

Conclusions: First, although it is not possible to predict the number and types of casualties, it is recommended to provide an adequate number of nurses (1-1.5:1 nurse:physician ratio). Furthermore, the nurses should be specialized and rotated as needed. Second, the language and cultural barriers, despite the abundance of translators, should not be undermined. And finally, the hygienic status in a field hospital requires management by nurses with active participation of all members.

Keywords: barriers; casualties; earthquake; field hospital; Israeli Defence Forces (IDF); medical services; nurse:physician ratio; nursing; translators; Turkey
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Using Disaster Simulations to Prepare Emergency Nurses for the "Real Thing" in Emergency, Post-Graduate Programmes

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Recent global events have tragically highlighted the need to include disaster management and bio-terrorism in the post-graduate curriculum for emergency nurses. Monash University School of Nursing has developed a relationship with the Australian Navy, and now include, as a compulsory component of the Graduate Certificate/Diploma of emergency nursing, a simulated disaster exercise at HMAS Cerebus. Emergency students work with the Navy medics, fire services, air rescue, and paramedic students from the university on a simulated disaster. Students assume various roles such as victims or emergency nurses. There are multiple learning modes in this type of simulation. This paper will describe the setting up of the simulation, the preparation required, the multiple levels of learning that occur during this exercise and debriefing as an experiential learning tool. The objectives of such an exercise will be discussed along with the learning outcomes, both expected and unexpected.

The students' responses to this exercise have been overwhelmingly positive, and the learning outcomes continue even after the completion of the course. This type of simulation allows for emergency nursing students to be placed in situations in which they have little or no experience such as patient triage or being in-charge. This occurs under the watchful eye of the educators.

This type of learning that occurs outside of the traditional classroom, is a valuable experience that begins to prepare emergency nurses to cope clinically and to gain insight into their own coping mechanisms in situations of high stress and emotion.

Keywords: disaster education, nursing education, disaster simulation training
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Ability and Willingness of Healthcare Personnel to Report to Duty During Severe Disaster Response

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As terrorism escalates around the world, the role of the healthcare workforce is being redefined and expanded to include increased attention to disaster preparedness and response for biological, chemical, mass casualty, nuclear, and radiological events. A well-prepared workforce that is willing and able to report to duty during times of crisis is essential for effective response capabilities, yet little work has been done in this area to examine the actual intentions and abilities of staff to report to work for disaster duty.

This paper will present the results of two studies conducted at the Columbia University Center for Public Health Preparedness at the Mailman School of Public Health to identify the ability and willingness of healthcare personnel in the public health and hospital sectors to report to duty during disaster situations. Facilitators and barriers for reporting were identified. This information is useful for preparedness planning, as employers may initiate strategies to reduce barriers and influence willingness, thus increasing the probability of having a ready and willing workforce for disaster response.

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Keywords: disaster; healthcare personnel; hospitals; planning; preparedness; public health; report for duty; workforce
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Enhancing Standards in Rural CBR Management

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There is a recognised need for a more systematic approach toward effective multi-agency responses to Chemical, Biological, and Radiological (CBR) incidents in the Grampians Region. In addition, an improved understanding and level of cooperation between key stakeholders in planning and response arrangements are required. To address these issues, Public and Acute Health personnel from the Department of Human Services (DHS) are working with Emergency Departments from referral hospitals in the Region to:

- a. Increase skill levels through a program developed and delivered free of charge by DHS Regional staff; and
- b. Assist with CBR planning arrangements.

Critical to the education is a training program targeting Registered Nurses in Emergency Departments. On the completion of the "C" (chemical) component, the model will be used to provide "B" (biological), and "R" (radiological) training. The initial "C" program is divided into five packages:

- I. Increasing awareness
- II. Enhancing knowledge
- III. Developing skills
- IV. Practical fitting and removal of personal protective