

Results: The average age of the 84 women from 50 families surveyed was 38.2 years. Of the participants, 25.9% scored above the cut-off for post-traumatic stress disorder. History of having a previous Pap smear and mammography was low (34.1% and 5.3%, respectively). Sponsor groups identified issues of dental and prenatal care needs, missing medical records, finding family physicians accepting new patients, language barriers in receiving healthcare services, cultural differences in the role of women in their healthcare decisions, mental health issues relating to traumatic experiences, and confusion and delays concerning government reimbursement to dentists, optometrists, and pharmacists. **Conclusions:** Physicians providing care to refugee women in host countries should be aware that standard preventive screening rates are low and mental health issues are prevalent. Most host countries have some sort of sponsorship program that provides a valuable source of information for understanding the health needs of new refugees.

Keywords: Canada; health issues; Kosovo refugees; sponsor groups; women refugees

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(209) Securing Safety—Leadership in Pandemic Preparedness for the Prehospital Environment

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Introduction: Queensland Ambulance Service (QAS) is the fourth largest ambulance service in the world. The QAS provides statewide coverage to an area of 1.77 million km² from 282 service locations serviced by 2,800 clinically active staff. Queensland's northern border is geographically close to areas of Southeast Asia affected by Avian Influenza, a concern given Queensland's high tourist population.

Methods: Since early 2006, the Australian Centre for Prehospital Research has been leading a national collaborative research consortium examining risk perception among paramedics. The research group also is examining new opportunities for the emergency prehospital sector to contribute to early warning and surveillance systems for infectious disease, particularly pandemic influenza.

Results: Preliminary results from focus groups and the national paramedic surveys emphasize that paramedics place the most emphasis on ensuring that personal protective equipment, new operational standards, and communications strategies for working in infectious disease environments ensure the highest possible levels of safety and information exchange.

Conclusion: This work complements proactive strategies being implemented in Queensland to secure the safety of paramedics who may be required to work in these and other biohazardous conditions. This includes the introduction of the Scott M98 Air Purifying Respirator into service for operational staff on a personal need basis. A state-wide fit testing program has commenced and the development of other safety strategies will be guided by the results of the national survey. The survey results also will better inform

staff as it builds on the QAS State Chemical, Biological and Radiological Awareness package implemented in 2005.

Keywords: infectious disease; paramedics; preparedness; Queensland Ambulance Service; risk perception

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Oral Presentations—Topic 13: Public Health

Session 1

Chairs: M. Hoejenbos; Knut-Ole Sundnes

Outsourcing Public Health Emergency Drills and Exercises

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In the wake of 11 September 2001, the United States Department of Health and Human Services (DHHS), through the Centers for Disease Control and Prevention (CDC) and the Health Resources Services Administration (HRSA), provided millions of dollars to assist state, local, and territorial health departments to increase their respective capacities to respond to bioterrorism and other public health emergencies. This funding has allowed public health agencies across the country to develop and test emergency preparedness and response plans. Although the development of these plans has occurred within health departments, the testing of the plans has, on occasion, been outsourced to private contractors. The authors provide guidance to public health organizations by assessing the capacity of contractors to develop and implement emergency preparedness exercises. This presentation will illustrate key points about the need for or use of a consultant, and the use of available resources when planning an emergency exercise. An outcome evaluation on the utility of the guide in state and local public health agencies also is discussed.

Key issues that will be addressed include: (1) identification of the needs of a local agency for a consultant when planning an emergency exercise; (2) recognition of the key public health agency decision-making points in contracting for an exercise; and (3) identification of available resources in public health emergency response exercises that might inform contractor decision-making.

Keywords: drills; emergency; exercises; outsourcing; public health

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Role of the Emergency Medical Services System as Part of Public Health Emergency Response

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Introduction: The emergency medical services (EMS) system is one of the key components in disaster, terrorism and public health emergency preparedness and response. Public health agencies typically provide regulatory oversight of emergency medical services. Recent studies have demonstrated the value of a EMS/public health partnership in

increasing a community's preparedness to disasters and other public health emergencies.

