

Development of a Healthcare Coalition for Emergency Preparedness

Debi Drake; Chris Dent

Saint Alphonsus Regional Medical Center, Boise, Idaho USA

Introduction: Intentional and unintentional mass-casualty incidents (MCIs), including epidemics, weather-related events, and mass trauma are likely to cross city, county, and even state lines. Significant MCIs in one community may impact multiple disciplines and multiple agencies. Hospitals should collaborate with other partners in the planning for, response to, and recovery from any incident.

Objective: This presentation describes the development of a healthcare coalition for emergency preparedness in Idaho.

Methods: Descriptive information was obtained from observations and records associated with this project.

Results: In early 2003, a team of hospital managers and disaster coordinators developed a regional response matrix that included emergency notification contacts at each facility, resource management, and communication needs. In 2002, this healthcare coalition for emergency preparedness expanded to include regional responders in 14 counties and one bordering state, including fire, emergency medical services, county disaster coordinators, public health, law enforcement, Civil Support Team, regional hazardous materials (HazMat) response teams, and hospital infection control practitioners. An assessment of response capability was completed and draft memoranda of agreement were developed for communication and resource sharing. The coalition developed and approved a charter, mission statement, and membership. An emergency conference call process was developed and has been used for HazMat incidents, suspicious packages and threat events, and urgent communication needs. A regional infectious disease emergency response plan was developed. Mass-casualty incident planning includes all response partners. Regional exercises have been conducted, including specific coalition action plan items. The coalition membership also includes the United States Health Resources and Services Administration Bioterrorism Preparedness Program.

Conclusion: A healthcare coalition for emergency preparedness that includes first responders, hospitals, and other partners is essential for effective emergency response. An integrated emergency response plan can minimize the impact of an incident in the field and at hospitals.

Keywords: coalition; emergency; hazardous materials; healthcare; hospitals; Idaho; mass-casualty incident; response

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Analysis of Emergency Management in Nigeria

Edeagbe E. Ehikhamenor,^{1,2} A.O. Olanipekun,² A. Bafor^{1,2}

1. Accident and Emergency Unit, University of Benin Teaching Hospital, Benin City, Edo State, Nigeria

2. Save Accident Victims Association of Nigeria (SAVAN), Benin City, Edo State, Nigeria

Introduction: Large-scale emergencies and disasters in Nigeria include mass-casualty motor vehicle crashes, petroleum pipeline explosions, kerosene explosions, explosions of unused ordinance, structural collapses, structural fires, and floods.

Objective: This presentation highlights current problem areas in emergency management in Nigeria.

Methods: Descriptive information was obtained through the authors' observations and personal experiences, anecdotal reports, and media and governmental reports when available.

Results: Problems identified in current emergency management include: (1) weak emergency response command and control structures; (2) lack of prehospital infrastructure; and (3) poorly motivated first responders. Another key problem area is the lack of safety regulations for industries, motor vehicle operation, housing, and consumer products, which in part may be attributed to the lack of academic curricula in injury prevention in the Nigerian universities.

Conclusion: These problem areas in emergency management in Nigeria likely are to differ from those in developed countries. Large-scale emergencies and disasters likely are to recur in Nigeria until these deficiencies are remedied.

Keywords: command and control; disasters; emergency; management; mass casualties; Nigeria; problem areas

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Cyanide Exposure and Poisoning: Relative Risk of Cyanide Exposure and Advanced Life Support Prehospital Provider Knowledge, Attitudes, and Practices in the United States

Joe Eyerman

Research Triangle Institute International, Research Triangle Park, North Carolina USA

Objective: This study sought to assess the knowledge, attitudes, and practices of Advanced Life Support (ALS) prehospital providers in the context of their relative risk of cyanide exposure.

Methods: This study was a retrospective survey of the knowledge, attitudes, and practices of ALS prehospital providers in the context of their relative risk of cyanide exposure. A topic-specific, multi-mode survey tool was developed, based on the results of two previous studies of cyanide poisoning-related practices of emergency physicians and hospital laboratories. Survey participants were contacted, screened, and recruited through mail and telephone, and asked to complete the survey on paper, the Internet, or by telephone. A post-completion incentive was provided to respondents and a series of call-backs were used to maximize response rates. Survey partici-