

ducted of informational and electronic resources to identify the functional requirements and precise definitions of essential variables. Subsequently, the variables were classified and the specification of each of variable was defined.

Results: Important indexes considered in this study included disasters that had occurred previously; public, geographical, population, economical, social and regional characteristics, infrastructure specifications, and information from related agencies in disaster management; information from assistant provinces; information from related organization and work-groups in mitigation, preparedness and disaster management, training, warning and information, relief and rescue, health, transportation, sheltering, telecommunication, energy, agriculture, water, industry, and recovery.

Conclusions: Iran is a jeopardized country and has sustained substantial loss of life and economic loss related to disasters. In 2003, disaster management program was compiled for disaster responses although there was no accessible, classified and comprehensive information available. The creation of this data bank of disaster-related information is an attempt to solve one of the important defects in disaster management in Iran.

Keywords: databank; disaster management; information; Iran; response
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Urban Search-and-Rescue in Western Australia

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The city of Perth, located in Western Australia (WA), is one of the most isolated cities in the world and requires strong partnerships with emergency service organizations. In order to provide effective emergency response in this isolated region, WA is prepared to be self-sufficient for up to 72 hours before expecting to receive assistance from other states and overseas.

The Department of Health's Disaster Preparedness and Management Unit (DPMU) has been working closely with key areas within the Department and external agencies including the WA Country Health Service (WACHS), Fire and Emergency Service Authority (FESA), WA General Practice Network, and St. John Ambulance (SJA) to enhance the capabilities of disaster response.

The DPMU, in partnership with the FESA, recently has trained four doctors in urban search and rescue (USAR) activities. In order to put this training into practice, these newly recruited USAR-trained doctors participated in a National Counter Terrorism Exercise (Western Explorer) held in June 2006. The initial exercise, Exercise Western Explorer, was the first of its kind to showcase WA's urban search and rescue capabilities.

Recommendations from this exercise are currently being implemented, including the identified need for immediate access to medical equipment during activation and the need for the USAR-trained doctors to be familiar with the tools and equipment used by the USAR Taskforce.

Keywords: Australia; geographic isolation; search and rescue; training; urban
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Developing Disaster Medical Assistance Teams in Australia

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Western Australia (WA) was one of the first Australian states to deploy medical teams to work in the Tsunami-stricken regions of the Maldives and Banda Aceh. Historically, Australia has relied upon the Australian Defence Force to provide overseas medical assistance. However, in this instance, the volunteers were civilians, predominantly from tertiary hospitals. The deployment of civilian-based medical teams has been questioned, mainly due to the lack of pre-deployment arrangements. In this instance, Australia's civilian medical response to the Tsunami was appropriate and effective. Subsequently, at the post-Tsunami debriefings, it was proposed that pre-selected, state-based Disaster Medical Assistance Teams (DMAT) should be established.

Western Australia is researching and developing a model for a state-based DMAT. This presentation will examine the progress made in the development of such teams. These teams will have the ability to be developed intra-state, interstate, and internationally, if required. For a state like WA, where much of the industrial areas are located near hospitals with few resources, a designated DMAT would be a great benefit. The capability to provide assistance, coupled with the ever-present natural threats, particularly cyclones in the North West and bushfires in the South, will be enhanced. These processes were evaluated during a recent 12-person deployment to Yogyakarta. Further development will be available following the Australian Symposium focusing on Workforce Modelling for DMAT, which was held in Perth, Western Australia 27–28th November 2006.

Keywords: disaster; disaster medical assistance team; government; medical aid; Western Australia
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Comparing Risk and Disaster Preparedness of Two University Hospitals Using the Utstein Guidelines

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Introduction: The Utstein Guidelines provide common terminology to disaster management and thus it is preferred for its structured approach to disaster preparedness and evaluation. The concepts and guidelines provide a baseline for different healthcare systems to be assessed and compared.

Methods: National University Hospital in Singapore and Yongdong Severance Hospital in Seoul function under two different systems. The Utstein template was used to illustrate the risk and needs assessment of these two hospitals during a disaster. Using Utstein disaster terminology and concepts, both of the hospitals identified the hazards each faced that may escalate into events and possibly lead to damages and function change.

The Basic Societal Function (BSF) was defined for both Singapore and Seoul, and it was determined how each