staff members underwent first aid training, especially the CPR training and the use of AED. The public are trained for self rescue skills via different approaches and provided with first-aid kits. A medical rescue team is recruited; the team consists of Critical Care physicians, surgeons, anesthetists and nurses. The team is able to deal with different situations under all conditions. The team is a standing army, after the EXPO, the team will be responsible for providing medical services in the regional disaster rescue. Drills are performed periodically to practice the rescue skills, enhance the communication and cooperation among different government departments.

Results: By joint efforts, a safe, wonderful and unforgettable EXPO was presented to the world. During the 184 days, medical personnel provided medical services to the 73 million visitors.

Conclusions: The medical preparedness for World EXPO should be practical, realistic, and systematic and forewarning. The public should have the easy access to the information and resources. Develop the contingency plans according to the real situation, ensure its timely updating and deliver training to every one involved. Drills should be performed periodically to practice the rescue skills, enhance the communication and cooperation among different government departments.

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(A225) Lessons Learned at the Commonwealth Games: A Mass-Gathering Sporting Event in New Delhi, India

A. Madan
Jamsetji Tata Centre of Disaster Management, mumbai, INDIA

Mass gatherings can be religious, political, socio-cultural, or sporting events, and vary in the form of processions, car races, conferences, fairs, etc. New Delhi hosted the 2010 Commonwealth Games, a mass gathering spread over a duration of 10 days with different venues and a high density of participants, spectators, security personnel, volunteers, and high-profile guests. Various organizations were involved in the planning and implementation of the games which called for a collaborative and coordinated effort to make the event a success. Security coverage was required for 23 sporting, 32 training, and seven non-sporting venues. Security arrangements were of utmost importance and required training, mobilization, and deployment of army, police, and other emergency workers, as well as establishing Standard Operating Procedures for responses to chemical, biological, radioactive, and nuclear events and availing specialized equipment. Areas of public health interventions in mass gathering include mass-casualty preparedness, disease surveillance and outbreak response, safety of water, food, and venues, health promotion, public health preparedness and response, pest and vector control, coordination and communication, healthcare facility capacity, and medical supplies. Methods adopted for the study included interviews with the stakeholders of the Commonwealth Games and use of secondary data to cite examples and support arguments. Existing knowledge must be documented and made available for use in planning for future mass gatherings. The size, duration, and interest of such events demands special attention toward preparedness and mitigation strategies to prevent or minimize the risk of ill health and maximizing the safety of people involved.

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(A226) Establishing a Framework for Synchronizing Critical Decision Making with Information Analysis during a Health/Medical Emergency

J. Paturas, J. Pelazza, R. Smith
Center For Emergency Preparedness And Disaster Response, New Haven, United States of America

Background: The Yale New Haven Center for Emergency Preparedness and Disaster Response (YNH-CEPDR) has worked in the United States with state and local health and medical organizations to evaluate critical decision making activities and to develop decision making tools and protocols to enhance decision making in a time sensitive environment. YNH-CEPDR has also worked with international organizations and US federal agencies to support situational awareness activities in simulated and real world events.

Objectives: During this session YNH-CEPDR will share the best practices from recent events such as the H1N1 response and the Haiti Earthquake. Participants will be engaged in discussions regarding overall framework for successful information collection, analysis and dissemination to support decision making based on these experiences. This session will also incorporate concepts provided by the US National Incident Management System (NIMS) and the Incident Command System (ICS), specifically through the development of Situational Reports (SitReps), Incident Action Plans (IAP) and Job Action Sheets as methods to implement the framework and concepts discussed. Participants will be led through a series of scenario-based discussions to allow application of critical decision making factors to their organization. At the conclusion of the session, participants will be able to identify next steps for enhancing the synchronization of critical decision making and information analysis within their organizations.

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(A227) Tension between Emergency Management Policy Decisions and Aged Care Facilities in Australia: A Case Study

L. Cusack, L. Siegloff, P. Arbon, A. Hutton, L. Mayner
Flinders University Research Centre for Disaster Resilience and Health, Adelaide, Australia

This paper considers the impact that a number of Australian emergency management policy and operational decisions are having on residential aged care facilities located in the community. For example, all residential aged care facilities applying for new federal government funded aged care places are required to demonstrate a plan for environmental disaster threats such as bushfires and floods. Another example is the adoption of new fire danger rating scale, with the inclusion of an extreme level called "catastrophic"-code red. This inclusion requires all services and community members, living in bushfire-prone areas to decide whether or not to evacuate the day before or morning of a Bureau of Meteorology fire danger index indicating a code

red. There is evidence that these policy and operational decisions have been made without fully examining the practical implications, particularly for aged care facilities. While many of the facilities on which these decisions impact see the rational for such decisions, they argue that these decisions have serious implications for their services and patients. Many residential aged care facilities, which are privately operated, historically have not been involved in any state or local government emergency management planning. Therefore, the whole concept of risk assessment, preparation, and planning to increase the absorbing, buffering, and response capacity of their facilities against extreme weather events has become quite overwhelming for some. This paper presents a case study that demonstrates the tension between emergency management policy decisions on an aged care facility, and outlines their issues and response.

