

(P1-78) Utilizing New York City Pediatric Disaster Coalition Site Visits to Create Hospital Pediatric Critical Care Surge Plans

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Purpose: The New York City (NYC) Department of Health and Mental Hygiene (DOHMH) has supported a federal grant establishing a Pediatric Disaster Coalition (PDC) comprised of pediatric critical care (PCC) and emergency preparedness consultants from major city hospitals and health agencies. One of the PDC's goals was to develop recommendation for hospital-based PCC surge plans.

Methods: Members of the PDC convened bi-weekly and among other projects, developed guidelines for creating PCC surge capacity plans. The PDC members, acting as consultants, conducted scheduled visits to hospitals in NYC and actively assisted in drafting PCC surge plans as annexes to existing hospital disaster plans. The support ranged from facilitating meetings to providing draft language and content, based on each institutions request.

Results: New York City has 25 hospitals with PCC services with a total of 244 beds. Five major hospitals have completed plans, thereby adding 92 PCC beds to surge capacity. Thirteen additional hospitals are in the process of developing a plan. The PDC consultants participated in meetings at 11 of the planning hospitals, and drafted language for 10 institutions. The PDC continues to reach out to all hospitals with the goal of initiating plans at all 25 PCC hospitals.

Conclusions: Providing surge guidelines and the utilization of on-site PDC consultants was a successful model for the development and implementation of citywide PCC surge capacity planning. Visiting hospitals and actively assisting them in creating their plans was an effective, efficient and well received, method to create increased PCC surge capacity. By first planning with major hospitals, a significant increase of surge beds (92 or 38%) was created, from a minimal number of hospitals. Once hospitals complete plans, it is anticipated that there will be the addition of at least 200 PCC surge beds that can be incorporated in to regional city-wide response to pediatric mass-casualty incident.

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(P1-79) Regional Medical Command and Control Management of Influenza A (H1N1) Mass-Vaccination in the County of Östergötland, Sweden

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Introduction: On 11 June 2009, an Influenza A (H1N1) pandemic was declared by the World Health Organization (WHO). The Major Medical Incident Regional Command and Control Protocol in the County Council of Östergötland, Sweden was activated. After vaccinations were completed, it was decided that the operation should be evaluated in a retrospective study. This study aims to increase knowledge regarding regional management of a pandemic flu.

Methods: All protocols from regional command meetings were studied together with central data regarding, logistics, vaccination site reports, incident reports, and all written correspondence between involved departments. Information from results of a questionnaire that was distributed to all vaccination site managers were summarized and studied. In addition, an interview was performed with the chief of medical operations.

Results: Out of the approximately 426,000 inhabitants of the county, a total of 224,780 (53%) were vaccinated during a five and a half month period. The mean pace was 1,246 vaccinated per day (range 0–9643). Regional command had 41 recorded meetings resulting in a collected number of about 740 working hours. Three hundred sixty-six employees were involved in the vaccination, working 38,741 hours. Twenty-eight safety and 52 security incidents were reported. Uncertainty about vaccine delivery and keeping the public's interest were reported to be of concern for the management.

Discussion: Even with the large scale of the operation, there were only a few security and safety issues. Although the goal of vaccinating 75–80% of the inhabitants was not reached, it could be assumed that the pandemic was dampened. Given the public's high initial interest, it could be considered that vaccination should not start until a large number of doses have been delivered.

Conclusion: The medical incident command structure and protocol successfully can be adapted to a mass vaccination event. Information from the Östergötland County Council operation yielded significant experience for future mass vaccinations.

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(P1-80) Issues and Challenges in Preparedness and Response to Infectious Public Health Emergencies in Hospitals of Developing Countries

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India has witnessed many major infectious public health emergencies (PHE) during 21st century. They include outbreaks of Severe Acute Respiratory Syndrome (SARS) 2002–03, avian flu in 2006, chikungunya in 2006–07, and the H1N1 pandemic in 2009. Periodic dengue and Japanese Encephalitis epidemics also are common. The premier institute of the country, PGIMER Chandigarh, always has received a huge inflow of patients from North India during such emergencies. These patients pose special challenges to hospital administration in terms of effective and efficient management of crisis situation, and require special measures. The authors' experience has shown that the major challenges faced are allocation of scarce resources, capacity building, motivation of employees, infection control, and inter-sectoral coordination. The response during the initial phase is erratic due