

and falling out of favour with conflicting literature reviews. Its simplicity of use makes it an effective tool in the treatment of exacerbations of asthma. Aminophylline is one of the earliest bronchodilator that has heaps of adverse effects. This presentation begins with a world tour of major guidelines with a special focus on Magnesium, Aminophylline and Heliox followed by an in depth literature search. Current literature and metanalysis for all the three drugs for pulmonary function test, hospitalisation and adverse effects are graphically illustrated. Based on the evidence so far, a guideline is proposed for the use of the above three drugs for Paediatric asthma.

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(P1-108) Humanism in Disaster Medicine

G.V. Kipor, N.K. Pichugina, S.F. Goncharov

Administration, Moscow, Russian Federation

The main trends in the development of the ideology of humanism in disaster medicine can be formulated in the following theses:

1. Responsibility of governmental bodies for providing medical safety of a human being in emergencies;
2. Responsibility of public health in the society;
3. Main tasks in nuclear threats connected as applied to disaster medicine are the responsibility of United Nations;
4. History of humanitarian medicine and the development of the World Health Organization's activities in providing medical humanitarian assistance;
5. Ethics of modern physical investigations in the light of development of nuclear and thermo-nuclear hazards;
6. Roles and trends of humanitarian medicine in modern society;
7. Philosophical and humanitarian approaches and ethics in the modern scientific investigations in the whole;
8. Ethics in modern medicine, biology, and disaster medicine;
9. Rights of victims to receive humanitarian medical assistance in local military conflicts; and
10. Threat of acts of terrorism with the use of chemical, biological, radiological, or nuclear agents and technologies; The paradox of the modern age is that the "principal basis and aim of disaster medicine are humanitarian by their primordial nature", but the reduction of common human values can lead to a global disaster. On the other hand, emergencies should lead mankind to unity, to the deep understanding of bio-social aspects of survival when the best qualities of human nature are revealed. International disaster medicine problems should be considered as tools for providing an optimal basis for the development of human relations. The development of humanitarian and disaster medicine should be realized with consideration of deep-laid moral positions, on the basis of ethic principles and high moral values, among which, the primordial values are individual existence of everybody and survival of mankind as a species.

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(P1-109) Violence, Health and Human Rights: Analysis of the Right to Health for Conflict Displaced Persons Living In IDP Camps in Northern Sri Lanka

K. Wickramage,¹ A. Zwi²

1. Health, Colombo, Sri Lanka

2. Faculty of Medicine, Sydney, Australia

This presentation explores the nexus between collective violence (in the form of violent civil conflict) and health and human rights

in Sri Lanka, focusing specifically on persons displaced during the most recent conflict in Northern Sri Lanka beginning in November 2008. After exploring the normative framework in relation to the right to health, the local legal framework governing internal displacement, and the related component on health-care access, service provision, and standards will be described. By examining health cluster reports, health surveys, and case-studies, this presentation describes how the health sector responded in providing healthcare services to those war displaced living in internally displaced people (IDP) camps in Vavuniya District. The "rights based approach to health" is examined in relation to the health sector response, and key issues and challenges in meeting health protection needs are highlighted. A conceptual framework on the right to health for IDPs in Northern Sri Lanka is presented. This presentation also explores how some health interventions in the post-conflict Sri Lankan context may have acted as a bridge for peace building and reconciliation.

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(P1-110) Key Elements of Successful Disaster Health Management Policy

W. Du,¹ G. Fitzgerald,² M. Clark,² X. Hou²

1. Health Science Center, Beijing, China

2. School of Public Health, Brisbane, Australia

Introduction: Disaster health management policies are being developed and implemented by various government and non-governmental organizations. However, there has been a lack of studies to comprehensively identify the key elements in the successful disaster health management policies.

Methods: A survey of experts was used to identify key elements of successful disaster health management policy arrangements. This research conducted 10 face-to-face interviews, together with 22 e-mail surveys to identify the key elements. The experts were selected based on the person's background and expertise in disaster health management and policy analysis.

Results: Key elements of disaster health management policies were identified and introduced in four parts, including the characteristics of conceptual policy framework of disaster health management (risk assessment and recognition, strategic view, resilience community, inclusive and accountable, good structure with clear authority, fault tolerant, good communication, rigidity and flexibility, education and training, mutual understanding, effective funding), elements of policy development (adequate leadership, extensive consultation, clear goals and terms, easy to access and implement, locally owned and accepted, standard and flexibility, linkage with other policies, keep updated, involve all the stakeholders, regular drills as part of the policy), elements of policy implementation (well defined structure and agencies, professional disaster management body, delegate the power and coordination, maintain interests and involvement, communication, recognition of disaster risks, policy familiarity, full participation of health elements, financial support, specific measurement), and elements of policy effectiveness evaluation (advisory committee, evaluate true disasters, evaluate policies in exercises and drills, test people's knowledge, evidence of stakeholders contributing, practice and procedural change, evaluate operating procedural, scientific evidence).

