

medical technicians who received terrorism-related continuing medical education within the previous two years were nearly twice as likely (OR = 1.9, 95% CI 1.8, 2.0) to be willing to respond to a potential terrorist incident as those who indicated that they had not received such training.

**Conclusions:** Timely and appropriate training, attention to interpersonal concerns, and instilling a sense of duty may increase first medical provider response rates.

**Keywords:** emergency medical services; emergency medical technicians; response; terrorist incidents; willingness

*Prehosp Disast Med* 2009;24(2):s151–s152

### Paramedics and Terrorism Response: Lessons Learned from 9/11 and the London Bombings

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**Introduction:** Terrorist attacks are exceptional events that place paramedics in high-risk situations. When terrorist events occur, paramedics play an integral role in the response to, and management of, these events. Given that responding to terrorist events places paramedics at a high risk for a variety of health problems and injuries, it is imperative to adequately prepare for such events through the use of appropriate teaching and educational programs. These programs should be based on the direct experiences of paramedics responding to previous terrorist events.

**Methods:** This research utilized a series of focus groups in New York and London to investigate how paramedics experienced working during 11 September 2001 and the London bombings. Specifically, this research focused on what concerned paramedics about responding to terrorist events, whether they would be willing to respond again, and what can be learned from these experiences in regard to disaster response training and education.

**Results:** Paramedics reported a number of primary risks that concerned them during their responses to 9/11 and the London bombings. These included injury, death, potential contamination, and exposure to unknown hazards and agents. Personal protective equipment (PPE), communication networks, and reliability of information all were areas of concern that must be addressed by disaster planners. Paramedics reported that the most negative aspect of responding to these terrorist events was the inability to communicate with loved ones and the lack of timely and accurate information regarding updates on the situation. Personal protective equipment was not always available, and at times the wearing the PPE interfered with providing optimal patient care.

**Conclusions:** Key lessons can be taken away from paramedics experiences during 9/11 and the London bombings. These include the need for dedicated communication channels, accurate and timely information, suitable training and education (including an emphasis on infectious

agents), and the provision of suitable PPE conducive to optimal working conditions.

**Keywords:** 11 September 2001; London bombings; paramedic; psychosocial; terrorism

*Prehosp Disast Med* 2009;24(2):s152

### Civil-Military Partnership in Disaster Drills: A Necessity in Developing Countries Affected by Terrorist Activity

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**Introduction:** Sri Lanka has experienced a 24-year civil war with monthly terrorist incidents. Disaster drills, as a method of reinforcing collaboration and improved communication, can enhance military and civil response coordination and ultimately benefit the community and the injured victim.

**Methods:** Two large-scale disaster drills occurred in Sri Lanka in 2008 with participation of military disaster response teams, civil hospitals, international non-governmental organizations (INGOs), the World Health Organization, American universities and hospitals, the local governments, Ministry of Health, non-governmental organizations, the Red Cross, and others. Training occurred in incident command, communication, clinical response, crowd control, evaluation, and the planning process. Civil and private pre-hospital care responders worked closely with the military during the drill. More than 400 participants gave active feedback and an educational video of the recorded drills was distributed for future training exercises.

**Results:** Military and civil responders identified challenges and strengths and discussed improvements for future operations. In the days following the drill, participants responded to actual mass casualty incidents with improved skills, coordination and communication. Subsequent drills and task-force meetings were conducted. The INGOs supported follow-up activities and provided training materials. International partnerships were forged with military, civilian representatives, and disaster medicine specialists. Military and civil response teams had never performed a drill together before and felt it was invaluable for their coordination.

**Conclusions:** The promotion of drills involving military, civil society, and communities should be encouraged to improve response, especially in countries with ongoing civil conflict and high terrorist activity. Drills can help military and civil partners reach a broader understanding of the others' role and methodology of response, which may improve the outcome and timeliness of a disaster response.

**Keywords:** civil-military collaboration; disaster; developing countries; drill; preparedness; terrorism

*Prehosp Disast Med* 2009;24(2):s152