

translate our class into an online course so their staff can be trained on disaster management.

*Prehosp Disaster Med* 2011;26(Suppl. 1):s29–s30  
doi:10.1017/S1049023X11001087

### (A107) Victimbase: Disaster Victim Descriptions for Simulation, Training and Research

M. Debacker,<sup>1</sup> M. Boosman,<sup>2</sup> W.J. Van Norel,<sup>2</sup>  
J.L. Tryan<sup>3</sup>

1. Research Group on Emergency and Disaster Medicine, Brussels, Belgium
2. Delft, Netherlands
3. Ottawa, Canada

**Introduction:** A 2006 survey showed that 27% of training institutions used computer-based training in disaster medicine and an additional 23% indicated that they will use it in the near future(1). Victim descriptions are an important element of simulation exercises. Currently, the victim data utilized in computerized simulation exercises cannot be used in an interchangeable way.

**Methods:** The European Master in Disaster Medicine (EMDM) Academy, recognizing the need for access to reliable disaster victim data, initiated the Victim Base project in order to improve the availability and quality of disaster victim profiles for use in simulation, training and research. A standardized victim template was developed through a review of primary and secondary survey requirements with consultation from an international consortium of training experts in disaster medical management during two workshops.

**Results:** The victim template is composed of a description of the victim profile, a set of clinical conditions and triggers (time and interventions) to move from one clinical state to another. The parameters of a casualty condition are organized in sub-templates and arranged in the way the victim would most likely be assessed. Victim profiles can be delivered in different output formats on request of the users.

**Conclusion:** In order to evaluate the effectiveness or outcome of disaster response exercises or test operational plans, victim data must be robust, reliable and of high quality. Moreover, the data must be interchangeable in order to make comparisons between different response systems, regions or countries. VictimBase as an online library of disaster victims will contribute to achieve these objectives. 1. Delooz H, Debacker M, Moens G, Johannik K. and the ISEE Partnership. European survey on training objectives in disaster medicine. *Eur J Emerg Med* 2007;14:25-31.

*Prehosp Disaster Med* 2011;26(Suppl. 1):s30  
doi:10.1017/S1049023X11001099

### (A108) Hospital Disaster Planning: The Structured Approach

G.E.A. Khalifa

Emergency Medicine, Abu Dhabi, United Arab Emirates

**Background:** Disasters and incidents with hundreds, thousands, or tens of thousands of casualties are not generally addressed in hospital disaster plans. Nevertheless, they may occur, and recent disasters around the globe suggest that it would be prudent for hospitals to improve their preparedness for a mass casualty incident. Disaster, large or small, natural or man-made can strike in many ways and can put the hospital services in danger. Hospitals, because of their emergency services and 24 hour a day operation,

will be seen by the public as a vital resource for diagnosis, treatment, and follow up for both physical and psychological care.

**Objectives:** Develop a hospital-based disaster and emergency preparedness plan. Consider how a disaster may pose various challenges to hospital disaster response. Formulate a disaster plan for different medical facility response. Assess the need for further changes in existing plans.

**Methods:** The author uses literature review and his own experience to develop step-by-step logistic approach to hospital disaster planning. The author presents a model for hospital disaster preparedness that produces a living document that contains guidelines for review, testing, education, training and update. The model provides the method to develop the base plan, functional annexes and hazard specific annexes.

**References:** 1. JCAHO standards as a starting point to prepare for an emergency 2. Australian Emergency Manual. Community Emergency Planning Guide, Second Edition. www.csu.edu.au/faculty/health/aemf/EMPlanning/PLANNING.doc 3. Developing practical emergency management education programs Joint Commission Perspectives, December 2001, Volume 21, Number 12 4. Guide for All-Hazard Emergency Operations Planning (FEMA). www.fema.gov/pte/slg101.pdf 5. EMERGENCY MANAGEMENT PLAN The University of Mississippi Medical Center The University Hospitals and Clinics Jackson, Mississippi August, 2002 6. Hospital Disaster Preparedness: Meeting a Requirement or Preparing for the Worst? By Paul V. Richter Risk Management Coordinator for Support Services South Carolina Hospital Association

*Prehosp Disaster Med* 2011;26(Suppl. 1):s30  
doi:10.1017/S1049023X11001105

### (A109) Health Workforce and Disaster Preparedness of Rural Hospitals

L. Sieglhoff, L. Cusack, P. Arbon, A. Hutton, L. Mayner

Flinders University Research Centre for Disaster Resilience and Health, Adelaide, Australia

Following the devastating March 2009 Victorian bushfire disaster in rural areas of Australia, authorities reviewed strategies designed to protect communities during periods of extreme fire risk. New policy and regulation were introduced and designed to ensure that small rural communities were protected and prepared to confront a wildfire emergency during days of extreme heat or bushfire risk weather. As a result on days of declared 'catastrophic' bushfire weather conditions government agencies in South Australia have implemented a policy for schools (including pre-schools) to be temporarily closed. On these days community members are advised to evacuate early to safe regional centres, and to limit travel on country roads. The WADDEM Guidelines for Disaster Evaluation and Research demonstrate that Basic Societal Functions (BSFs), such as education, health, transport and others, are interconnected and interdependent. For example in small rural communities in South Australia people may have a number of important roles including being parents, volunteers of emergency services while also being employed as staff of local hospitals. This project reviewed the impact of school closures and other protective measures on the availability of the rural nursing workforce and on rural hospitals. Rural hospitals in Australia are staffed, on average, by 2–8 nurses, service