

Methods: Data were gathered through a questionnaire survey that was distributed to available foreign residents.

Results: Of the respondents, 26% can not communicate in Japanese, while 90% can communicate in English. Two women could not communicate in either Japanese or English. Most of the respondents did not take safe action during the Miyagi earthquake: 55% of respondents who were in a building at the time of the earthquake did not respond safely, and 75% of those who were driving did not respond safely. Among respondents, 84% did not have an emergency kit prepared, 70% did not have their furniture fixed on the walls, 57% did not know their evacuation area, and 51% did not know how to provide first aid to injured people.

Conclusions: Foreign residents in Sendai are vulnerable to disasters; they require better access to information in English in order to be better prepared and to minimize risk during and following up-coming earthquakes.

Keywords: earthquakes; foreign residents; Japan; preparedness; risk
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Community Preparedness: A Disaster Management-Trigger Mechanism as a Model in Disaster Preparedness

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The regular occurrence of disasters in coastal Andhra Pradesh, India, has had a series of repercussions on the country's economy and development policies, and on the daily lives of millions of Indians. Disaster prevention and preparedness is a neglected aspect of disaster management in this area.

Coastal Area Disaster Mitigation (CADME) has initiated a program that induces early warnings and preparedness in 350 most vulnerable villages on the coast.

The effort made by CADME has been successful and is considered a "best practice" to mitigate the effects of events.

Keywords: emergency; integration; mitigation; preparedness; taskforce; vulnerability

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Poster Presentations—Theme 15: Research and Health Surveillance

(241) The Management of Healthcare Services at the Time of Natural Disasters: A Qualitative Study

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Iran is one of the world's most predisposed and liable countries to disasters. Studies have shown no coordination in providing health services to Iran at the time of disasters. Thus, studying the management of health services is important. This study makes an attempt to bring the experiences of health service providers who were in disasters and to suggest effective factors in the management of health services.

This study is based on the grounded theory. Participants consisted of a group of 17 individuals (15 males and two females) comprised of six nurses, two psychiatrists, an epidemiologist, a social worker, a psychologist, a PhD in health, a master of health, a nurse aide, two Bam residents, and a physician. The average of the ages of the participants was 37 years. All had at least one disaster-related experience. Data were obtained by semi-structured interviews, which were recorded, transcribed, and analyzed using the Strauss and Corbin method.

The participants emphasized management during disasters, and issues such as planning, organization, coordination, and participation of other countries were brought up as well. The lack of planning and discipline in providing health services, the division of labor, duties and responsibilities, lack of coordination, and the inability of the United Nations in coordinating international participations are considered main obstacles in providing required health services for survivors at the time of disasters. These issues can be dealt with by appropriate management.

Since the participants emphasized management and its important role in coordinating continuous, accessible health services, preparedness, attention to the importance of international, provincial, and local planning, human resources, division of labor, resources, and equipment. Proper management can help to provide adequate health services in disasters.

Keywords: coordination; disaster; disaster management; Iran; health services
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(242) Pre-Crash Phase Development of Blood Screening in a Southern Nigeria City: A Case Study with the Save Accident Victims Association of Nigeria (SAVAN)

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The use of auto-bikes as commercial transportation became popular in Nigeria in the mid-1980s. This is due to the failures of mass transportation infrastructures in the country. The sudden rise in auto-bike transportation with no safety or regulatory measures and a lack of trained personnel led to a rise in the number of crashes involving auto-bike drivers, their passengers, and pedestrians.

One factor related to the "golden hour" usually is massive loss of blood. This puts pressure on the blood bank for blood type screening, and the delay in obtaining needed blood for transfusion may lead to increased mortality. The delay in accessing blood for the victims led to establishing pre-crash blood data as an incentive for all auto-bike riders that participated in a Save Accident Victims Association of Nigeria (SAVAN) training program.

A total of 1,250 bike riders were screened for their blood type. Volunteers for the screening included nurses, scientists, and doctors. The results of the screening revealed that 54.3% of the volunteers had a blood type of O positive, 20.3% were A positive, 18.8% were B positive, 3.7% were O negative, 1.3% were AB positive, 1.1% were B negative, and 0.5% were A negative. None of the volunteers had a blood type of AB

negative. All blood type groups were documented with coded identification cards so this information could be retrieved easily when needed.

