

Results: Only 26% of the staff that returned the questionnaire actually had participated in any of the hypothetical exercises. Therefore, the exercises provided only limited training to a small number of the staff involved in the response. The staff involved in the Bali response believed that their years of experience and knowledge of Royal Perth Hospital were what assisted them most in their response. Moreover, the results indicated that only 22% of the staff was aware of changes to the disaster plan post-exercise.

Conclusions: However, in the Royal Perth Management Report (2002),¹ which was written on the “Bali Bombing Incident”, two recommendations regarding changes to the plan were made, therefore indicating that the previous exercises had not evaluated adequately parts of the disaster plan, particularly in relation to the care of relatives.

Reference

1. Harley H: Bali Bombing Incident. Royal Perth Hospital Management Report. Unpublished Report. Perth, Western Australia, 2002.

Keywords: Australia; disaster planning; hypothetical exercises

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Knowledge, Attitudes, and Behavior of Occupational Physicians Related to Burn Cases: A Cross-Sectional Survey in Turkey

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Introduction: Occupational physicians provide the primary care of victims of burn cases at the workplace. In Turkey, it is routine to certify physicians for work in occupational medicine. This study aimed to evaluate the knowledge, attitudes, and behavior of occupational physicians regarding burn cases.

Methods: A total of 510 occupational physicians working in Ankara, Turkey were surveyed by mail, and 101 (19.8%) physicians responded. Most of these physicians (n = 67, 66.3%) had encountered burn cases within the previous year.

Results: The most frequent type of burn injury was scalds (n = 55, 54.5%) followed by thermal injuries (n = 37, 36.6%). Of the respondents, 22 (21.8%) knew the most appropriate classification of burn injuries. Regarding first-aid treatments prior to triage, only 4% chose the valid items. The mean rate of positive attitudes of the participants toward the first aid of different types of burn injuries was 70.8%. Only 31.7% of the physicians surveyed used up-to-date, first-aid modalities.

Conclusion: Turkish occupational physicians have inadequate knowledge and inappropriate attitudes toward the first aid and primary care of burn victims. With the vital support of the Burn and Fire Disaster Institute at Baskent University, nationwide educational policies could be improved and assessed.

Keywords: attitudes; behavior; burn; first aid; occupational; physicians; primary care; Turkey

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Free Papers Theme 16: Public Health-2

Free Papers Theme 17: Tsunami-2

Theme 12: Emergency Medical Services Systems Design

Chair: Frank Archer

Effective Planning for Disasters: The Hospital Response

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During a natural or human-made disaster, the hospital emergency physician cannot flee; the physician must receive the casualties and decide the right course of action, based on the gravity and number of victims. The physician must plan the response of all the hospital services and key figures (anesthetist, surgeon, traumatologist, vascular and or thoracic surgeon, chief of nurses, chief of security). It fundamentally is important that the emergency department follow an “all-hazards” approach to achieve a competent and efficient hospital response regardless of the situation (natural disasters, such as earthquakes or storms, or human-made disasters, such as chemical, nuclear, or biological attacks).

Analyses of recent mass-casualty incidents (Tokyo 1995, New York 2001, Madrid 2004) have confirmed that 80% of casualties make their way to the nearest hospital on their own. Because they are not triaged on-site, there is a risk that the hospital could be overwhelmed by casualties, causing it to become ineffective. Protecting the hospital resources is a high priority in such situations, and the emergency physician's role is crucial. The authors describe the methodology for building an effective plan to handle a massive influx of casualties. Six essential stages will be highlighted: (1) education; (2) risk analysis; (3) inventory of resources; (4) possible scenarios; (5) management; and (6) action.

Keywords: disaster; emergency department; hospital; Italy; planning

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Preparing a National Health Emergency Plan

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Introduction: Following the shocks of 11 September 2001 and the severe acute respiratory syndrome (SARS), the New Zealand Ministry of Health stepped up preparations and is now completing a National Health Emergency Plan (NHEP) that encompasses the whole health sector.

Background: Like all countries, New Zealand faces the risks of terrorism and pandemics. In an increasingly complex and unsafe world, it is clear that central health agencies must take a key role in focusing on public health threats.

The New Zealand health sector has a devolved model with central funding and local autonomy. However, any response to national health emergencies must necessarily involve central planning and national control. The National Health Emergency Plan has dealt with these tensions by developing a modular and free form plan from which local health managers can select the elements they