Methods: A nationally representative sample of the 203,465 basic and paramedic emergency medical service providers in the United States was surveyed to assess training in core areas of public health emergency preparedness. Additionally, a representative sample of all EMS agencies in the northern metropolitan New York City region were surveyed to determine their capacity to provide staffed ambulances to area hospitals during a disaster or public health emergency.

Results: A total of 62.5% of EMS providers surveyed stated they would be able to perform disease reporting while on-duty, in addition to their current job duties. 42.6% and 47.6% stated they would be able to perform symptom cluster recognition and reporting, and public health education, respectively.

Conclusions: There is good evidence that an EMS-public health partnership can enhance the overall effectiveness of the public health system during many types of disasters and emergencies. Emergency medical services providers could provide services and critical functions including vaccine administration, case and contact tracing, emergency communications surveillance, and increased surge capacity through health care facility evacuation and mass patient transportation.

Keywords: emergency medical services; partnership; public health; response; survey

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Health Emergency Preparedness in Small Islands and Archipelagos—Recommendations and Minimum Standards

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Introduction: Health emergency preparedness is a complex matter that demands a particular effort and attention, especially when considering certain geographical contexts, such as the case of small islands and archipelagos. The main purpose of the study was to develop an international expert consensus on recommendations and minimum standards of emergency preparedness in these areas.

Methods: An accelerated Delphi technique was planned to be run in two, or a maximum of three rounds. A pre-designed questionnaire consisting of 111 statements grouped into eight main issues was presented to a selected panel of representative experts from different geographical areas of the world. A seven-point Likert scale was employed to score their opinions. Two additional options included in the questionnaire were: (1) null for any statement considered to be absolutely inappropriate; and (2) pertinent statements and/or comments for further evaluation. Immediate consensus was also predefined.

Results: Immediate consensus was obtained for 53 (47.7%) of the statements at the end of the first round. Those statements achieving higher scores are presented by groups of main issues, as well those new ones that the international

experts had considered important to be included in the process for further evaluation.

Conclusions: Specific consideration should be given to health emergency preparedness, due to the multiple vulnerabilities and constraints in small islands and archipelagos. The findings of this study can be translated into an initial practical guide for use in such regions, in order to improve their levels of preparedness. Some areas were identified where further studies are required.

Keywords: archipelagos; Delphi technique; emergency health; preparedness; small islands; standards

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Self-Presenting Patients Attending an Emergency

Department: Perceptions of Healthcare Needs

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Introduction: Over the last decade, patient attendance in Emergency Departments (EDs) in the United Kingdom has increased by nearly two million visitors. New methods of working to improve access to health care and reduce the demand placed on EDs have been introduced. Despite these initiatives, there is little evidence that they have impacted on attendance for non-urgent health problems. The consulting behavior of patients was assessed in order to investigate this phenomenon.

Methods: An anonymous patient questionnaire was distributed in June 2006 to all adult patients who were categorized in a green/blue Manchester triage category. The questionnaire addressed previous contact with healthcare services (during that illness), awareness of other, walk-in care facilities, and perceived barriers to access to these services.

Results: A total of 561 (24%) questionnaires were returned. Thirty-nine percent of respondents had contact with another health professional or facility before going to the ED. A total of 132 patients (24%) perceived that they had been advised to attend the ED. Two-hundred eighty-nine (51.5%) did not know where their local walk-in center was located. A total of 239 patients (42.6%) stated they would consider seeing their general practitioner with their medical problem. Of these, 86 of the problems perceived involved the availability of primary care services, 29 stated that the ED was convenient, 29 that they had been advised to go to the ED by a health professional, and 27 perceived a need for services provided in the ED. One-hundred fifty-eight patients (28.2%) reported problems scheduling a primary care appointment.

Conclusions: Patients attend to the ED for a variety of reasons, including a: (1) perceived need for specialist services; (2) lack of awareness about other facilities; and (3) lack of access to other unscheduled care services. Any attempt to divert patients from ED will require a multi-faceted approach.

Keywords: demand; emergency department; health care; hospital; self-presenting patients

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