

the inclusion of disaster medicine in the core, health-based initiatives in Afghanistan and developing countries within the South East Asia Region.

Keywords: Afghanistan; coordination; disaster; emergency health; neglect; preparedness

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(200) Thessaloniki EMS Mass-Casualty Preparedness System: Resources and Structure

D. Ekklesiarchos,¹ K. Fortounis,² A. Christodoulou,² K. Iliades,² C. Matsikoudi,² D.M. Boultis²

1. Poligiros, Greece
2. Emergency Medical Services Thessaloniki, Thessaloniki, Greece

Introduction: The Emergency Medical Services (EMS) of Thessaloniki serves a population of 1,000,000 on a daily basis for routine emergency circumstances. In cases of mass-casualty incidents (MCI), there is an emerging need of larger scale planning to meet the requirements of the expanded area of Northern Greece.

Aim: To present the Mass-Casualty Preparedness System (MCPS) of the Thessaloniki EMS.

Methods: All emergency physicians (10–15) and 50 paramedics are involved on a voluntary basis under a plan of rapid response with the use of a waterfall pattern of activation, where each member must activate two others using a checklist.

A sufficient number, depending on the severity of the MCI, of basic life support (BLS) ambulances, Mobile Emergency Care Units, and five special vehicles are available. These include: (1) one Mobile Dispatch Vehicle (with three very high frequency and one Ultra High Frequency receivers, two cell phones, one satellite phone, six telephone lines, one Television-Video set, two laptop-scanner-printer-cameras, and one diesel generator); (2) one Radiation, Biological, Chemical (RBC) Vehicle (with 15 sets of personal protective equipment (PPE) Type B, one chemical agent monitor, 60 paper chemical detectors, four victims isolation boxes, 60 kits for garment and skin decontamination, one decontamination device, and 2 portable showers); (3) one High Capacity Mobile Emergency Care Unit (with five ventilators, advanced life support (ALS) equipment for 20 victims, triage kits, and one diesel generator); and (4) two trucks for general transportation purposes.

Full-scale exercises with the participation of the fire department and civil protection authorities take place at regular intervals.

Conclusion: The Mass-Casualty Preparedness System (MCPS) of the Thessaloniki EMS is a promising new tool, but is in need of further validation.

Keywords: emergency medical services (EMS); emergency vehicles; mass-casualty incidents; Mass-Casualty Preparedness System; resources

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(121) Selling Disaster Preparedness to the Public: Why Are They Not Buying?

A.L. Garrett,¹ D.M. Abramson,² I. Redlener²

1. Columbia University, New York, New York USA
2. National Center for Disaster Preparedness, New York, New York USA

Annual surveys conducted by the National Center for Disaster Preparedness and the Marist College, both in New York, have established a low level of disaster preparedness activities among US citizens, despite aggressive messaging from authorities and a climate of fear that should promote this type of activity. The authors will present an overview of the types of preparedness messaging that exists in the US, as well as a summary of the longitudinal data. To encourage citizens to make a behavioral change towards greater preparedness, it may be beneficial to explore the problem using a similar approach as other lifestyle modifications, such as smoking cessation or weight loss. Through the application of the established Stages of Change (Transtheoretical) Model, the barriers that likely are preventing higher levels of citizen preparedness can be described and understood better. More effective messaging also can be developed. The Stages of Change Model suggests that individuals who are contemplating a behavioral change (in this case, to take steps toward emergency preparedness for themselves and their family) would fall into one of five “stages”, namely: (1) precontemplation; (2) contemplation; (3) preparation; (4) action; and (5) maintenance. Moving individuals from one stage to the next towards a goal of preparedness likely requires a specific approach to be most effective. The current plan of “one size fits all” messaging may be missing an opportunity to motivate as many citizens as possible to develop a family preparedness plan.

Keywords: disaster preparedness; family preparedness plan; messaging; public awareness

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(202) Hospital Disaster Planning—Critical Elements for Success

D.L. Dixon

Western Health, Victoria, Australia

Implementing a comprehensive disaster plan is essential in order to ensure the safety and best outcomes for patients and staff in unexpected and unusual circumstances, when resources and capability are stretched beyond normal operations. Public awareness and expectations dictate the necessity of such a plan for all hospitals, and help to evaluate the effectiveness of implementation of the plan after the event.

Incident response can be described in three phases: (1) stand-by; (2) activation; and (3) stand-down. Action cards outlining staff roles in each phase are beneficial. Developing a clear understanding of an almost militaristic chain of command structure is essential for hospital staff, as it enhances the communication and reporting processes.

A Hospital Management Team must be established. Nominated members allow for appropriate authority to be available at all times. Liaison with external agencies such as