

hospital or community-based care setting for a limited period of time and then return to their homes for convalescence. Of particular importance are that these protocols applicable to all public health emergencies and do not rely on the active presence of physicians at the alternate care site to render care.

**Conclusion:** The development of consistent standards of care and the ability to care for patients in an out-of-hospital setting during a pandemic or public health emergency is essential to preserve the sustained operation of acute care hospitals and the entire health-care system. Diverting patients to a community-based alternate care site or encouraging the early discharge of patients to these locations can assist in managing the large numbers of casualties anticipated during a pandemic or public health crisis.

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### (A113) Ethics in the Delivery of Humanitarian Health Response: Learning from the Narratives of Health Care Workers

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**Aims:** 1. To hear the types of ethical challenges foreign health care workers (HCWs) experience while providing health care in conditions of disaster and deprivation. 2. To hear how they responded 3. To understand the kinds of resources that may have been helpful to support HCWs in these ethical dilemmas.

**Methods:** Qualitative study, loosely grounded theory. Canadian trained HCWs ( $n = 20$ , mean age 39) who have worked in disaster response, conflict, post disaster.

**Results:** Ethical dilemmas emerged from 4 main sources: resource scarcity, historical/political/social structures, aid agency policies/agendas, HCWs norms roles/interactions. Participants described little preparation to deal with ethical dilemmas, and the value in pre-departure training. Clinicians are nurtured in western ethics- mostly formed on autonomy, beneficence, non-maleficence and justice. New realities for many were related to community oriented Public Health Ethics. Early discussion has emerged about the possibility of developing a simple, practical, hand held decision-making model (toolkit) to be used in the field to help guide reflection about ethical dilemmas for HCWs in disaster settings.

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### (A114) Disaster Medical Services System in Hyogo Prefecture from the Lessons of the Great Hanshin-Awaji Earthquake

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**Purpose:** To examine how did Hyogo prefecture renovate disaster medical services system from the lessons of the Great Hanshin -Awaji Earthquake.

**Method:** Countermeasures after the experience of the Earthquake were 1. Establishment of disaster-related medical information network which was introduced to each of various institutions to collect and disseminate medical information at the time of disaster. 2. Designation of sixteen hospitals as Disaster Medical Centers, which were expected to play leading role in disaster management, and to receive many patients at a time of disasters. 3. Construction of Hyogo Emergency Medical Center which was designated as a main Disaster Medical Center to train medical staffs, to operate the Emergency Medical Information Control Center.

**Results:** We have several training courses for medical staffs. The most important training course is the DMAT (Disaster Medical Assistant Team) training course. DMAT trainings held at two main Disaster Medical Centers, east National Disaster Medical Center, west Hyogo Emergency Medical Center. More than three hundreds teams have been cultivated now. We experienced five disasters in Hyogo prefecture in these seven years. 2 were natural disasters by the typhoon. 3 were a collision of the ship, the collision of the truck, train derailments each. A big JR train accident occurred in Amagasaki city of Hyogo on April 25, 2005. Hyogo Emergency Medical Center worked as the emergency information control center, dispatched doctor attended ambulance, performed on-site triage and first aid, dispatched second team by helicopter, received four severe cases by helicopters, dispatched third team in the evening and provided confined space medicine, and took initiative of surveillance study of the casualties.

**Conclusion:** Disaster medical services system from the lessons of the Earthquake functioned at the time of the JR Train accident.

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### (A115) Disaster Preparedness and Learning Habits of the German Security and Rescue Forces: A Survey

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**Objective:** Developing an e-learning platform addressing security and rescue forces to eradicate the lack of disaster preparedness underscored by diverse studies. In order to reach this aim the performance of a needs analysis is essential.

**Methods:** The audience of security and rescue forces was clustered in (emergency) physicians, fire-fighters, policemen, Paramedics and members of the Federal Agency for Technical Relief (THW). For each cluster a questionnaire was developed and corrected by specialists in disaster care. The questions were about previous knowledge, habits of studying; further training habits and internet requirements.

**Results:** The questioner was posted online during 4 months and was filled in by 1142 persons (141 physicians, 194 fire-fighters, 108 policeman, 444 rescue workers and 255 members of the THW). The biggest lacks in previous knowledge were shown