

phobia, post-traumatic stress disorder, somatoform disorder, trichotillomania, tic disorder, schizophrenia, bipolar affective disorders were present in this population following the earthquake.

Keywords: depression; earthquake; panic attacks; phobia; post-traumatic stress disorder (PTSD); schizophrenia; bipolar; somatoform disorder; testing; tic disorder; treatment; trichotillomania; Turkey

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SALVE: The System for Coordination of Management in Extreme Incidents in the Psychosocial Field

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SALVE was created in response to the experience of several major accidents and disasters, and was in accordance with a project in psychological quality-development supported by the National Board of Health and Welfare. The system is now a part of a development program in the western region of Sweden. Other parts of Sweden also have expressed their interest in the implementation of this computerized system. The system is suitable to be connected to the national system SWEDE, used by the somatic field and rescue service, and therefore, is available to other professionals outside the psychosocial field.

Psychosocial organization for disasters is based on answering the following questions: (1) What should be done? (2) How should it be done? (3) Who should do it? SALVE is meant to give support to maintain and develop this structure before, during, and after an incident through different types of technical support. The purpose of SALVE is to increase the efficiency, while simplifying, preparing, and developing the quality of operative management in the psychosocial field; and ultimately, creating a dynamic, task-orientated organization in the accident and disaster-field. The following functions in the program will be illustrated: "bank of knowledge", distribution of information, documentation, communication within leadership, staff-management, mission-report, planning of localities, identification-support, education, and training.

Keywords: education; field; information; management; organization; planning; psychosocial; quality; rescue; SALVE; SWEDE; training

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Free Papers : Global Sharing: Education Programs for Health Professional

Training of National Disaster Medical System Responders Via the Internet

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The United States Public Health Service (USPHS) main-

tains Disaster Medical Assistance Teams (DMATs) strategically located throughout the United States. Teams consist of volunteers from all aspects of health services including physicians, nurses, health workers, and EMTs. Some support personnel have no formal medical training, but possess expertise in specific logistical areas. Upon activation, team members become federalized with control and compensation by the government. To develop and maintain knowledge and skills, teams are encouraged to train and exercise regionally or on their own. Prior to implementation of an Internet training program, training was team-specific, non-centralized, and without a standard curriculum.

Recognizing the need to provide standardized training, the USPHS Office of Emergency Response contracted the University of Maryland, Baltimore County (UMBC) to develop on-line, Internet-based, didactic training. On-line training is used by UMBC to deliver emergency health services education.

The UMBC developed, delivers, and maintains student records for DMAT training covering a variety of topics related to team response and medical specialties. Utilizing a distance-learning platform, material is presented via audio lecture with visual slide presentations. Supplemental information is available on-line along with participant evaluation. Continuing Medical Education Credits (CMEUs) are available as an incentive for participation.

This presentation will describe aspects of the program and discuss lessons learned related to:

- Curriculum development process
- Curriculum packaging
- Curriculum delivery
- Participant evaluation
- Tracking of participant progress
- Revision and updating
- Alternative delivery methods (non-online)

The on-line training program consists of 32 modules and has reached 8,000 participants nationwide.

Keywords: curriculum; Disaster Medical Assistance Teams (DMATs); distance learning; education; emergency health services; evaluation; Internet; modular courses; on-line; tracking participation

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Computer Simulated Earthquake Medical Intervention in Olt County, Romania

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Introduction: Taking into account the 1977 March earthquake data, we continued the study of these natural disasters in an attempt to calculate the specific morbidity and mortality rates.

Methods: Using the Epi 6.04 and our own calculation algorithm, we obtained a matrix of calculation of needed medical forces and assets necessary to perform the medical interventions associated with earthquakes in the prehospital and hospital phases.

Results: For Olt county, the simulation indicated that the existent human and material resources are sufficient, but some adjustments are needed.

Conclusions: Performing computer simulations may enable us to better plan and perform the medical interventions required in case of the occurrence of natural disasters such as earthquakes.

Keywords: algorithm; assets; computer simulation; disasters; medical forces; needs; resources

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Current Status of Disaster Response and Training among Emergency Medicine Residency Programs: Pre- and Post-September 11

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Introduction: Emergency physicians (EP) always have played a significant role in disaster preparedness. It is believed that EP should assume a major role in the medical aspects of disaster planning, management, and patient care. In this study, we evaluated: (1) Whether emergency medicine (EM) training programs have played a major role in past disaster responses; (2) The current training and education available in EM training programs; and (3) The need for further disaster management education (DME) to be incorporated in EM residency programs post 11 September 2001.

Methods: All accredited EM residency training programs in North America were evaluated. A 36-question survey measuring the attitudes toward disaster training, previous responses to disasters, previous DME in residency programs, and future plans for DME was sent to all EM residency directors (RD). Non-responders were contacted by repeat mailing, e-mail communication, fax, and direct conversation.

Results: Of the 168 mailed surveys, 67% (112/168) were returned. Of all respondents, 57% (64/112) have dealt with disaster or mass casualty incident in the past. Currently, 97% (109/122) include teaching on disaster medicine (DM), with 30% (37/112) having an established curriculum. Following 11 September 11, the mean DM training hours have increased from a mean of total 8.6 to 10.6, and majority (63%, 71/112) of RDs feel that this is amount of DM training is appropriate.

Conclusions: This study suggests that post-September 11, the amount of DM training in EM residency programs has increased slightly, and most RDs feel this is sufficient training for EM physicians.

Keywords: 11 September; curriculum; disaster; disaster medicine; emergency medicine; residency; roles; training

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Description and Evaluation of a Crash Program to Prepare Healthcare Professionals to Manage Casualties and to Instruct Their Colleagues Concerning Non-Conventional Warfare

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The possibility of a non-conventional attack on the State of Israel during 2003 encouraged the Emergency Services Department of the Ministry of Health to rapidly develop and implement an educational intervention to prepare healthcare professionals to deal with such an attack. This presentation will provide a description and evaluation of 19 two-day meetings attended by approximately 2,800 professionals from both hospitals and the community medical system. The educational program provided: (1) Essential knowledge and skills necessary to deal clinically with a non-conventional warfare attack; and (2) The ability to organize an educational intervention in their respective settings to prepare relevant staff to manage Mass Casualty Events stemming from either a chemical or biological attack. The time frame for developing and implementing the education was approximately five months. Evaluation data will be presented from an analysis of pre- and post-session questionnaires completed by the participants. The pre-session questionnaire was a self-assessment of the participants' level of knowledge required to clinically diagnose and treat victims, and their perceived ability or readiness to organize an educational intervention for healthcare workers in their respective work settings. The post-session questionnaire evaluated the contribution of the two-day meeting to their ability to effectively manage a chemical or biological attack, diagnose and treat the victims, and implement the educational intervention.

Keywords: assessments; attack, biological or chemical; community; education; evaluation; hospitals; intervention; Israel; knowledge; mass casualty event

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Terrorism 101: Introduction to Terrorism and Its Medical Implications

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For many medical personnel around the world, especially those without a military affiliation, terrorism is something that happens somewhere else, to someone else. However, recent events have highlighted how vulnerable our communities are to terrorist activities.

By understanding some of the tactics and techniques used by terrorist organisations, prehospital and hospital personnel can be better prepared to deal with this type of event.

From a medical perspective, the weapons of the terrorist can be categorised according to the B-NICE acronym (Biological, Nuclear, Incendiary, Chemical and Explosive). The methods of delivery of these weapons and their effects on the body will be described, along with the implications