

(A60) Collection of Disaster Information in the Emergency Phase: An NGO ViewY. Takada,¹ T. Ukai²

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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 CrisesM. Debacker,¹ Emdm Academy Consensus Group²

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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

Action Report for a real-world response, this process can yield data that can be used to enhance ongoing response operations as well as to support anticipated response operations, such as applying lessons from one pandemic wave to the next. During the session, participants will be provided an opportunity to discuss their process for evaluating real-world events and to identify how this methodology can be integrated into their organization's response evaluation activities.

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(A65) Stress & Trauma Studies Program (STSP): Theoretical & Practical Emergency Mental Health Interventions Studies for BA Social Work Students

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The Tel Hai college Department of Social Work established this program as part of its community commitment to ensure that persons with skills in emergency mental health / trauma intervention will be available to the community as first responders when needed. The main goal of the STSP: Training Social work students As First Responders with Very High Professional Standards of Emergency as well as Long Term Mental Health Interventions Qualifications. This program enables the students to integrate between theory and hands-on basic and advanced skills in stress & trauma interventions – from the help to a single traumatized person to mass disasters involving more complex interventions. In addition, program underlines and empowers the students self efficacy and resilience. The studies are carried out in 4 main channels: A. Academic studies and advanced professional workshops. B. Outdoor drills with other help and rescue units: MDA (EMS), IDF, Police, Israel fire and rescue services, local and national rescue units) C. Volunteering in community trauma / first responder units D. Emergency mental health interventions during real time events (Last one: Emergency interventions among the evacuated families during the mount Carmel bush-fire) Student's Skills Acquired During the STSP • Theoretical & practical knowledge of the stress & trauma development process. • Differential diagnosis of the trauma stages (From ASR to C-PTSD). • Identifying all sources of resilience and coping strategies. • Basic & advanced crisis and disaster intervention methods. • Crisis & disaster management & command • Professional self confidence, Independency & Creativity, leadership and leading capabilities. The program, its benefits and latest drills and real time intervention will be discussed as well as demonstrated with videos.

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(A66) Integration of Psycho-Social Social Support and Mental Health Services in to National Disaster Management Guidelines

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Integration of Psycho-social Social Support and Mental Health Services in to National Disaster Management Guidelines India

is vulnerable, in varying degrees, to a large number of natural as well as man-made disasters and also a high risk country for disasters due to expanding population, urbanization and industrialisation, development within high-risk zones, environmental degradation and climate changes. The creation of National Disaster Management Authority (NDMA) in 2005, as the apex body for disaster management, has brought out a paradigm shift in the area of disaster management. One of the important mandate of NDMA is to issue National Disaster Management Guidelines (NDMG) to the ministries/ departments to assist them to formulate their respective Disaster Management (DM) plans. In this direction NDMA has issued number of NDMG on different themes to provide basis of preparation of DM plans at different levels. There are policies & guidelines on Psycho-social Support and Mental Health Services (PSSMHS) in disasters at the international level in the form of Inter Agency Standing Committee guidelines (IASC) which advocates PSSMHS in disasters. In India there was no such policy which streamlines the Psycho-social Support and Mental Health Services in Disasters. During preparation of various National Disaster Management Guidelines, one remarkable factor noticed was the need for psycho-social care, subsequently preparation of NDMG on Medical Preparedness and Mass Casualty Management brought out an overwhelming consensus to formulate a separate NDMG for PSSMHS. In order to translate the critical need for psycho-social care and support into guidelines, NDMA adopted a mission-mode approach for integrating PSSMHS in disaster response by involving participatory and multi step methodology to formulate NDMG on Psycho-social Support and Mental Health Services in Disasters.

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(A67) Empowerment Model for Community Disaster (EMCD)

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The earthquake in Haiti and its consequences highlighted the need to enhance knowledge and skills for community intervention in situations of disaster and acute trauma. The large number of homeless people concentrated in enormous refugee camps has made such an investigation possible. In the lecture, we will present a model for empowerment intervention with victims of community disasters. The model is based on analyses of three cases in which psychosocial interventions were conducted by the investigators: the Tsunami in Sri Lanka, work at refugee camps in Georgia, and the earthquake in Haiti. Principles of the Model The more extensive the casualties are, the less relevant individual intervention will be. Entering an unfamiliar culture requires collaborative professional work with local residents. Intervention in a large-scale disaster needs to be based on an interdisciplinary perspective in terms of planning, preparation, and implementation. It is assumed that the intervention will be short-term, and a specific length of time is allocated for therapeutic agents to provide assistance. This approach was adopted in light of the