ty in virology laboratories globally. SARS has provided important lessons for future epidemic containment and continued vigilance is essential.

Keywords: control; diagnosis; epidemic; epidemiology; laboratories; restrictions; severe acute respiratory syndrome (SARS); surveillance; testing; World Health Organization (WHO)

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Quality Assurance for Red Cross Volunteers in Finland Maaret Castrén, MD, PhD

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A member of the Red Cross first-aid group can be participating in the activities for his or her own needs, just wanting to practice, or to maintain first-aid skills. A member also can assign himself to different tasks when needed. When a volunteer is hoping to practice or maintain his/her first-aid skills, the Red Cross cannot make demands on the quality; however, when the volunteer is bound for different tasks, the Red Cross demands an assurance of high quality.

An important element is that volunteers should be able to deal with a situation when something happens and provide help by using correct first aid, thus ensuring that a victim gets helped effectively.

Tasks can differ in different parts of Finland. Mainly, the tasks for the groups are: (1) first aid at large events; (2) first response as a part of the local emergency medical system; or (3) searches for missing people. In bigger accidents and catastrophes, volunteers can provide primary care (e.g., food, shelter, and psychosocial support).

Different tasks require different training. To ensure high quality when volunteers perform different tasks, the following recommendations must be considered: (1) all courses are valid for three years, and the instructors have to update their competencies every three years; (2) training courses have a competence-based approach: skills, behaviors, knowledge, and attitudes to perform a job effectively all are important parts of the courses; (3) all volunteers get continual monitoring, evaluation of their competencies, and assessment of practical skills; and (4) to get the certificate, the volunteer must perform skills in a competent manner that follow the guidelines.

As an example of the efforts of ensuring high performance quality among the volunteers, a study done last year will be described. The quality of basic life support was tested in recently trained volunteers and in volunteers in Uusimaa, who trained twice each month. Objective Structured Clinical Examination (OSCE), introduced by Harden and Gleeson, has been proven to be both a valid and reliable method to test the practical skills of the students. It was used in two different scenario-based training modes. The first scenario was a patient with ventricular fibrillation as the initial mode and the second scenario was a patient with asystole. A skills checklist was used to grade each pair. All together, 49 points were registered during both scenarios.

The important keys are to start action without hesitation and to build up the confidence of the performer during the training. The effects of frequent training of CPR-Defibrillator skills by lay persons could be seen when comparing the recently trained volunteers with a group of professional first aiders practicing every two weeks. The first aiders performed almost 100% correctly, which indicates the vital importance of continuous training and exercise of resuscitation skills.

The Red Cross requirements for volunteers who provide first-aid at big events are: (1) passing basic and advanced first-aid courses (16 + 16 hours); (2) passing a special first-aid course (12 hours) for the provision of first-aid at public events; and (3) being at least 18 years of age.

There are special courses for those who are planning the events, including risk management, communication, cooperation, etc. There are forms to ensure high performance quality among first-aid givers that provide information on how to make an agreement, what to monitor in the patients and that require all first-aid actions and observations of the patient be written down. Afterwards, the instructors provide feedback on how they performed and a plan on how to develop the skills further is produced. Continuous work for finding ways of better performances and better quality assurance is carried out, not only by the instructors, but by the whole organization in Finland.

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Keywords: cardiopulmonary resuscitation (CPR); competence; defibrilation; Finland; first aid; mass gatherings; performance; Red Cross; training; volunteers

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Nordic Cooperation in International Operations: Experiences from the Earthquake in Iran

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The main focus of this presentation was to determine how important well-functioning teamwork was in the field hospital provided by the Norwegian and the Finnish Red Cross following a major earthquake in Iran in December 2003. The area most affected was the ancient city of Bam, where 26,271 people were killed, approximately 30,000 were injured, and up to 75,000 were left homeless.

Given the scale and the scope of the disaster, the Government of the Islamic Republic of Iran and the Iranian Red Crescent Society (IRCS) formally requested international assistance. The IRCS provided a vital immediate response. In support of the IRCS, the International Federation of the Red Cross (IFRC) and Red Crescent Societies coordinated the deployment of an emergency response unit (ERU) field hospital. In addition, three basic healthcare ERUs, four water and sanitation ERUs, a logistic ERU, and a