

each Centre, with a maximum score of 40 points, which corresponded with the highest level of emergency preparedness.

**Results:** A total of 15 replies were received (93.8%). Results from each group applied to Type 1 PHCCs will be presented. The final scores indicate a global low level in terms of health emergency preparedness for this type of health units.

**Conclusions:** An adequate level of preparedness is mandatory for the PHCCs of small islands and archipelagos. Objective analyses are needed to define weaknesses and consequent measures to correct or diminish them. The proposed criteria to evaluate health emergency preparedness in PHCCs can be used as a practical guidance for other small islands around the world.

**Keywords:** healthcare system; island; isolated; preparedness; primary health care

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### (189) Global Standardization and Organized Deployment to Medical Emergencies and Disasters

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It is the intent of this session to address the importance and necessity of standardization to Global Medical Emergencies and disasters. This objective can be accomplished by standardizing competency profiles of individual responders, equipment, and the alignment of non-governmental organizations and militaries.

This session will address the possibility of organizing for domestic, neighboring, and international responses. By relying on systems and methods already in place around the world, this process may reduce morbidity, mortality, and increase resources stored and deployed around the globe.

Recent events around the world have reinforced the need to respond more quickly, more effectively, and with “appropriate” resources.

**Keywords:** deployment; disasters; global standardization; global medical emergencies; organization

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### (190) Introduction of a Minor Injury Clinic to Improve Patient Flow

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**Objectives:** The aim of this study was to facilitate patient flow, reduce waiting times and Emergency Department (ED) length of stay (EDLOS), and to meet established key performance indicators through the introduction of a minor injury clinic (MIC) at Casey Hospital.

**Methods:** It was determined that a large number of patients present to the Casey ED with minor injuries (up to 45% of category 4 and 5 patients). This workload created long waiting times for such patients. An MIC was established by securing a specific geographical site within the ED, committing nursing and medical staff, and identifying patients (triaged category 4 and 5, with minor injuries). Nurse initiated x-ray was established (NIX) and data were collected pre- and post-implementation of the MIC. This observational study relied on the retrospective

chart review of triage waiting times, EDLOS (all patients), and patient and satisfaction surveys (still to be completed).

**Results:** The data that have been analyzed to date indicate that triage waiting time and EDLOS for all-comers have improved in the face of increasing demand on this new ED at Casey Hospital.

**Conclusions:** The introduction of a dedicated MIC stream to this ED has successfully improved triage waiting times and EDLOS. Patient flow has improved, and it can be anticipated that patient and staff satisfaction surveys will indicate that the implementation of a MIC can assist in augmenting the streaming of patients in the ED.

**Keywords:** emergency department; emergency department length of stay; minor injury clinic (MIC); patient flow; surge

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### (191) Improving Disaster Response Tools: A Case for Considering Vulnerable Populations and Persons with Disabilities

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**Objective:** The National Bioterrorism Civilian Medical Response Center (CIMERC) develops enabling tools aimed at producing an effective, integrated response to complex medical emergencies. The CIMERC continues to work to meet the needs of healthcare organizations, emergency managers, and disaster responders challenged by disparate capabilities and limited resources.

**Methods:** The CIMERC employs consensus-driven methods to develop novel work products and to further enhance existing tools. One example is the Strategies for Incident Preparedness (SIP), a collection of disaster scenarios designed as a training workbook for use by hospitals and healthcare professionals. The workbook presents a series of incidents ranging from naturally occurring to manmade events, and is designed to allow users to tailor the exercises to their specific demographics, geography and regional needs. The SIP presents thought provoking planning and response questions, as well as country specific reference documents to assist with policy development.

**Results:** The evolution of SIP and its expansion into the international arena has resulted in the incorporation of local knowledge resulting in substantial enrichment of the tool and increased applicability on a global scale. This process has not only led to the inclusion of planning considerations for the disabled, but to a dedicated consensus effort on emergency preparedness and unique planning essentials for vulnerable and disabled populations.

**Conclusion:** The purposeful inclusion of the disabled community in all stages of disaster planning positively impacts general preparedness and bolsters the ability to address the needs of the disabled. Such a focus presents an opportunity for significant advances along the preparedness continuum.

**Keywords:** bioterrorism; disability; disaster response tools; National Bioterrorism Civilian Medical Response Center; preparedness; vulnerable population

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