Conclusions: Key elements must be considered in developing, implementing, and evaluating of disaster health management policies to ensure the success of these policies.

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(P1-111) Japan Medical Association Team (JMAT)

T. Nagata,¹ T. Ishihara,¹ H. Inasaka,¹ T. Sakamoto,¹
M. Akashi,² Y. Otomo,³ K. Koriyama,⁴ H. Kobayashi,⁵
T. Ido,¹ S. Ishi¹

1. Committee on Disaster Medicine, Tokyo, Japan
2. Research Center for Radiation Emergency Medicine, Tokyo, Japan
3. Acute Critical Care and Disaster Medicine, Tokyo, Japan
4. Kitakyushu, Japan
5. Tokyo, Japan

Disaster preparedness is one of the national priorities. In Japan, disaster medicine is defined as a part of the national medical plan initiated by Ministry of Health, Welfare and Labor. The Japan Medical Association is the largest professional physicians' group in Japan, and has contributed to all kinds of disaster relief work regionally and nation-wide for years. Based on past successes, the Japan Medical Association proposes a new disaster action plan named Japan Medical Association Team (JMAT). The primary mission of JMAT is to deploy to the disaster scene requested and work for disaster relief. JMAT covers the acute to sub-acute phase of disaster response, and also collaborate with other agencies. In the preparation and mitigation phases, the Japan Medical Association work for establishing mutual disaster aid partnerships, disaster plans, networks with other agencies, team building, disaster medicine training and education, etc. In Japan, the Disaster Medical Assistant Team (DMAT) has been established based on the experience of the 1995 Kobe Earthquake, when lots of preventable trauma deaths occurred because of delayed medical response. The mission of DMAT is to deploy to the scene immediately and triage/transfer the most serious disaster victims outside the scene for advanced medical care. DMAT covers the first 48 hours of disaster response phase, and then JMAT takes charge of the work. JMAT will also respond to chemical, biological, radiological and nuclear disasters, and international humanitarian work. The present issues of establishing JMAT are 1.training and education for Japan Medical Association members, 2.establishing cooperation with other agencies, and 3.having presence at the Central Disaster Committee, Cabinet Office, Government of Japan.

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(P2-1) Large Civilian Jets Configured for Aeromedical Use: Implications for Disaster Health

S. Curnin

Health - Disaster Preparedness & Management Unit, East Perth, Australia

Background: Australia is a vast and isolated country and often the only viable option of transporting multiple casualties is using fixed wing aircraft. A number of civilian aeromedical services and the military are responsible for the evacuation of casualties, both nationally and internationally. Due to Australia's increased operational commitments, the military can no longer be expected to provide a rapid aeromedical deployment. This

situation, coupled with the limited surge capacity of Australia's civilian fixed wing aeromedical services, highlights the need for Australia to improve preparation and readiness for a large scale civilian aeromedical response.

Discussion and Observations: Historically, the use of large jets configured for aeromedical use has been exclusively the domain of the military. Yet in recent years the use of large civilian jets configured for aeromedical capability has been suggested as a solution. The purpose of this paper is to explore the role of large civilian jets configured for aeromedical use in the event of a disaster with multiple casualties. This study involved an extensive literature review and an international study tour of aeromedical services that are at the forefront of using large jets in aeromedical evacuation. The findings identified that standard civilian jets can easily be reconfigured for transporting multiple casualties. It is argued that this strategy can be an inexpensive and effective option and should be included in emergency preparedness arrangements. The aim of this paper is to prompt disaster health agencies in Australia to consider the use of a civilian jet system that can be used for a disaster requiring a large scale aeromedical response.

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(P2-2) Suicide Attack Response Considerations for First Responders

C.R. Foerster, J.A. Mohr, J.E. Patrick, A. Richman

Disaster Medicine and Management, Philadelphia, United States of America

Introduction: All first responders must be prepared to respond to suicide attacks. Staging safe and effective responses to these incidents requires knowledge of a number of unique considerations.

Methods: The research presented in this presentation used reviews of open source information along with site visits to multiple suicide bombing sites in Israel and the United Kingdom to determine the important considerations for first responders responding to suicide attacks. What is presented is not a specific standard operating procedure but rather a common framework that can help to facilitate a coordinated and effective response from all agencies involved.

Results: Civilians and private security guards can play an important role in detecting the planning and execution of suicide attacks and sometimes even in their interdiction in the imminent attack phase. The suspicions of civilians must be taken seriously and citizens should be encouraged to report these suspicions immediately. The first responding emergency services personnel must be able to effectively begin their agency's response to the attack while maintaining a strong situational awareness. Also on scene, strong frontline commanders are needed to work together to lead a coordinated response. Interagency communication and using a scaled response is of increased importance at these incidents when first responders could be targeted by the secondary attacks or an initial threat that has not yet been neutralized. First responders can take the initial steps to promote the return to normalcy that is important after terrorist attacks. In the aftermath of attacks, efforts should be made to establish a collective knowledge within the emergency services community to share lessons learned in the response.