Such pre-crash data had positive effects on trauma and other systemic emergency care requiring blood transfusions. The time lag in obtaining blood was significantly reduced, thus enhancing survival of victims.

In conclusion, blood type data from all stakeholders should be well documented to facilitate blood transfusion during major crises or disasters.

Keywords: auto-bike; blood types; Nigeria; traffic crashes; transfusion
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(243) Reporting Blindly in Randomized Controlled Trials in Prehospital Emergency Medicine Literature

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Introduction: Double blind is a term that frequently is used by researchers and accepted by readers as a key marker of the validity of a randomized controlled trial (RCT). Double-blind trials tend to report smaller effects than similar trials that are not double blind. In most clinical trials the success of the blinding procedures is assumed, but not tested. Sub-optimal reporting of blinding in full text publications and secondary journals has hindered readers. Trials in prehospital medicine are difficult to conduct due to numerous reasons, both logistic and ethical. However, it would be prudent to strive to achieve methodological standards in designing and reporting RCTs. The objective of this study is to assess how often the success of blinding is tested in RCTs in prehospital medicine, to describe the methods used, and to assess the frequency of trials with successful blinding

Methods: Prehospital randomized controlled trials using the Cochrane prehospital search filter were identified using MEDLINE, EMBASE, CINAHL, and The Cochrane Library. Full paper versions of randomized controlled trials will be retrieved, hand and electronically searched, and assessed for reports of blinding with the test for success of blinding. Two reviewers will abstract data and analyze results. Statistical analysis will be conducted using Microsoft Excel.

Results: The work is in progress and will be presented at WCDEM 2007.

Conclusions: It is difficult to conduct double-blind randomized controlled trials in prehospital emergency medicine due to logistic and ethical reasons. If double blind RCTs are conducted, those conducting the trials should describe the methods of blinding and matching characteristics in detail.

Keywords: double-blinding; literature; prehospital; randomized controlled trial (RCT); success

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(244) Mobilizing a Rapid Assessment of Population Health and Social Service Needs Subsequent to a Large-Scale Disaster

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Hurricane Katrina led to the largest population movement in contemporary American history, and engendered substantial population needs among evacuees and displaced populations. Using housing data supplied by the US Federal Emergency Management Agency, a research team developed a multi-stage cluster sampling plan, assembled a collaborative fieldwork operation involving five university science centers. A total of 1,245 face-to-face household surveys were conducted in Louisiana and Mississippi to assess the population's health and social service needs. The cooperation rate among contacted respondents was 83%. The logistics of mounting such an assessment effort in a developed country will be presented, and include: (1) the establishment of administrative, field, and data protocols; (2) the assembly and training of a survey research team; (3) the management of material and transportation logistics; and (4) the maintenance of high-quality data and research integrity in the face of field challenges.

The Louisiana field work was completed in nine days; the Mississippi field work was completed in 18 days. The research team abided by four principles: (1) using survey measures comparable to a national data set in order to approximate "pre-" and "post-" disaster conditions; (2) using standardized mental health and physical health scales, to allow for cross-study comparisons; (3) adopting and maintaining a rigorous sampling protocol, in order to maximize the level of representation of the sample; and (4) streamlining the implementation and reporting cycles so as to provide policy-makers and providers with timely data. The presentation will elaborate upon the planning considerations involved in mounting such research operations in post-disaster environments.

Keywords: Hurricane Katrina; population; public health; assessment; survey

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(246) Disaster and Risk Assessment of Chemical in the Workplace

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Objectives: The objective of this study is to look into disaster and risk management in occupational settings where workers are exposed to organic chemicals.

Methods: The study was conducted among 500 workers in various manufacturing industries. There was 100% use of chemicals in the industries, either as raw material or as solvent for processing. The industries generated dust and vapours, as well as acids and caustics. The blood lead result of the 285 subjects revealed that 40.7% of subjects had within the 21–30 ug/dL, which the Department of Health considers to be inimical to health of workers. When hazards and illness were correlated with alpha set at 0.05, radiation expo-