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(A228) Evaluation of the "Health Legal Preparedness" Model in the Context of Emergency Response in Israel

O. Cohen,[1] P. Feder-Bubis,[2] Y. Bar-Dayan[2]
1. Department of Emergency Medicine, Beer Sheva, Israel
2. Department of Health Systems Management, Beer Sheva, Israel

Background: The "Health Legal Preparedness Model" developed in the US aims to provide better health-related responses in times of emergency. It includes four components: (1) law; (2) competencies; (3) information; and (4) coordination.
Objective: The aim of this study is to examine the usefulness of the "Health Legal Preparedness Model" in the present state of affairs in the field of emergency preparedness in Israel.
Methods: A qualitative study was conducted. In-depth interviews were performed with leading experts in the past or at present in the Israeli emergency health system.
Results: The Israeli healthcare system already has elements of the model in place at various levels. The relative perceived importance of each of the four aspects of the model varied between the experts. Of the four components, law and coordination were perceived as a major system concern. Training of specialists in emergency legislation was controversial. In addition, differences were found in the experts' perceptions as of the optimal way to operate the health system during an emergency. Variability also was found in the perception of the private sector growth and in the importance of its incorporation into emergency response plans. The study found that the emergency preparedness system resembles military practices in its conduct. Nevertheless, there is willingness toward mutual emergency systems drills, including aspects of legal preparedness.
Conclusions: The model already is applied partially in the Israeli emergency healthcare system. Results indicate that the Health Legal Preparedness Model might be useful in identifying gaps in emergency response plans. It also crystallized gaps related to optimal operation during emergencies in the country. Therefore, it is important to reach agreement upon solutions that will incorporate a regulatory guideline in order to improve the function of the emergency healthcare system.

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(A229) Financing Emergency and Disaster Treatment: A Proactive Funding Approach

E.K. Oladimeji,[1] B.O. Adebiyi,[2] D. Akeredolu[3]
1. Council, Lagos, Nigeria
2. Administration, Lagos, Nigeria
3. Lecturing, Lagos, Nigeria

Financing the care and treatment of victims of emergencies and disasters is a critically important area for policy. It needs deliberations to evolve policies that will be relevant, robust and enduring. This is more so as the ideological and political leanings of a people determine what will be allowed and what policies endure. The sustainability of the funding model makes a large impact on the success of the treatment, in this case the specialized treatment needed in the traumatic event of emergency and disaster. The paper defined emergencies and disasters and observed that though the timing of funding is critical in the events, the volume and complexity of funding is higher in the latter. The paper reviewed the several current models in use today, particularly with locus on costs which should be incorporated in a payment model, including flag fall or set-up costs (for instance managing new patient records), consumables, investigations (such as pathology and diagnostic imaging) and pharmacological services (prescriptions, logistics of procurement under crisis, etc,) staffing costs which in public hospital emergency departments often do not vary within a shift i.e. emergency departments rarely draw staff from ward areas to the emergency departments to assist with unpredicted demand peaks- but which may become significant in event of disasters. These models are essentially public funded. The paper also highlighted the political underpinnings which make each of the current models popular in each of the ideological settings. The pros and cons associated with the models are reviewed in depth. The paper concludes, after the ideological/funding analysis, by recommending a private/public mix of funding. Details of this proactive funding approach are given and ways to modify and adapt them to different ideological (political) backgrounds suggested.

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(A230) Emergency Medical Preparedness for Disaster Risk Reduction: The Role of Health Sector Personnel - An Overview

B.R. Mulam
Saarc, New Delhi, India

Efficient management of disasters has received increased attention globally. It has been realized by all countries in the world that no development is sustainable if human life is vulnerable to major Disaster risks. Disaster Preparedness and Response are the most important components of an effective Disaster Management strategy. The objective of Disaster Preparedness is to ensure that appropriate systems are in place and personnel are trained to provide immediate response to victims in the event of any Disaster. Medical response is one of the most critical, most important and of immediate requirement in any Disaster situation. The success or failure of any Disaster Management operations will depend to a great extent on the success achieved by the Medical and Health sector since most of the Deaths