

Special needs populations are often excluded from emergency preparedness plans, despite their vulnerability. As defined by the CDC one aspect of special needs is physical disabilities which include mobility issues. In 2009 the CDC reported 16% of the US non-institutionalized population as having a physical disability. The literature is limited and empirical evidence on addressing the needs of disabled individuals in disaster preparedness is sparse. This demonstrates the need for guidelines on how to plan for the needs of individuals with physical disabilities during disasters. In July 2010 a coalition of hospitals in Central Brooklyn, NY, University Hospital Brooklyn, Kings County Hospital Center, and Kingsbrook Jewish Hospital Center conducted full scale radiological decontamination exercises which incorporated people with physical disabilities. The exercises utilized the same set of drill participants; 17 total victims and 4 victims with physical disabilities that included 2 wheelchair bound nonmobile victims. The exercise required the HAZMAT teams to address in their decontamination plan the use of accessible equipment for nonmobile individuals. As a pilot study, we hypothesized that the hospitals would be unprepared to decontaminate special needs victims, especially the nonmobile victims based on guidelines published by the US Department of Health and Human Services. By conducting this exercise we found that the hospitals were unprepared to effectively decontaminate special needs victims. We also had a secondary finding that showed that the exercise failed to reach the primary goal also because of the artificiality of the drill. By utilizing healthy actors to assume the role of special needs victims, we found that many of the challenges of special needs victims were bypassed. We share the lessons learned in this drill in both the decontamination of special needs victims and how to prevent the short cuts that can occur in drills that simulate real life scenarios.

Prehosp Disaster Med 2011;26(Suppl. 1):s114–s115
doi:10.1017/S1049023X11003827

(P1-51) Learning from a Cohort of Emergency Technicians & Doctors in Patient Assessment - A Survey in Secondary Hospital, Ningbo Area, China

X.W. Wang, J. Xu, W. Zhou

Nursing Administration Department, Ningbo, China

Background: Patient assessment (PA) is one of the key points to Emergency Technicians and Doctors (ETD) in Emergency cases. Objective of this study is to investigate the general level of PA skill in ETD in a secondary hospital Ningbo and how ETD practice in different scenarios during PA process.

Methods: A retrospective study was carried out by using a questionnaire .33 ETD which includes 3 Emergency Technicians and 30 Emergency Doctors (Male: Female = 2:1) were taken into the study. Thus the analysis of position dependent PA skill variation is difficult to carry out. Mean age of the subject was 28.2 years. Average working experience was 3.91 years.

Analysis: 12% ETD did not carryout scene size-up before approaching victims. The same proportion (12%) of ETD didn't call Police /Fire Agency in risk situations. 1/3 doctors insisted in entering the dangerous spot. Almost 30% doctors ignored bystanders safety when assessing patients. 10% doctors did not collect patient history during transferring. Only 30% of the

doctors practice complete physical examination, others (70%) were inclined to assess main parts. 84% of the ETD would not carry cervical collar when approaching the injured. During assessment, 69.9% ETD neglected patient's medical tag. 94.1% ETD accepted Emergency Training with only once or twice a year.

Conclusion: Awareness on safety of scene and self protection is weak in ETD in PA. Less doctors examine patient completely. Most of ETD does not look for medical tag which is considered an important element in PA although it is not prevailed yet in Ningbo. No significant differences are perceived upon the gender of the worker. Systematic education programs and ongoing trainings with identified shortcomings in patient assessment skill of ETD in Secondary hospitals in Ningbo area are highly recommended.

Prehosp Disaster Med 2011;26(Suppl. 1):s115
doi:10.1017/S1049023X11003839

(P1-52) Educational Program of Disaster Preparedness in the Earthquake Prone Area, Mie, Japan

T. Takeda

Disaster Mitigation Office, Tsu-City, Mie, Japan

Background: Major earthquakes with a magnitude of 7-8 are anticipated to occur in the next 30 years at a 60 percent chance on the southern coast of Mie, Japan. Since the most part of the Mie Prefecture, Japan, is likely to be damaged by tsunami and landslides, residents are expected to take self-reliant approach on the initial several days after the earthquake.

Aim: Developing disaster support system in including community based medical disaster preparedness in the region.

Methods: We have been providing knowledge and techniques to cope with the earthquake cooperated with experts of earthquake engineering. Basic and advanced life support educational programs for acute illness and trauma that may occur in earthquake and/or tsunami as well as during the evacuation and sheltering have been developed for public, local medical associations and the main hospital in the region. Moreover, we have started a new community continuous educational course to promote the public disaster preparedness. We teach introduction of emergency and disaster medicine to enhance knowledge of natural and social science on disaster preparedness.

Results: Local residents including public and medical personnel started to acquire a general idea of disaster and emergency medicine. The educational programs seemed to motivate local residents and healthcare professions.

Prehosp Disaster Med 2011;26(Suppl. 1):s115
doi:10.1017/S1049023X11003840

(P1-53) Effectiveness of "Understanding Disasters" Training Among Health Care Professionals and Responders in China

C.L.Y. Lin, K. Hung, E.Y.Y. Chan, P.P.Y. Lee

CCOC, School of Public Health And Primary Care, NT, Hong Kong

Background: Knowledge about disasters plays an essential role in managing and responding to disasters and emergencies, especially among a group of health care professionals who are actively or will potentially be involved in disaster and emergency settings. A set of training materials that aims to enhance