

Incident Management and Support was used to introduce concept of disaster medicine. To educate disaster medicine physicians, the Basic Disaster Life Support/Advanced Disaster Life Support and the Advanced Hospital Life Support were applied with support from the University of New Mexico.

Results: Local residents, including public and medical personnel, began to acquire a general idea of disaster and emergency medicine. The educational programs motivated healthcare professionals. Simulated disaster drills adapted to the local situations will be performed.

Keywords: disaster; earthquake; layperson; preparedness; tsunami
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(H78) How Well Are Healthcare Institutions Prepared for Disasters?

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Introduction: The better healthcare providers are educated and trained and the more they practice their skills, the more they are prepared when disaster strikes. However, little is known about the current state of preparedness for managing disasters among healthcare providers.

Methods: Representatives of all healthcare institutions in the Netherlands (hospitals, accident and emergency departments, ambulance services, regional health authorities and their branch organizations) were interviewed about the preparedness of their institutions.

Results: The response rate was 75% (n = 211). Nearly half of them were educated in specific skills for managing disasters and 77% practiced those skills at least once in the past 12 months. Most exercises were internal and not mono- or multidisciplinary; were tabletop and not real-life; and concerned “flash crisis” and not pandemics, floods, or chemical incidents. The majority of respondents (84%) recommended that the authorities standardize tasks and functions because the current state of preparedness is too informal and lacks uniformity and quality. The bottlenecks mentioned most frequently were lack of resources, capacity, commitment, and mutual communication.

Conclusions: Ambulance services were better prepared than the other institutions. Some years every hospital is obliged to implement a regional hospital emergency management plan. This obligation gave an important impetus for better preparation, but there still is a need for standardization. Besides, there is too much focus on “common” disasters, and there still is a lack of urgency among most healthcare providers.

Keywords: capacity building; disaster; education; healthcare institutions; Netherlands; preparedness

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(H79) Utility of and Risks Associated with the Use of Spontaneous Disaster Volunteers in Disaster Response

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Introduction: Spontaneous volunteers (SVs) are ubiquitous after any disaster and many organizations use them.

Their limited training or experience can create a hazardous situation for both the SVs and the organization. This study assesses organizations’ experiences with SVs during a disaster response, how they were integrated into the agency’s infrastructure, and the perceived value of the volunteer force to their past responses.

Methods: A telephone survey of organizations affiliated with the National Volunteer Organizations Assisting with Disasters (NVOAD) was conducted. The survey assessed SV training, management, and liability issues.

Results: Twenty-three of the 49 (47%) organizations responded, of which, 78% encountered SVs during a response. Of these, 77% used SVs in the field. Many (67%) felt that SVs were useful. When managing SVs, only one organization always credentialed them, and 33% sometimes credentialed. Fifty-six percent never perform background checks. Only 22% conducted post-event performance evaluations of SVs. Half provided “just-in-time” training for SVs prior to assignment and 22% provided health or workers compensation benefits. One organization reported the death of an SV, while 39% reported injuries. Twenty-eight percent accepted legal liability for the actions of SVs and 11% were sued because of SV actions. One organization was sued by an SV.

Conclusions: The use of SVs is widespread, but organizations are not necessarily structured to incorporate them effectively. There are significant health and legal risks associated with the use of SVs. More structured efforts to integrate SVs are critical to safe and effective disaster response.

Keywords: capacity building; credential; disaster response; preparedness; risks; spontaneous volunteers; task-sharing

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(H80) International Non-Governmental Organizations’ Roles in Disaster Preparedness in Developing Countries

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International non-governmental organizations’ (INGO) resources and global expertise can strengthen disaster preparedness in developing countries. Collaborating with local governments and hospitals, medical professionals, and military, INGOs can leverage technical and financial resources for training courses, disaster drill exercises, preparedness evaluation, material support, and educational tools. Sustainable preparedness is promoted using the partnership model.

AmeriCares, a disaster response INGO, supported three disaster drills in Sri Lanka and India in 2007–2008, along with a Trauma System and Emergency Medicine project. The INGO collaborated with the World Health Organization, American universities and hospitals, local governments, hospitals and the Ministry of Health, military, non-governmental organizations, the Red Cross, and private organizations. Mannequins and equipment were