medicine in each Iraqi prefecture. Therefore, 24 emergency physicians were invited to provide emergency medical services management system training.

Methods: In order to understand the present conditions/problems of the Iraqi system, participants learned about the emergency medical services management system in Japan, and established a plan of action to build a basic emergency care system in each prefecture of Iraq. Two four-week classes were provided in Japan (2006 September, December).

Results: Based on the results of the training, an action plan for a basic emergency medical services system was established at the Ministry of Health and at each prefecture level.

Discussion: A follow-up of the results of the training should be conducted in the future. In addition, the means to perform an action plan while the security problem is not resolved, remains an issue.

Keywords: emergency medical services; Iraq; management; plan; security; training

Prehosp Disast Med 2007;22(2):s22