

**Conclusions:** Positive associations exist between increased disasters and the level of priority and funding given to healthcare security measures in disaster planning. National characteristics of governance, landmass, disaster history, and population influenced the development of healthcare security systems and planning for patient surge incidents. Planning for the mental health impact of terrorism victims, and its subsequent impact to patient surge into hospitals was more relevant in the literature for both India and Japan.

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#### (A284) Improving Hospital Mass Casualty Preparedness through Ongoing Readiness Evaluation

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**Background:** Israeli Hospitals are required to maintain a high level of emergency preparedness.

**Objectives:** To investigate the effect of on-going use of an evaluation tool on acute-care hospitals' emergency preparedness for mass casualty events (MCE).

**Methods:** Evaluation of emergency preparedness for MCE was carried out in all acute-care hospitals, based on an evaluation tool consisting of 306 objective and measurable parameters. Two cycles of evaluations were conducted in 2005 to 2009 and the scores were calculated to detect differences.

**Results:** A significant increase was found in the mean total scores of emergency preparedness between the two cycles of evaluations (from 77.1 to 88.5). An increase was found in scores for standard operating procedures, training and equipment, but the change was significant only in the training category. The relative increase was highest in hospitals that did not experience real MCE.

**Discussion:** This study offers a structured and practical approach for ongoing improvement of emergency preparedness, based on validated measurable benchmarks. An ongoing assessment of the level of emergency preparedness motivates hospitals' management and staff to improve their capabilities and thus results in a more effective response mechanism for emergency scenarios.

**Conclusions:** Utilization of predetermined and measurable benchmarks allows the institutions being assessed to improve their level of performance in the evaluated areas. The expectation is that these benchmarks will allow for a better response to actual MCEs. The study further demonstrated that even hospitals without "real-life" experience can gear up using preset benchmarks and reach a high standard of mass casualty event preparedness.

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#### (A285) Hospital Preparation for Mass Casualty Events

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**Background:** Hospitals handle numerous tasks whose fundamental purpose is to provide medical treatment. Amongst

these, the hospital prepares for the treatment of trauma patients who have been involved in car accidents, injuries at work and industrial accidents. These preparations, although part of the operative conventions of the hospital, do not guarantee the ability to handle Mass Casualty Events which require unique and dedicated preparation and a different operational approach. This paper presents the hospital approach of handling Emergency Mass Casualty Events.

**The Approach:** The preparations require involvement of a national level that must participate in the definition of the activities, task assignment and preparation of an annual plan. The peak of the preparations is a multidisciplinary drill, implemented as part of the annual activity of the hospital.

**The Implementation:** In an emergency situation, the aim is for the hospital staff to be capable of providing its patients (and family members) the best professional care in any given scenario. To achieve the above, the hospital is required to perform the following tasks: Defining procedures, personnel training, logistics infrastructure, control, drills and lesson learned implementation. The tasks should be performed under a multi-annual plan that covers various Mass Casualties Events scenarios including: a train accident, an event involving dangerous industrial materials (e.g. ammonia spill), biological scenarios (e.g. bird-flu) and radiation events (e.g. nuclear reaction).

**Conclusions:** Only precise preparations, disconnected completely from the on-going hospital routine can answer the need to handle Mass Casualties Events.

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#### (A286) Safe Hospital Program and Safe Medical Unit in Mexico

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Safe Hospital Program and Safe Medical Unit in Mexico. The program was established in 2006 within the General Coordination of Civil Protection of the Department of Government and includes a National Evaluation, Diagnosis and Certification integrated of all the institutions of the Public Health Sector, Private and Social. They have about 700 accredited assessors more than 2,700 who have taken the training. There have been more than 1,700 self-assessments and have been assessed in 205 hospitals. The legal framework has been integrated the Safe Hospital Program in the Civil Protection General Law, is included in the Official Mexican Standard that relates to health facilities, has gained access to the Disaster Prevention Fund that manages the Interior Secretary and has established that prior to the Certification of Quality Health Council General (including international standards of the Joint Commission) is evaluated as Safe Hospital. Of the hospitals classified as unsafe have been evacuated two (which will be demolished) with alternative of building new high level of security. In a large number of hospitals have improved fire detection systems, evacuation routes and emergency stairs, as others.

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