

road may not enough for emergency evacuation and rescue, or nursing homes may be located in high-risk regions threatened by earthquakes, floods, fires, or human-made disasters. The capacities of public facilities and equipment for disaster prevention may not be enough to handle emergency response and rescue once a major disaster occurs.

Creating a long-term safety management system is a part of the basic governmental obligations for elderly care providers. Nursing homes must conform to all of the necessary safety measures and regulations. This study presents the practical investigation on safety of the elderly nursing homes in Taiwan, including building configuration, evacuation, and preparedness in disaster prevention. Furthermore, the countermeasures for disaster mitigation and management also will be suggested.

Keywords: disaster management; evacuation; long-term care; nursing home

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Palliative Care for Mass-Casualty Incidents with Scarce Resources

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Catastrophic mass casualty incidents (MCIs), such as pandemic influenza outbreaks or large-scale terrorism-related events, could yield thousands of victims whose needs overwhelm local and regional healthcare systems, personnel, and resources. Conditions will require deploying scarce resources in a manner that is different from the more common single-event disaster. This paper examines the role of palliative care in support of individuals not expected to survive under MCI circumstances and recommends specific actions for a coordinated disaster response plan. Semi-structured, telephone discussions with key experts and a consensus development meeting identified the issues, responsibilities and resources necessary to integrate palliative care into disaster planning and response, including: (1) the role of palliative care in a MCI; (2) triage and ensuing treatment decisions for those “likely to die”; (3) critical palliative care services, personnel and treatment settings needed; (4) pragmatic plans for ensuring appropriate training, supplies, and organizational/jurisdictional arrangements; and (5) unusual issues affecting palliative care during MCIs.

Field triage decisions must acknowledge a category of people expected to live a while, but probably not survive, and who will not have access to advanced medical care. Palliative care ensures comfort and minimizes the suffering the dying. Incorporating palliative care into disaster planning and response offers better care for those who are likely to die and may also free up resources to optimize the survival of others. Provision of palliative care services during mass casualty events should be part of current state and local disaster planning and training activities.

Keywords: mass-casualty incident; palliative care; resources

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Poster Presentations—Special Populations

(J104) Emergency Preparedness for Persons with Disabilities

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Introduction: People with disabilities largely have been excluded from emergency preparedness plans. Emergency Preparedness for Persons with Disabilities was developed to help assist such persons to deal with a variety of emergency situations.

Methods: Phase I focused on healthcare professionals who care for such persons. An eight-hour, basic, core course includes triage, transfer and transport, personal protection, patient decontamination, equipment decontamination, developing an office emergency plan, evacuation, communications, and emergency contacts. Modules for non-medical office staff include communications, staffing, personal protection, and Internet access to helpful sites.

Phase II focused on the person with disability and his/her caregivers—health professionals (visiting nurse or Home Health Aide) and families. Training modules include home preparations, preparedness kit development, and evacuation.

Results: Methods of evacuation and transportation of patients in vertical and horizontal situations were tested. Training staff noted a lack of familiarization of triage methods, patient and staff accountability, and equipment that could be used in case of an evacuation. Training modules were modified following evaluation of the above.

Conclusions: Professionals and persons with disabilities can benefit from receiving emergency preparedness training. The experience and materials presented can accomplish this task. This training can serve as a model for rehabilitation professionals and the populations they serve.

Keywords: disabled; disaster; mass-casualty incident; preparedness

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(J105) Effect of an Yogyakarta Earthquake on Pregnancy Outcomes based on Gestational Age

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Introduction: The aim of this study was to examine the effect of a 6.2 Richter earthquake in Yogyakarta, Indonesia on the prognosis of pregnancy outcomes.