

victims were examined in the AMP (three were considered as an “absolute” emergency, five as a “relative” emergency, and two as a “psychiatric” emergency). All victims were transferred to hospital emergency services.

**Results:** The debriefing after this simulation identified some dysfunctions: (1) this exercise simulation was not well-prepared for all partners; (2) the presence of security personnel is essential for securing the accident area and all area maneuverings; (3) there is an absence of emergency plan preparation for a massive influx of victims in some hospitals.

**Conclusion:** Interactivity, problem solving, decision-making, immediate evaluation, and feedback are key elements to be used in simulation training. The responses of the pre-hospital EMS were mainly acceptable.

**Keywords:** emergency medical services; police; railway accident; simulation; victims

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### (8) Education and Training of Ambulance Personnel in the Rural Areas of Sweden, Scotland, and Iceland

H. Svavarsdottir,<sup>1</sup> B. Gunnarsson,<sup>1</sup> S. Duason<sup>2</sup>

1. FSA University Hospital, Akureyri, Iceland

2. Akureyri Fire and Rescue Service, Akureyri, Iceland

**Introduction:** Ambulance personnel frequently deliver initial care to patients with critical illnesses or severe injuries. Therefore, it is vital to have highly trained ambulance personnel in order to provide optimal services. The FSA University Hospital in Iceland, the Emergency and Disaster Medical Centre in Sweden, and the National Health Service-Western Isles in Scotland received a grant from the INTERREG III Northern Periphery Programme to work on the project, “Ambulance Transport and Services in the Rural Areas”. An overview of the current status of the training of ambulance staff in the participating regions and some thoughts about future development will be presented.

**Methods:** Members of the working groups for each partner reviewed the current status of education of prehospital staff in their region. This included a web-based survey of attitudes and expectations of prehospital personnel concerning their education and training.

**Results:** There were significant differences between the three areas concerning the training of prehospital responders.

**Conclusions:** Further research is needed to define optimal training and composition of ambulance crews in order to improve patient outcomes and the utilization of resources in sparsely populated areas. This collaboration should foster improvements in the provision of relevant education in rural areas, and should have an impact on the quality of service.

**Keywords:** ambulance personnel; education; prehospital; rural areas; training

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### (9) Continuing Medical Education in Disaster Medicine

F. Van Trimpont

Centre Hospitalier Hornu Frameries, Hornu, Belgium

**Introduction:** Since 1988 in Belgium, education in disaster medicine usually has meant delivering basic and sporadic information specifically for doctors, nurses, and/or paramedics. Beyond these programs, it has been difficult to provide continuing education initiatives. Such an educational program for disaster medicine recently has been implemented.

**Method:** One month before the formation of the program, the student (a doctor, nurse, or paramedic) received a book with material that encompassed basic disaster management and introduced more in-depth concepts. During the two-day program, the students performed several practical exercises in groups of eight. Each group was tutored by two or three instructors. The exercises concerned: (1) on-site organization of a triage and care zone; (2) medical dispatch of the casualties; (3) media training; and (4) telecommunications. Moreover, the students were confronted with three table-top disaster exercises in urban, industrial, and countryside environments. They used magnets, figurine vehicles, characters, and other mobile structures on the map to illustrate their tactical approach under the control of the instructors. In last sequence, the students became actors in a life-like disaster exercise with the participation of the fire brigade, civil security, army, police, and media. More than 10 instructors monitored the sequence for 24 participants. The exercise was repeated twice, each time for a different group of participants.

**Results:** The two-day course allowed 48 people to be trained in an academic setting in cooperating with rescue facilities.

**Keywords:** Belgium; disaster medicine; education; educational programs; paramedics

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### (10) The Mass-Casualty Drill at the National University Hospital: Simulating the Madrid Bombing Scenario in Singapore

J.L. Lee

National University Hospital, Singapore, Singapore

Singapore has an extensive public transport railway system that is operated by the Mass Rapid Transit (MRT). Using the experiences from the multiple-site, terrorist attacks in Madrid on 11 March 2004 in which explosives were placed in four commuter trains injuring >2,000 persons and resulting in 191 deaths, Singapore conducted an island-wide drill on 22 May 2006.

This successful, island-wide drill involved the hospitals, police force, public transport agency, media, Ministry of Health, Ministry of Home Affairs, and Ministry of Communication. By exercising the guidelines and standard operating procedures related to disaster management, the drill helped to identify ways in which all of the involved agencies could improve their disaster plans.

A post-event analysis was conducted, and follow up interventions were identified that should improve the response of hospitals.

**Keywords:** drills; Madrid Bombing; multiple-site incident; Singapore; transportation system

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