(P2-32) Emergency Medical Ambulance Services: Anti Terrorist Response in the 21 Century, Supporting Police Firearms Units with Specially Trained Critical Care Paramedics

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Tactical Emergency Medical Services (TEMS), is a relatively new area of pre-hospital care. It requires specific attention to planning, including selection, training, equipment, procedures and continuing professional development, CPD to maintain competence. This session will describe the development of a small team of Critical Care Paramedics, who undertake a short, but intense programme, based at the Metropolitan Police Specialist Training Centre, MPSTC in England. CCPs are trained to work alongside firearms teams, who respond to criminal and terrorist incidents involving the use of firearms. The task of CCP's is to reduce the time between wounding and advanced resuscitative care, ensuring that Police Officers, members of the public and others receive a high standard of care without incurring unnecessary delays. They work outside the "hot zone", but further forward than traditional ambulance operations. When these capabilities are available within the Emergency Ambulance Service, they are likely to improve patient care and firearms teams mission success. Delegates will be able to: (1) Identify the rationale, threat, risk and policy considerations driving the development of specially trained Paramedics working in a Police Firearms support role; (2) Describe the anticipated spectrum of incident types that might be encountered by CCPs in respect of tactical support; (3) Consider the range of triage, treatment and other capabilities, that can be provided in the field, including a review of associated education and training models; (4) Review the specialist personal protective and response equipment that is required to carry out this role; and (5) Reflect upon the viability of such capabilities within their own EMS environments.

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(P2-33) Biosecurity Considerations for Equine Emergency Sheltering

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Equine emergency shelters have an increased risk of infectious disease occurrences due to increased animal stress levels, excessive co-mingling, inconsistent worker base, and horses arriving from many and varied health management and stabling situations. Biosecurity policies should be in place ahead of time to prevent disease spread and outbreak situations and policies should be effectively conveyed to all shelter personnel. A veterinarian should be involved in the overall health management of an equine emergency shelter including working with public health officials regarding the overall animal and human safety issues associated with effectively managing an equine shelter. The veterinarian should work closely with the shelter manager and both need to be able to apply Incident Command System and National Incident Management Systems applications to maximize disease prevention. Mitigation tactics should include appropriate regular equine

health maintenance including current vaccinations against tetanus, Equine Influenza I & II, Equine Herpes virus I & IV, and the encephalitides including Eastern, Western, and West Nile Viruses as part of horse owner emergency preparedness planning. Equine Infectious Anemia (EIA) is a federally regulated equine disease and during disaster situations it is unrealistic to assume that all horses will have a record of a current negative test. EIA testing should be considered a part of the plan for shelter animals depending on risk assessments. Appropriate personal hygiene, particularly hand hygiene, can assist in the prevention of disease transmission. Separate isolation areas are necessary for horses showing clinical signs of infectious disease including fever, nasal discharge, or diarrhea. Equine emergency shelter husbandry plans should include a plan for safe handling of feedstuffs, and water. An effective and implementable biosecurity plan for equine emergency sheltering is a key critical requirement for successful large animal emergency and disaster response outcome.

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(P2-34) Experiential Learning in Disaster Response for Veterinary Students and Veterinarians

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Training for disaster responsiveness for veterinarians includes Incident Command System (ICS) and National Incident Management System (NIMS) comprehension, euthanasia, biosecurity, all-hazards emergency preparedness, business continuity training, responder training, and incident de-briefing, Public and emergency management officials at all levels agree that saving animal lives saves human lives. Despite the recognition of the importance of veterinarians and other animal caretakers in animal disaster response and incident de-briefing, there has been less than adequate targeting of these groups for training opportunities leaving many veterinarians and other animal care takers vulnerable and unsure of their role when presented with a call to action in the midst of a disaster scenario in their home communities. The Louisiana State University School of Veterinary Medicine (LSU-SVM) has taken advantage of its physical presence amidst a disaster prone region of the United States to form response teams made up of students, faculty, and staff for actual training events termed disaster response experiential learning. Through a solid partnership with the Louisiana State Animal Response Team (LSART) and other response groups, the LSU-SVM has developed a disaster response program that includes animal response planning, evacuation, sheltering, emergency triage, and technical rescue expertise. Five specific response activities that occurred between 2001 and 2010 where LSU-SVM partnered with local and regional emergency responders enabled veterinary students and veterinarians to provide the work force and engage in experiential learning in a "hand-over-hand" environment with certified emergency responders. The response activities and partnerships demonstrate a successful model for veterinary student and veterinarian training in disaster response, have provided robust training experiences for hundreds of veterinary students and veterinarians, and have resulted in the subsequent development of courses to address identified gaps in veterinary disaster response training. Prehosp Disaster Med 2011;26(Suppl. 1):s146

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