

(192) Preparing for the Pandemic Challenge: The United States Government

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Pandemic influenza is a global threat that must be faced with a united purpose and action. The ability to safeguard the world population in the event of a devastating global pandemic only can be assured through cooperation between the stakeholders.

On 01 November 2005, President George W. Bush announced the National Strategy for Pandemic Influenza, a comprehensive approach to addressing the threat of pandemic influenza. This Strategy outlines how to prepare for, detect, and respond to a potential pandemic will be.

This session will describe the series of historic steps taken by the US Government and the Department of Homeland Security to address the pandemic threat. Major initiatives that are in process, include: (1) an Implementation Plan for the National Strategy for Pandemic Influenza and its five guiding principles; (2) an International Partnership for an Avian Influenza Pandemic; (3) tools developed to assist the private sector during such an event like *Pandemic Influenza Preparedness, Response, and Recovery Guide for Critical Infrastructure and Key Resources*; as well as (4) efforts to enhance individual and family levels of preparedness.

Efforts to prevent or contain the disease will require the participation of, and coordination by, all levels of governments and segments of society to be successful.

Keywords: influenza; pandemic; preparedness; United States

Prehosp Disast Med 2007;22(2):s118

(193) Safe Hospitals, the Mexican Experience

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The Pan-American Health Organization (PAHO) defines a Safe Hospital as, “a health facility whose services remain accessible and functioning at maximum capacity, and in the same structure, during and immediately following the impact of a natural hazard”. In this regard, it is understood that for a hospital to adequately protect patients’ lives and workers’ health, it must have a physical structure that withstands the effects of a natural hazard, while remaining functional and offering vital services.

A safe hospital is not a health facility that is 100% resistant to an earthquake or hurricane, but a structure that, in spite of damages, can continue its operations.

This initiative was endorsed in January 2005 at the World Conference on Disaster Reduction, held in Kobe, Japan, and incorporated into the 2005–2015 Work Plan. It called for states to “integrate disaster risk reduction planning into the health sector and implement mitigation measures to reinforce existing health facilities”.

In Mexico, the Civil Protection System is charged with establishing the diagnosis of safety in hospitals in new and existing health facilities, according to PAHO standards. There already is a “Multidisciplinary Group” that is evaluating the hospitals starting with those located in high-risk

zones. After completion of the evaluation process, each can be classified. A Certification Process of nearly 1,085 hospitals will begin.

Keywords: accreditation; hospital; Mexico; preparedness; safe hospitals; safety

Prehosp Disast Med 2007;22(2):s118

(194) Delivering Remote Prehospital Emergency Care Education to Primary Care Facilities in Crete

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The need for the continuing education of emergency care in primary care physicians has been recognized internationally. Despite this need, providing on-site education to remote and isolated areas is difficult, due to a lack of personnel, travel expenses, limited resources, and a lack of time. Health professionals in rural Greek areas have little training in emergency care, despite the fact that emergencies occur daily. The use of information and communication technologies for the remote delivery of medical courses addresses the need and high demand for emergency education, and helps overcome the difficulties of resource scarcity. The Foundation for Research and Technology-Hellas operates a hybrid network for tele-education consisting of wifi, satellite, and terrestrial networks. Several pilot courses have been delivered successfully by the Emergency Medical Service of Crete. The objective of the network is to provide tele-education courses to isolated areas in the South Aegean Islands and Crete. Diversity of expertise increases the interdisciplinarity of the course and expands the target audience. In the East Mediterranean region, it is the first such course to be delivered through tele-education. The quality is monitored through the continuous evaluation of user satisfaction, knowledge retention, and technical quality. The course introduces several innovations in tele-education. Users receive real-time video and audio of all participants, simulating a feeling of a classroom environment. The courses address medical staff, nurses, and ambulance personnel. A preliminary evaluation has shown that emergency education is a high priority for all healthcare providers, and tele-education an acceptable method for its delivery.

Keywords: Crete; distance learning; education; emergency; hospital; prehospital; preparedness

Prehosp Disast Med 2007;22(2):s118

(196) Hospital Preparedness for Contaminated Patients in Austria: A Survey

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This study is a cross-sectional questionnaire survey of all 118 acute care hospitals in Austria, using the newly devised Hospital Preparedness for Contaminated Patients (HPCP) Score.

In today’s world, the risk of contamination incidents is discussed as terrorism-related, but much more it is an occupational safety problem. The relatively scarce epidemiology