Training is important so that First Responder Community members will be ready to implement these emergency communications plans. Exercises such as Strong Angel III (SAIII) often are the best approach to explore different information and communication technology systems and their resilience in the context of power, range, and interoperability in case of disasters.

The Hashemite Kingdom of Jordan may benefit from studying the US experience in emergency communications and may consider modifying its communications inter-operability plans and improve its infrastructure to enhance readiness for disasters. Jordan's current emergency communications inter-operability plans, policies, Emergency Operation Plans (EOPs) were explored and Jordan's High Availability/Disaster Recovery communications readiness level versus the US was explored.

Based on the technological aspects of emergency communications, particularly as they relate to Jordan's communications environment, a requirements analysis of Jordan's emergency communications plan and lessons learned from the US experience, a proposed Jordan Emergency Communications Interoperability Plan (JECIP) would be introduced.

Keywords: communication; emergency; first responder; information technology; Jordan; planning; response

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Prehospital Application of Telemedicine during Sudden-Onset Disasters

Matthew Turnock; Negin Mastouri; Alim Jivraj McMaster University, Hamilton, Ontario Canada

Introduction: The unique conditions and stresses acuteonset disasters place on the traditional healthcare system require the efficient use of healthcare resources outside of the hospital setting. Furthermore, there is a critical need for effective information management and communication in generating coordinated actions between medical response groups in order to treat serious health problems. Telemedicine is a rapidly emerging field with the potential to addresses both concerns.

Methods: A structured review of PubMed, the Cochrane Library, ISI Web of Knowledge, EMBASE, and Inspec was conducted along with searches of identified articles' reference lists. Papers were not included if they involved homecare, if they dealt exclusively with telemedical technology, or if they were in a language other than English or Persian.

Results: Four papers discussed the clinical benefits of telemedicine in simulated mass-casualty incidents, and only one in real disaster situations. Conversely, a wide range of papers that outlined telemedical technology and infrastructure suitable for disaster response, in addition to its use in non-disaster prehospital medical care were identified.

Conclusions: Documented experience of the use of telemedicine during disasters is limited. Telemedicine technologies

and methods can be applied to remotely assist medical triage and transportation decision-making in the prehospital setting and increase the capabilities of in-field medical personnel by providing access to primary and specialty medical care expertise.

Keywords: disaster; emergency health; health care; hospital; telemedicine Prebosp Disast Med 2009;24(2):s80

The Global EMS Forum: Implementation of an International Emergency Medical Services Networking and Information-Sharing Platform

Darren Walter;¹ Nadine Levick,² Patrick Bourke,² Steve Rapanos,² John Chew;² Jay Reich;² Dave Kingdon;² Jerry Overton²

- 1. University Hospital of South Manchester, Manchester, UK
- 2. Global EMS Forum, New York, New York USA

Introduction: Global forums for sharing current information, practice, policy, and research are established for many healthcare disciplines. There is an unmet need for a global emergency medical services (EMS) platform to share ideas and learning as an adjunct to existing annual conference infrastructure. The implementation of a free-access electronic global forum for EMS information sharing and networking is described.

Methods: Emergency medical services practitioners seeking global collaboration who are involved in international activities were identified. The scope of the forum is intended to embrace all EMS environments, from well-established systems to the more rudimentary, covering a broad spectrum of EMS operations. To facilitate global knowledge transfer, its structure utilizes electronic Voice Over Internet Protocol (VOIP) and "Webinar" technology. Activities are designed to be multidisciplinary, cost- and time-effective with real-time, online "Webinars", and subsequent electronic access to presentation recordings and handouts.

Results: The Global EMS Forum, launched in January 2007, is maintained by a volunteer team of EMS providers and academics with in-kind support on an honorary platform. Webinars are in April/May and September/October, with international speakers and recognized leaders in designated fields. Topics covered have been: (1) EMS and road safety; (2) EMS visibility/conspicuity issues; (3) international ambulance standards; and (4) priority dispatch policies. Respective handout accesses to January 2009 are, 513; 3584; 4214; 651, with a <100 times access increase within six months of each presentation.

Conclusions: Establishment of a sustained, free-access Global EMS Forum through an honorary virtual network has been achieved with increasing interest. Involvement is gratis, and accessible at http://www.globalEMSForum.org. Keywords: communication; emergency medical services;

information sharing; international; networking

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