increasing a community's preparedness to disasters and other public health emergencies.
Methods: A nationally representative sample of the 203,465 basic and paramedic emergency medical service providers in the United States was surveyed to assess training in core areas of public health emergency preparedness. Additionally, a representative sample of all EMS agencies in the northern metropolitan New York City region were surveyed to determine their capacity to provide staffed ambulances to area hospitals during a disaster or pubic health emergency.
Results: A total of 62.5% of EMS providers surveyed stated they would be able to perform disease reporting while on-duty, in addition to their current job duties. 42.6% and 47.6% stated they would be able to perform symptom cluster recognition and reporting, and public health education, respectively.
Conclusions: There is good evidence that an EMS-public health partnership can enhance the overall effectiveness of the public health system during many types of disasters and emergencies. Emergency medical services providers could provide services and critical functions including vaccine administration, case and contact tracing, emergency communications surveillance, and increased surge capacity through health care facility evacuation and mass patient transportation.
Keywords: emergency medical services; partnership; public health; response; survey
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Health Emergency Preparedness in Small Islands and Archipelagos—Recommendations and Minimum Standards

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Introduction: Health emergency preparedness is a complex matter that demands a particular effort and attention, especially when considering certain geographical contexts, such as the case of small islands and archipelagos. The main purpose of the study was to develop an international expert consensus on recommendations and minimum standards of emergency preparedness in these areas.
Methods: An accelerated Delphi technique was planned to be run in two, or a maximum of three rounds. A predesigned questionnaire consisting of 111 statements grouped into eight main issues was presented to a selected panel of representative experts from different geographical areas of the world. A seven-point Likert scale was employed to score their opinions. Two additional options included in the questionnaire were: (1) null for any statement considered to be absolutely inappropriate; and (2) pertinent statements and/or comments for further evaluation. Immediate consensus was also predefined.
Results: Immediate consensus was obtained for 53 (47.7%) of the statements at the end of the first round. Those statements achieving higher scores are presented by groups of main issues, as well those new ones that the international experts had considered important to be included in the process for further evaluation.
Conclusions: Specific consideration should be given to health emergency preparedness, due to the multiple vulnerabilities and constraints in small islands and archipelagos. The findings of this study can be translated into an initial practical guide for use in such regions, in order to improve their levels of preparedness. Some areas were identified where further studies are required.
Keywords: archipelagos; Delphi technique; emergency health; preparedness; small islands; standards
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Self-Presenting Patients Attending an Emergency Department: Perceptions of Healthcare Needs

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Introduction: Over the last decade, patient attendance in Emergency Departments (EDs) in the United Kingdom has increased by nearly two million visitors. New methods of working to improve access to health care and reduce the demand placed on EDs have been introduced. Despite these initiatives, there is little evidence that they have impacted on attendance for non-urgent health problems. The consulting behavior of patients was assessed in order to investigate this phenomenom.
Methods: An anonymous patient questionnaire was distributed in June 2006to all adult patients who were categorized in a green/blue Manchester triage category. The questionnaire addressed previous contact with healthcare services (during that illness), awareness of other, walk-in care facilities, and perceived barriers to access to these services.
Results: A total of 561 (24%) questionnaires were returned. Thirty-nine percent of respondents had contact with another health professional or facility before going to the ED. A total of 132 patients (24%) perceived that they had been advised to attend the ED. Two-hundred eighty-nine (51.5%) did not know where their local walk-in center was located. A total of 239 patients (42.6%) stated they would consider seeing their general practicioner with their medical problem. Of these, 86 of the problems perceived involved the availability of primary care services, 29 stated that the ED was convenient, 29 that they had been advised to go to the ED by a health professional, and 27 perceived a need for services provided in the ED. One-hundred fifty-eight patients (28.2%) reported problems scheduling a primary care appointment.
Conclusions: Patients attend to the ED for a variety of reasons, including a: (1) perceived need for specialist services; (2) lack of awareness about other facilities; and (3) lack of access to other unscheduled care services. Any attempt to divert patients from ED will require a multi-faceted approach.
Keywords: demand; emergency department; health care; hospital; self-presenting patients
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