

performance strategies for frontline-responders, namely surgeons, air traffic controllers, police, and world-class athletes. This research-based approach confirms that best performers in high-risk situations prepare similarly to elite athlete, specifically relating to their emphasis on mental readiness. A framework (Orlick's "Model of Excellence") developed by researchers who worked with Olympic athletes has a proven replication within very different high-risk disciplines. Both quantitative and qualitative analysis of mental readiness was provided based on in-depth interviews with exceptional professionals regarding their best and less-than-best performances. These findings were assessed to determine the presence of common success elements, including: (1) commitment; (2) confidence; (3) mental preparedness; (4) focus/refocus; and (5) seeking and accepting feedback. This refined assessment tool combines the methodological rigour of academic research with a highly readable and practical analysis of specific techniques that increase effectiveness. Challenges were defined from a frontline-perspective. The balance between technical, physical, and mental readiness were compared. Success skills, performance blocks and influencing factors for optimal performance were detailed. Ten practical recommendations are discussed relating how preparedness of frontline-operations strengthens performance, productivity, and morale. An "Operational Readiness Assessment" is a powerful tool with proven value in hospital, paramilitary, corporate, and industrial settings in which there is a need to be well prepared for, risks of injury or death, large equipment/financial expenditures, complacency, fatigue, and significant consequences of errors. It has been described as an indispensable addition to current work in recruitment, career development, e-learning, role-modeling and future research benchmarks. For example, new performance-indicators for mental readiness were incorporated into surgical-resident evaluations, national situational-awareness training was instituted for seasoned air-traffic controllers, and mental-survival e-modules now enhance police coach-officer programs. Ultimately, a "winning" strategy for managing risk is promoting a healthy, prepared workforce resulting in a safer community.

*Prehosp Disaster Med* 2011;26(Suppl. 1):s46–s47  
doi:10.1017/S1049023X11001592

#### (A164) Emergency Preparedness Model for a Level-One Trauma Center

*T.E. Rives, C. Hecht, A. Wallace, R. Gandhi*

Trauma Services, Fort Worth, United States of America

This Level-1 Trauma Center, with a service area covering a population of approximately four million people, treats approximately 80,000 patients per year. In 2010 it is anticipated that > 23,000 patients will be admitted, and > 850,000 patient encounters will occur within the network. This year was especially fruitful with the World Series, Dallas Cowboys, and other large crowd events simultaneously. The disaster plan prepares the hospital for the Super Bowl in February 2011, and its anticipated 250,000 extra people. The emergency preparedness program is a unique hybrid model integrating hospital accreditation guidelines, governmental guidelines, and regulations with the daily experiences at the trauma center. Emergency Preparedness is a program of the Trauma Department; this relationship provides a direct connection between the emergency preparedness

program and direct execution of the plan. The emergency preparedness coordinator is responsible for directing the hospital command center at the time of a disaster requiring activation of the plan. The four phases of emergency planning: (1) Mitigation; (2) Preparedness; (3) Response; and (4) Recovery comprise the core of the plan. However, memoranda of understanding with local, regional, and state emergency operation professionals and organizations are enacted so depleted resources can be replenished. This integration provides for a flexible web that allows sharing of expertise and resources. Trauma Research is available for conducting measurable assessments of emergency preparedness drills and exercises, as well as actual disasters and emergencies where a paucity of research exists. Compliance with all relative agencies is important. A successful emergency preparedness plan directly incorporates daily experiences. This model allows for the continued provision of standards of care and continuity of service during disasters and emergency situations on a daily basis.

*Prehosp Disaster Med* 2011;26(Suppl. 1):s47  
doi:10.1017/S1049023X11001622

#### (A165) Red Cross Health Erus, a Modular Approach to the Challenge of Evolving Emergencies

*R.C. Meagher,<sup>1</sup> T. Tingberg<sup>2</sup>*

1. International Operations, Ottawa, Canada

2. Oslo, Norway

Emergency Response Units (ERUs) were pioneered over a decade ago by the International Federation of Red Cross and Red Crescent Societies (IFRC), with the intention of providing a standardized, rapid global tool for response in disasters. Health ERUs are one example of several types of ERUs on stand-by in various countries around the world. Their tented infrastructure, basic medical equipment, and pre-trained personnel allow for the provision of surge medical capacity where it is needed. Commonly used set-ups include a Basic Health Care Unit and a Referral Hospital. The recently-introduced Rapid Deployment Emergency Hospital allows for a lighter, highly mobile infrastructure, with surgical and emergency medical capacity. The modular design of these ERUs allows for deployment with materials "tailored" to the disaster. Their flexibility has been demonstrated in public health emergencies such as the nation-wide cholera epidemic that occurred in Zimbabwe (2008) and more recently in earthquake-damaged Haiti (2010) and flood-affected Pakistan (2010). Health ERUs already on the ground in post-earthquake Haiti were able to re-organize equipment for use in cholera treatment units and centers, and additional ERUs were deployed specifically to set-up treatment centers. In Pakistan, a mobile clinic set-up was used to deliver primary health services to displaced populations, including psychosocial support initiatives and community health messages to minimize the emergence of communicable diseases. The Community Health module (CHM) is a new module in development since 2009. Experience has shown that disrupted health systems, combined with displaced populations can create a fertile environment for communicable disease outbreaks. The CHM addresses primary, secondary and tertiary prevention early in emergencies by engaging communities and more specifically National Society volunteers in epidemic control. The modular design of Health