management, community based health work force and self care will be reviewed. Finally, pre-emergency preparedness focusing on community based benchmarks, community based disaster management planning and strengthening health systems based on PHC will be discussed.

Prehosp Disaster Med 2011;26(Suppl. 1):s107-s108 doi:10.1017/S1049023X11003608

(P1-29) Catastrophe Management Plan, Simulations and Results – An Experience of a Private Hospital in Brazil M. Tucherman, M. Vaidotas, Y.K. Sako, N. Akamine, D. Smaletz, C.G. Barros D.

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Introduction: The terms catastrophe and disaster have been frequently heard worldwide due to situations like earthquakes, floods and events provoked by man as the September 11th and Anthrax attack. Catastrophe means all situations where material and human resources available in a healthcare facility are not enough to assist a large number of victims admitted at the same time. Accreditation requires having a plan to manage effectively those situations, assessing safely as much victims as possible.

Objective: To describe the catastrophe plan and its management in a private hospital.

Methodology: Hospital Albert Einstein is located close to a huge soccer game stadium and near to the State Government Hall. This was the reason to have a plan focusing on casualties with a large number of victims. The literature was revised to choose the triage methodology. Triage to identify the priority of patients' assessment based on their condition, possibility of treatment and determining discharge for those without visible risk. Simulation was implemented, followed by debriefing to register lessons learned.

Results: An algorithm was developed with a crisis center and defining care and support areas in the organizations to manage the victims at Emergency Room and triage field. The plan was effectively deflagrated twice: 47 victims from a bus accident and 25 from a policeman strike. Debriefing was done in all opportunities and communication is the main issue; 15 simulations have been done for training purpose, with specific goals.

Conclusion: Hospital is a high risk environment itself for an internal or external incident depending on its localization. A disaster plan is necessary to improve everyone safety, to organize resources, to respond effectively to such situations and take the organization back to regular operation as soon as possible. Simulations are essential to guarantee staff competency and organization support and response to adverse situations.

Prehosp Disaster Med 2011;26(Suppl. 1):s108 doi:10.1017/S1049023X1100361X

(P1-30) Natural Disasters Challenge for Emergency and Rescue Services - Lessons Learned

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Natural disasters challenge for Emergency and Rescue Serviceslessons learned Przemyslaw Gula MD PhD, Edyta Szafran Institute for Emergency Medicine. Krakow, Poland.

In the period 2008–2010 Poland experienced series of natural disasters including 3 large scales flooding, 2 periods of extremely high snowfalls followed by low temperature periods and finally local flush flooding in different locations. The time of each disaster elapsed from several days up to 6 weeks. All of them had severe impact on local infrastructure by destroying road systems, communication as well as healthcare and fire brigade facilities. The rescue efforts required evacuation, Search and Rescue operations, providing medical care and shelter. The most problems occurred in following areas: - large scale evacuation - collapse of communication systems (including 112 dispatch) - inadequate number of specialized rescue equipment (helicopters, vehicles, boats, snowmobiles, etc.) - providing EMS in affected areas necessity of evacuating hospitals. The lessons learned showed the need for following changes: - strong trans regional coordination in means of facilitation of utilizing civil protection and military recourses - unification of operative procedures for all actors of the response operation - improvement of communication systems and reducing their vulnerability on environmental factors - establishing regional crisis management and control centers, covering the emergency response activities in affected areas - need of large-scale use of HEMS as well as Police and military helicopters in natural disasters - need for better supply in specialized rescue equipment including recue motorboats, 4 wheels drive recue vehicles and ambulances, snowmobiles, quads in local response units. The main rule of commanding the entire operation is subsidiary. Local coordinating structures should be supported by regional and central governments by supplying necessary recourses. However the operational command should be unified and include all participating units and organizations. Prehosp Disaster Med 2011;26(Suppl. 1):s108

doi:10.1017/S1049023X11003621

(P1-31) The Determinants of Competency for Emergency Medical Technician-II in Taiwan

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Background: The formal training for Emergency Medical Technician (EMT) in Taiwan was legislated by Emergency Medical Care Services Act in 1995. Very little research discusses the competency of EMTs. The purpose of this study was to assess the determinants of competency for the EMT-II in Taiwan.

Method: In June 2005, a cross-sectional survey was targeted on firefighters with EMT-II certificate and having a minimum work experience of three months in central Taiwan. Kirkpatrick's (1994) four-level model guided the development of conceptual framework and questionnaire. Structural Equation Modeling (SEM) was adopted for the analysis.

