

study has been published on this topic in a German-language area. Additionally, there are no universally accepted evaluation criteria available.

The available 15 related survey studies from the UK and the US were reviewed for the methods medical personnel used in reaching their judgment. Additionally, 30 papers with recommendations for NBC-treatment, as well as general hospital disaster planning, were scanned for the measures regarded appropriate.

From this base of literature, the criteria “decontamination facilities”, “PPE”, “planning and organization”, “training and exercises”, and “implementation” were chosen for this study. The proposed “HPCP-Score” gave 40% of the score’s weight to “facilities and PPE” and 20% to each of the other factors.

For each category, corresponding items in the questionnaire were selected and the coded numerical values multiplied with a factor to achieve the intended weighing. The maximum achievable value was 250; the actual value was divided by 25 and rounded to produce a score on a scale of 0 to 10. The respondents were asked to self-assess their readiness on a scale from 0–10; both values were compared. The “HPCP-Score” concurred in many cases with the self-assessment of respondents (in 58% within one point), but also revealed high deviations of self-assessment by introducing some objectivity in evaluation. It is an imperfect, but perhaps useful tool.

Keywords: contaminated patient; disaster planning; preparedness; safety; self-assessment

Prehosp Disast Med 2007;22(2):s111–s112

(173) Support Mechanisms for Healthcare Workers in Institutional Emergency Planning: Gap Analysis of Three Hospital Emergency Plans

C.A. Amaratunga; T.L. O’Sullivan

University of Ottawa, Ottawa, Canada

Background: In response to the 2003 global outbreak of Severe Acute Respiratory Syndrome (SARS) and the threat of pandemic influenza, hospitals have been actively developing and revising emergency plans. Healthcare workers are a particularly vulnerable group at risk for occupational exposure during infectious disease outbreaks, as witnessed during the SARS outbreak. This paper presents a gap analysis of three hospital pandemic plans in the context of identified organizational support for health care workers.

Methods: Hospital pandemic plans were obtained from institutional representatives in three Ontario cities. Using Nvivo7 software, a qualitative gap analysis of these plans was conducted using a checklist of 12 items, developed from a review of existing literature and findings from a previous study that involved focus groups with emergency and critical nurses.

Results: Many support mechanisms were identified in the plans. However, some gaps were evident in planning for personal protective equipment (PPE), education and informational support, and support during quarantine. Additional areas in which supports could be enhanced

include: emotional/psychological support services, delineating management responsibilities, human resources, vaccine/anti-viral planning, recognition/compensation, media strategies, and professional development.

Conclusions: Extensive support mechanisms for healthcare workers are included in these hospital plans; however, the identified gaps may have serious implications for employee health and safety, as well as for overall response during a large-scale infectious disease outbreak. In order to support healthcare workers in their role as first responders, a number of “good practice” recommendations are provided for consideration in emergency plan development.

Keywords: gap analysis; healthcare workers; infectious disease outbreak; pandemic; preparedness

Prehosp Disast Med 2007;22(2):s112

(174) Specialized Kit Development by Donor Governments for Influenza Pandemic Preparedness

D.A. Bradt;¹ C.M. Drummond²

1. Johns Hopkins Medical Institutions, Baltimore, Maryland USA

2. Monash Medical Centre, Melbourne, Victoria Australia

Three pandemics from influenza A were experienced during the last century. Currently, a highly pathogenic avian influenza H5N1, a panzootic, is affecting 58 countries and is a recurring human epidemic in 11 countries. It is considered to be a future pandemic threat. The objective of this study is to examine the avian influenza (AI) international stockpile developed by the United States Agency for International Development to provide essential commodities for AI outbreak investigation and cluster management in animals or humans. The stockpile is comprised of three kinds of standardized kits: personal protection kits, decontamination kits, and laboratory sample kits. The recommendations of the US and the United Nations’ technical lead agencies for health are incorporated into the three kits and the kits are funded to (US)\$56,000,000. These kits are intended primarily for initial field response by technical teams from host nation authorities supported by UN agency technical leads (WHO, FAO/OIE). The personal protection kit is designed to provide disposable respiratory, skin, and eye protection to a range of professionals. The decontamination kit is designed to decontaminate personnel, equipment, vehicles, poultry farms, etc. The lab specimen kit is designed to provide the host nation’s outbreak investigators with the appropriate equipment in the field for specimen collection and specimen shipment to national and international reference laboratories. Selection criteria for kit contents included utility, simplicity, portability, versatility, durability, availability through government bulk ordering procedures, and low cost. Technical foundations, contents description, distribution mechanisms, and field use of the kits are discussed in this study. A key issue is the suitability of the kits to a future hazard-scape encompassing a broad array of emerging infectious diseases.

Keywords: avian influenza; donor government; kits; pandemic; stockpile

Prehosp Disast Med 2007;22(2):s112