

Education for EMTs is split into three courses: (1) basic; (2) intermediate; and (3) continuing education. In order to make the courses accessible for all EMTs in Iceland, a different educational approach is used, depending on where the EMTs are located. The school and the students, especially in the rural and remote areas, depend on the distance learning technique, i.e., videoconferencing and the school's website. Most of the longer courses (basic and intermediate) are taught in two or more places at the same time by using the videoconference for lectures, where the students can watch lectures "on air" followed by skill stations in each place. The results of a basic course taught simultaneously in six different locations using videoconferencing will be highlighted. However, for shorter courses, like continuing education, an organization is made so that the courses can be held in the hometowns of the EMTs. It is clear that different educational approaches can raise the level of EMS education in the country, especially for those working and living in the rural and remote areas, as it is more likely students will attend courses when they are "brought" to them.

Finally, the presentation will cover the future challenges facing the EMS education in Iceland. The aim is to raise the standards even higher and move it to a university level with the option of offering Paramedic education in Iceland in cooperation with other EMS colleges.

Keywords: approaches; education; emergency medical technician (EMT); Iceland; remote areas

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Training for Major Incidents: Developing a Training and Awareness Course for Members of Mobile Medical Teams

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With each new major incident event, the requirement for in-hospital staff, both medical, nursing, and others, to leave the hospital to attend the scene becomes more likely for National Health Service (NHS) acute trusts. Arrangements for medical and nursing staff that may "go mobile" vary greatly from region to region and even within local health communities. They remain relatively unregulated and are supported by a variety of local and regional initiatives.

In an exploratory study, Moakes and Kilner (2001) studied the views of nurses in accident and emergency departments who could be asked to form or join a mobile medical team at the scene of a major incident. It appeared that few had little idea of their roles and responsibilities, and a number of nurses involved in the study admitted that they were prepared inadequately and felt that they had little to contribute to the effective care of victims at the scene of a major incident. This view was upheld by the nursing and medical staff working in the two busy emergency departments at North Bristol NHS Trust.

Fortunately, most nurses, in particular those working in emergency departments, are familiar with the need to be flexible and embrace role expansion. Specific strategies and educational programs have been developed, allowing nurs-

es' roles to evolve, i.e., the development of the autonomous Emergency Nurse Practitioners.

This presentation will outline how a health community in the southwest of England developed a one-day training awareness course for medical, nursing, and technical staff who are required to be available to mobilize in response to a major incident within the locality. The original concept was created by a multidisciplinary collaborative, involving an ambulance service, fire and rescue service, and two acute NHS hospital trusts.

More than 100 personnel have been trained through the course over the past three years. The need for the course will be reviewed, along with course content, and intended lessons learned. Appropriate required personal protective equipment will be addressed, and roles and responsibilities of each individual while working with disciplined emergency services personnel in the hostile environment of a major incident will be reviewed. The need for regular update, revalidation, and refresher training will be discussed.

Keywords: assessment; England; mobile medical team; mobilization; national health service (NHS); nursing; training

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Free Papers Theme 6: Psychosocial Aspects of Disaster

An Emotional Preparedness and Resilience Curriculum for High-Risk, Fourth-Grade Children: An Essential Aspect of Comprehensive Disaster Preparedness

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Enhancing children's emotional preparedness and resilience is an integral part of disaster preparedness and post-disaster intervention. A study of New York City school children showed that only 34% of those with probable post-traumatic stress disorder and impaired functioning in the months after the 11 September 2001 attacks, received counseling, either within or outside of the schools.

Racial-ethnic and low-income children and families especially were likely to be affected.¹ Data suggest that there may be extensive unmet needs among the children who were most affected by the New York attacks.² Studies also show that among inner city children, prior exposure to violence increases the risk of post-traumatic stress reactions that may be associated with impaired cognitive functioning. Vulnerable populations, who may be more susceptible to the emotional and behavioral consequences of a disaster, include children,³ those with pre-existing psychological problems,^{4,5} and those with prior exposure to violence or who live in poor, violent, and underserved areas.⁶ Psychological disaster preparedness may mediate the adverse psychological impact of traumatic events and may be promoted by: (1) opportunities to master experiences; (2) validation; (3) support; (4) problem-solving skills; and (5) modeling, based on cognitive behavioral therapy.