Results: One thousand and seventy-three EMT-IIs were included in the study. Majority of them were male (99.4%) with an average age of 34.46 years old. Among them, 96.5% were careered EMTs with 130.33 months of field experiences. The competency of EMT-II was measured by 4 indicators of error reduction, quality improvement, achievement orientation, and efficiency improvement. The construct of 'Capability

Enhancement' dominated EMT-IIs' 'Competency', followed by 'Length of Time for Field experience', 'Instructor Expertise', 'TA Expertise', and 'Willingness to Learn'. Both 'Age' and 'Total Course Time' had a negative effect on 'Competency'. 'Capability Enhancement' was mainly influenced by 'Practice Absorption' and 'Theory Absorption', followed by "Willingness to Learn", 'Instructor Expertise', 'Total Course Time', 'TA Expertise', 'Self Confidence' and 'Practicum Time in Ambulance Station'. However, the construct of 'Teaching Technique' imposed a negative effect on 'Capability Enhancement'.

Conclusion: The SEM model explains 75.7% of the variances in competency for EMT-IIs. The 'Competency' is dominated by 'Capability Enhancement'. Improving the quality of course, instead of time, and recruiting younger EMT-IIs may advance the competency. Modification of 'Teaching Technique' may enhance the capability of EMT-IIs.

Prehosp Disaster Med 2011;26(Suppl. 1):s108-s109 doi:10.1017/S1049023X11003633

(P1-32) Training Needs Assessment of the Public Health Nurse (Phn) Competency at Health Post in Nepal S. Lamsal, A. Badhu

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Objective: This study aimed to assess the training needs of public health nurses (PHN) and compare the job performed by them with job descriptions.

Materials and Methods: A descriptive study was conducted by utilizing triangulation research method. It was conducted in Eastern and Central regions of Nepal with 13 PHNs (of 13 districts among 75 districts of Nepal) and their supervisors were included as the samples. Data was collected by using standardized tools.

Results: The mean age of the PHNs was 43.69 ± 9.4 years. Near half (46%) had 10 to 20 years job experienced. Most of the respondents (85%) had done PCL Nursing. All most all (92%) subjects had undergone some in-service education. Most of them (57%) used to visit health posts. The majority of PHNs (85%) assisted in planning and implementation of program for a health post. The Majority (85%) were involved in educational activities. Most (85%) were used to supervise the staffs working at health post. The majority of PHNs (77%) were not involved in research activities. Most of them (85%) prioritized the needs of training on recent concepts to bridge the gap between traditional and recent concepts of public health.

Conclusion: PHNs have broad areas of nursing expertise and opportunities for work if needed in a sufficient manpower at the district level. Most of them completed PCL nursing a number of years previously and therefore need training on recent advances and need to recruit more PHNs to improve public health services in Nepal.

Prehosp Disaster Med 2011;26(Suppl. 1):s109 doi:10.1017/S1049023X11003645

(P1-33) Psychological Stress and Effect of War on Education and Educator

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Background: A well sounded education in a peaceful environment is a stepping stone to a good future of a society. Therefore, we can say the foundation and potentiality of economic and socioeconomic of any country is well defined by this.

Discussion: Not everyone receives the reward of education that plays a vital part in their lives. The main reasons as to why this is the case, Is due to the environment the person/individual lives in. For example, when a child is living in conflict and poverty as a major crisis the need for education will be ignored. Children in war torn countries such as Afghanistan where children are constantly under physical and psychological stress due to their schools being destroyed by bombardment and also the killing of their educators. Furthermore, children in war torn countries have a high risk of concern for a pointless education as they don't get a chance to attend school regularly, but they will dapper with educational stress. In this situation all the educators and their students will be whirling in the storms and floods of psychological stress. Education is very emotional and traumatic as it is in Afghanistan, where they suffered through the unfair interference of outsiders in their home country as the Russian did by the name of democracy in 1979–1998. Unfortunately, following 09/11 a new time has set with a new kind of invasion which is going on. We now observe more tragic situation which again external powers are injecting their culture and foreign bodies in Afghanistan. It's obviously drying out the water of our culture.

Conclusions: Where the Culture itself is one of the most important and valuable aspect of life it is a tower of education. Without culture, education would never have been built and so never could be improved.

Prehosp Disaster Med 2011;26(Suppl. 1):s109 doi:10.1017/S1049023X11003657

(P1-34) Chinese Undergraduate Nursing Student's Attitude and Understanding of Disaster

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Objective: To identify attitudes and understanding of Chinese undergraduate nursing students towards disaster, therefore providing information for the development of a disaster nursing curriculum in the Chinese context.

Methods: A total 214 undergraduate nursing students (Year 1 to 4) in one medical university in China were surveyed in 2010.

Results: The majority of undergraduate nursing students (94.9%) were concerned about disaster, 46.7% of them thought they were very knowledgeable about disaster, while 39.3% of them stated they were moderately knowledgeable about disaster. The most popular way for the students to get information about disaster was television (88.3%), followed by internet (67.8%) and newspaper (45.8%). Only 33.6% of them said they gained information from the university. Earthquake (93.7% of students) and flood (36.1% of students) were mentioned by the students as examples of disasters that have occurred in China. The majority of students said the Wenchuan earthquake (2008) was the disaster that had the greatest impression on them. Five aspects were identified