

### (178) Preparing for a Pandemic: The Need to Connect Rhetoric and Resources

*I. Redlener; A. Garrett; S.S. Morse*

Columbia University, New York, New York USA

Substantial, worldwide attention has been focused on the need to prepare for the possibility of a severe pandemic, possibly involving a variant of the H5N1 influenza virus. While much discussion has focused on the need for a range of critical strategies, including enhanced surveillance, the development of containment protocols, vaccine research, anti-viral stockpiling, non-pharmaceutical interventions, and hospital readiness, neither the global community, nor any individual nation has developed adequate levels of preparedness to manage the consequences of a major pandemic. In the United States, more than US\$7 billion has been designated for pandemic readiness with >90% of these resources directed toward developing vaccines and anti-viral pharmaceuticals. Local public health and health services systems remain substantially underfunded, even though they will need to function at a high level, particularly if a pandemic were to occur prior to the availability of appropriate vaccine. Public health and health systems needs in facing a pandemic will be reviewed, accompanied by an analysis of an important gap between the projected need and current, available resources in the US. Additional resources for global early warning and rapid response also are needed. In addition to funding shortfalls, there are serious gaps in the planning process, itself, with respect to the non-medical, economic, educational, societal, and psychological consequences of pandemics.

**Keywords:** influenza; pandemic; preparedness; public health; resources; vaccinations

*Prehosp Disast Med 2007;22(2):s114*

### (179) Coordinating the Capacity in Disaster Prevention and Response: A Demonstration Case

*H.J. Hsing,<sup>1</sup> K.S. Fan,<sup>2</sup> L.C. Chen<sup>3</sup>*

1. National Science and Technology Center (NCDR) Xindian, Taiwan
2. Division Head of Manmade Division, NCDR, Xindian, Taiwan
3. Director of NCDR, Xindian, Taiwan

Five types of natural disasters occur in Taiwan: (1) typhoon; (2) flood; (3) earthquake; (4) landslide; and (5) debris flow. Each disaster has the potential to cause huge social, economic, and environmental disturbances. The National Science and Technology Center (NCDR) was established in 2003 to combine effectively the research momentum, enhance the research results, and integrate inter-disciplinary resources, as well as to coordinate central ministries advancing disaster prevention, response, and recovery. Since the NCDR has undertaken the role of disaster coordination and began issuing early warning to hazard-potential areas, the number of casualties has decreased from >200 persons per typhoon event to 15 persons per event. With the goal of promoting the development of research and technology for the implementation and application of disaster management, the NCDR supports: (1) research and development; (2) technical support; and (3) application and implementation activi-

ties. Participating in disaster recovery activities is one of the important missions of the NCDR. Adopting appropriate community-based strategies into the decision-making process and constructing a unique plan for each community have proven to be effective ways to enhance recovery from a disaster. Recent natural hazard events have demonstrated the success of NCDR in disaster prevention and recovery.

**Keywords:** coordination; disaster prevention; National Science and Technology Center (NCDR); preparedness; response

*Prehosp Disast Med 2007;22(2):s114*

### (180) Hospital Workers: Who are the Essential Personnel during a Disaster?

*M.J. Reilly; D.S. Markenson*

New York Medical College, Valhalla, New York USA

**Introduction:** Hospital plans often vary in defining the functions that are included in emergency and incident management positions. There is no guideline that describes what roles within a hospital must be fulfilled to effectively respond to and recover from a disaster or public health emergency.

**Methods:** In this study, 31 hospitals in the 7-county northern metropolitan New York City region were surveyed to determine which specific functional roles were considered essential to their hospital's emergency and disaster plan. Furthermore, hospitals were asked to estimate the percentage of their "essential" staff that was trained to perform the critical duties identified in their hospital plans.

**Results:** Only three categories of hospital personnel were consistently reported to be "essential" to all hospitals' emergency preparedness plans: ED physicians, ED support staff, and ED nurses. Some hospitals reported that staff members received no training in their anticipated role based on the hospital emergency response plan. Allied health professionals and EMTs/Paramedics had the least amount of training for their role in the hospital preparedness/response plan (33.3% and 22.2% respectively).

**Conclusions:** Although there may be general consensus that staff in emergency departments are considered essential during a disaster or public health emergency, training to perform their critical functional roles may not be provided. Sustainable training programs must be designed that involve all staff, to increase the knowledge of their individual roles and responsibilities during a disaster.

**Keywords:** emergency department; essential staff; preparedness; roles; training

*Prehosp Disast Med 2007;22(2):s114*

### (181) Referral Patterns of Patients in Disasters—Who is Coming through Your Emergency Department Doors?

*M.J. Reilly*

New York Medical College, Valhalla, New York USA

**Introduction:** The emergency medical services (EMS) system is one of the key components in public health emergency preparedness and response. The EMS system has developed over the past 30 years into an effective means of delivering prehospital medical care. However, case reports in the literature and after-action reports from major inci-