red. There is evidence that these policy and operational decisions have been made without fully examining the practical implications, particularly for aged care facilities. While many of the facilities on which these decisions impact see the rational for such decisions, they argue that these decisions have serious implications for their services and patients. Many residential aged care facilities, which are privately operated, historically have not been involved in any state or local government emergency management planning. Therefore, the whole concept of risk assessment, preparation, and planning to increase the absorbing, buffering, and response capacity of their facilities against extreme weather events has become quite overwhelming for some. This paper presents a case study that demonstrates the tension between emergency management policy decisions on an aged care facility, and outlines their issues and response.

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(A228) Evaluation of the "Health Legal Preparedness" Model in the Context of Emergency Response in Israel

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Background: The "Health Legal Preparedness Model" developed in the US aims to provide better health-related responses in times of emergency. It includes four components: (1) law; (2) competencies; (3) information; and (4) coordination.
Objective: The aim of this study is to examine the usefulness of the "Health Legal Preparedness Model" in the present state of affairs in the field of emergency preparedness in Israel.
Methods: A qualitative study was conducted. In-depth interviews were performed with leading experts in the past or at present in the Israeli emergency health system.
Results: The Israeli healthcare system already has elements of the model in place at various levels. The relative perceived importance of each of the four aspects of the model varied between the experts. Of the four components, law and coordination were perceived as a major system concern. Training of specialists in emergency legislation was controversial. In addition, differences were found in the experts' perceptions as of the optimal way to operate the health system during an emergency. Variability also was found in the perception of the private sector growth and in the importance of its incorporation into emergency response plans. The study found that the emergency preparedness system resembles military practices in its conduct. Nevertheless, there is willingness toward mutual emergency systems drills, including aspects of legal preparedness.
Conclusions: The model already is applied partially in the Israeli emergency healthcare system. Results indicate that the Health Legal Preparedness Model might be useful in identifying gaps in emergency response plans. It also crystallized gaps related to optimal operation during emergencies in the country. Therefore, it is important to reach agreement upon solutions that will incorporate a regulatory guideline in order to improve the function of the emergency healthcare system.

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(A229) Financing Emergency and Disaster Treatment: A Proactive Funding Approach

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Financing the care and treatment of victims of emergencies and disasters is a critically important area for policy. It needs deliberations to evolve policies that will be relevant, robust and enduring. This is more so as the ideological and political leanings of a people determine what will be allowed and what policies endure. The sustainability of the funding model makes a large impact on the success of the treatment, in this case the specialized treatment needed in the traumatic event of emergency and disaster. The paper defined emergencies and disasters and observed that though the timing of funding is critical in the events, the volume and complexity of funding is higher in the latter. The paper reviewed the several current models in use today, particularly with locus on costs which should be incorporated in a payment model, including flag fall or set-up costs (for instance managing new patient records), consumables, investigations (such as pathology and diagnostic imaging) and pharmacological services (prescriptions, logistics of procurement under crisis, etc,) staffing costs which in public hospital emergency departments often do not vary within a shift i.e. emergency departments rarely draw staff from ward areas to the emergency departments to assist with unpredicted demand peaks- but which may become significant in event of disasters. These models are essentially public funded. The paper also highlighted the political underpinnings which make each of the current models popular in each of the ideological settings. The pros and cons associated with the models are reviewed in depth. The paper concludes, after the ideological/funding analysis, by recommending a private/public mix of funding. Details of this proactive funding approach are given and ways to modify and adapt them to different ideological (political) backgrounds suggested.

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(A230) Emergency Medical Preparedness for Disaster Risk Reduction: The Role of Health Sector Personnel - An Overview

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Efficient management of disasters has received increased attention globally. It has been realized by all countries in the world that no development is sustainable if human life is vulnerable to major Disaster risks. Disaster Preparedness and Response are the most important components of an effective Disaster Management strategy. The objective of Disaster Preparedness is to ensure that appropriate systems are in place and personnel are trained to provide immediate response to victims in the event of any Disaster. Medical response is one of the most critical, most important and of immediate requirement in any Disaster situation. The success or failure of any Disaster Management operations will depend to a great extent on the success achieved by the Medical and Health sector since most of the Deaths

