

Training for Major Health Incidents: Developing a Training Course for Hospital-Based Health Care Workers on Preparing an Incident Action Plan

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Introduction: Emergency services, including emergency medical services organizations and hospitals in New Zealand have adopted an incident command system or coordinated incident management system (CIMS) to provide coordination and control for the emergency response to major incidents. Incident action plans (IAP) play an important role in the implementation of CIMS during major incidents.

Objective: This presentation describes the development of a training course for hospital-based healthcare workers on the preparation of an IAP.

Methods: Developing the training course included the following steps: (1) survey of hospital-based healthcare workers who attended joint CIMS training courses regarding their perceptions of the IAP-related needs of hospitals; (2) identification of situations in which IAPs may be required at hospitals; (3) analysis of IAP use during planned responses; and (4) customization of the IAP structure used by emergency services organization for hospitals based on hospital needs.

Results: A training course for hospital-based healthcare workers about preparing an IAP was developed. In this course, participants collectively develop an IAP for hospital evacuation, critique an IAP from an actual major incident, and then, in smaller groups, prepare IAPs for specific situations.

Conclusion: IAPs from emergency services response planning may be adapted for hospital emergency response. A training course for hospital-based healthcare workers about preparing an IAP may assist the development of IAPs by hospital emergency managers during actual incidents.

Keywords: coordinated incident management system (CIMS); healthcare workers; incident action plan (IAP); incident command system; training

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Community Partnership Development for Emergency Management

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Introduction: Various regulatory and accrediting bodies require healthcare organizations to cooperate and collaborate with their community partners in the development and testing of their emergency management plans. Without community participation, coordination, and cooperation, a hospital's ability to mitigate, prepare for, respond to, and recover from emergencies is limited.

Objective: This presentation describes Norwalk Hospital's experiences with the development of a community partnership for emergency management.

Methods: Descriptive information was obtained from observations.

Results: Several barriers to developing a community partnership for emergency management were identified: (1) self-importance (vs. a collaborative approach); (2) lack of a team approach ("no I in team"); (3) territoriality; (4) historic issues; (5) lack of communication (physical and philosophical); (6) lack of understanding; and (7) different command structures and procedures. Norwalk Hospital approached the development of community partnership in two steps. First, it hosted an initial meeting and invited key community participants. Lessons learned included: (1) provide refreshments as an incentive to attend; (2) don't expect too much at first; (3) allow for healthy debate; and (4) emphasize one's own vulnerability and the need for community support. Next, the hospital continued to hold meetings every month. Lessons learned included: (1) educate community partners regarding the hospital's procedures; (2) conduct small, logistical exercises; and (3) begin drilling on small isolated topics, such as lock-down or decontamination set-up. This approach allowed exercises to snowball into larger events with more players and more input, ultimately producing a cohesive team in which each member knows what the others have to offer.

Conclusion: Norwalk Hospital's experience with developing a community partnership for emergency management may assist other hospitals.

Keywords: community partnerships; emergency management; exercises; meetings; teams

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Community Preparedness Perspectives from California to Connecticut

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Objective: This presentation describes community emergency preparedness efforts involving community clinic and health centers (CCHC), which have been funded by the United States Health Resources and Services Administration's (HRSA's) National Hospital Bioterrorism Preparedness Program in California and Connecticut, including: (1) the role of CCHCs in disaster preparedness and response; (2) the unique capability of CCHCs in providing care to difficult-to-reach populations in disaster preparedness and response; (3) the integration of CCHCs into state, regional, and local disaster preparedness and response; and (4) the role of the HRSA NHBPP-funded projects in the US.

Methods: Descriptive information was obtained from personal observations and records associated with the two initiatives in California and Connecticut.

Results: California's approach to health emergency preparedness included the more than 700 CCHCs that serve 3.1 million low-income patients in ethnically diverse, underserved communities. United States HRSA-funded California clinic projects have included the

Clinic Emergency Preparedness Project and the development of the Clinic Emergency Preparedness Help Desk.

Connecticut's approach to health emergency preparedness at the CCHC-level has been to form links with other state and local partners in order to weave a tightly integrated network for disaster response. The CCHCs in Connecticut have focused on their strengths of providing culturally- and linguistically-appropriate medical and behavioral health care to populations that traditionally have been difficult to reach. One in 19 Connecticut residents utilize the services of a CCHC for their primary care. Of these patients, more than 40% have reported that they are best served in a language other than English.

Conclusions: California and Connecticut have taken different, but complementary, approaches to CCHC emergency preparedness, which have been tailored to the needs of each state.

Keywords: California; Connecticut; community; community clinic and health centers (CCHC); diverse; preparedness

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A Decade of Petroleum Disasters in Nigeria

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Introduction: Nigeria, the sixth largest oil-producing nation in the Organization of the Petroleum Exporting Countries (OPEC), receives 95% of its foreign exchange from oil exports to the global market. As a result, disasters affecting the petroleum industry in have national significance.

Objective: This presentation describes emergencies and disasters that have affected Nigeria's petroleum industry over the past decade.

Methods: Descriptive information concerning these events was obtained through the authors' observations, anecdotal reports, and reports from local media and government, when available.

Results: Types of petroleum-related emergencies and disasters occurring in Nigeria in the past decade include pipeline explosions, kerosene explosions, and repeated militant attacks on oil installations. The Jesse oil pipeline explosion in 1998 killed >1,000 persons. Kerosene explosion disasters have occurred in Lagos, Benin, Abuja, and several other states. The impact of these events includes health damage (morbidity and mortality), environmental degradation, social damage, and economic damage (including loss of man-hours). Petroleum-related events are likely to recur in the next decade due to a lack of government sanctions for responsible parties, poor policy formulation, and continued poverty.

Conclusion: Petroleum-related emergencies and disasters have a large impact across all segments of Nigerian society. The social, economic, and environmental damage from these events likely has very exceeded the health damage to the first generation of victims.

Keywords: disaster; environment; explosions; health damage; petroleum; Nigeria; Organization of the Petroleum Exporting Countries (OPEC)

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Regional Trends in Road Traffic Crashes in Ghana, 2002-2004: What Are the Implications?

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Introduction: The burden and pattern of injuries resulting from road traffic crashes (RTCs) in Africa are not well described.

Objective: This study describes the burden of RTCs in different regions of Ghana.

Methods: A retrospective study of RTC data in different regions of Ghana was performed. Data were collected from the National Road Safety Commission and analyzed using simple descriptive statistics.

Results: Certain regions, such as Greater Accra, were identified as having a relatively higher incidence of RTCs ("black spots"). Possible reasons for this higher incidence will be suggested during this presentation.

Conclusion: The government in Ghana should use this data to direct its RTC prevention and mitigation efforts.

Keywords: Ghana; incidence; road traffic accidents

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Development and Evolution of a Collaborative Community-wide Mass Vaccination Program

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Introduction: During the winter of 1997–1998, the need to improve influenza vaccine delivery in Stamford, Connecticut became clear when high rates of respiratory illness led to emergency department overcrowding and a critical shortage of hospital beds.

Objective: This presentation describes the development and evolution of a collaborative, community-wide influenza vaccine program (IVP).

Methods: Descriptive information was obtained from observations and records associated with the IVP, including an electronic database of patient demographics and volume over six seasons in Stamford.