and illnesses caused by disasters are preventable health risks. Though Disaster Management is the responsibility of every organization and institution, the Health Sector has a key role to play, as it is the lead sector. Hence, health personnel play a very important role in reducing disaster risks. This paper briefly examines the role and responsibilities of Medical and Health personnel and provides an overview of Emergency medical preparedness for reducing disaster risks. The concept of Disaster Medicine in dealing with the public health management of Disasters and Emergency Medical Preparedness, including the Prevention, Response, Relief and Rescue operations of Health Management while addressing various issues like casualty area management and Hospital Management etc through various strategies and actions will also be discussed. The Impact of Disasters on Health and how they can be best managed to reduce the number of mortalities and morbidities resulting from Disasters will be examined. The need for ensuring Community Participation in Health Management and prevention of health risk through Immunization and vaccination, proper food & nutrition, maintenance of hygienic and sanitation, adequate system of garbage disposal, Vector control and Research and Epidemiological studies will also be discussed. Prof. Bhaskara Rao, Mulam, Specialist, Policy, Planning and Related Issues, SAARC Disaster Management Centre (SDMC), New Delhi

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(A231) Deficiencies in the Preparedness of Emergency Medical Services Providers for Terrorist Incidents Involving Children

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Introduction: Recent studies have discussed major deficiencies in the preparedness of emergency medical services (EMS) providers to effectively respond to disasters, terrorism and other public health emergencies. Lack of funding, lack of national uniformity of systems and oversight, and lack of necessary education and training have all been cited as reasons for the inadequate emergency medical preparedness in the United States.
Methods: A nationally representative sample of over 285,000 emergency medical technicians (EMTs) and Paramedics in the United States was surveyed to assess whether they had received training in pediatric considerations for blast and radiological incidents, as part of their initial provider education or in continuing medical education (CME) within the previous 24 months. Providers were also surveyed on their level of comfort in responding to and potentially treating pediatric victims of these events. Independent variables were entered into a multivariate model and those identified as statistically significant predictors of comfort were further analyzed.
Results: Very few variables in our model caused a statistically significant increase in comfort with events involving children in this sample. Pediatric considerations for blast or radiological events represented the lowest levels of comfort in all respondents. Greater than 70% of respondents reported no training as part of their initial provider education in considerations for pediatrics following blast events. Over 80% of respondents reported no training in considerations for pediatrics following events associated with radiation or radioactivity. 88% of respondents stated they were not comfortable with responding to or treating pediatric victims of a radiological incident.
Conclusions: Out study validates our a priori hypothesis and several previous studies that suggest deficiencies in preparedness as they relate to special populations - specifically pediatrics. Increased education for EMS providers on the considerations of special populations during disasters and acts of terrorism, especially pediatrics, is essential in order to reduce pediatric-related morbidity and mortality following a disaster, act of terrorism or public health emergency.

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(A232) Volcanic Eruptions: Health Consequences and Preventive Health Measures — An Overview

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The 2010 eruptions in Iceland, and on Mount Merapi in Indonesia, caused enormous disruption and opened a new chapter in the history of volcanic eruptions, emerging hazards, and disaster crisis management. A volcanic eruption can be devastating for the local wildlife as well as for the human population. Volcanic eruptions represent a different kind of hazard compared with floods, hurricanes, and earthquakes. Their onset also may be sudden, but they differ in that the danger does not necessarily decline rapidly with time, and actually may increase because of the unpredictability of the eruptive behavior and desire of a willing population to believe that the danger has passed and they can resume normal living. Volcanoes and their eruptions can result in a wide range of health impacts and kill people in a remarkably large number of ways. At least 500 million people worldwide live within potential exposure range of volcanic activity and possible eruption. The range of adverse health effects is quite broad and extensive. This presentation will provide an overview of the main causes of death and injury caused by a volcanic eruptions and the preventive health measures and public health interventions to be adopted during a volcanic eruption. Information on the causes of death and injury in eruptions is sparse, but the available literature is summarized in this report for the benefit of volcanologists and emergency planners. Healthcare workers and physicians responding to the volcanic events might find themselves involved in scenarios as varied as disaster planning, epidemiological surveillance, treating the injured, or advising on the health hazards associated with long range transport of volcanic emissions. Medical treatment only has a small role during severe volcanic eruptions. The preventive measures are paramount if injuries and loss of life are to be reduced.

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(A233) Preparedness For A Mega Mass-Casualty Event (MMCE)

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A Mega Mass-Casualty Event (MMCE) is a unique and exceptional event, that results in a very large number of casualties