

idea. Providing and sharing geo-information for a group of participants can be achieved with different traditional methods. This can include a map laid on the table, data projected on a wall, or computer monitors. A new approach to improve collaborative interactions focuses on two main aspects: (1) an advanced visualization of the information; and (2) a new approach in the human-computer interaction.

The traditional way of displaying geographical datasets is replaced by tangible interfaces in which data are displayed on a table and used as central point for the discussion. The data presented on the table also can be accompanied by other devices, such as liquid crystal display (LCD) or plasma screens, where it can be displayed in different environments, such as two-dimensional, augmented reality, or three-dimensional virtual environments, providing a different visual approach to the same dataset.

Users interact with the system directly on the surface with their hands, drawing pens, or special colored patterns. The system reacts to the movements on the table and displays the requested information on the table. The new interaction is intuitive, attracts people to the table, and invites them to interact with the table itself. It will be tested during disaster exercises.

Keywords: collaborative interactions; decision-making; disaster management; human-computer interaction; user interfaces
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Poster Presentations—Theme 12: Preparedness

(170) Factors Affecting Disaster Volunteer Retention

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Recruitment of new disaster volunteers is an ongoing and expensive process, with frequent turnover in the volunteer pool. The purpose of this project is to identify what factors contribute to this turnover, and to make recommendations for improving retention. A review of the literature regarding successful volunteer retention will be presented.

In this research project, volunteers in the disaster services of the American Red Cross were surveyed as to their reasons for volunteering, the areas in which their expectations were satisfied or not, and why they have stayed involved, or why they have become inactive.

Subjects will be four groups: (1) active national disaster response team members; (2) inactive national disaster response team members; (3) active disaster mental health team members (local or national); and (4) inactive disaster mental health team members (local or national). All subjects were active since 11 September 2001 and for a minimum of six months prior to data collection.

For this presentation, surveys will be conducted over the telephone by volunteers. Names will be chosen randomly from lists of active and inactive Disaster Services Human Resources and Disaster Mental Health Teams in the

Greater Rochester Chapter of the Red Cross in Rochester, New York.

Keywords: American Red Cross; disaster volunteers; mental health teams; response teams; volunteer retention
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(171) Role of National Poisons Information Centre in the Response to Nuclear Accidents in the Netherlands

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The Dutch National Poisons Information Centre (NPIC) of the National Institute for Public Health and the Environment (RIVM) is officially involved in the response network for radiological incidents, called the Unit Planning and Advice nuclear (EPAN). The EPAN consists of a front office and two back offices, one for radiological measurement and one for medical assessment (Ministry of Health) of radiological incidents. The back offices present their information to the front office, which integrates the information in order to advise the policy team and ministers concerned. Each back office receives specific information from several support centers. The network shares information and knowledge via a secure website. In case of emergencies, the NPIC advises the Ministry of Health on the measures “Iodine prophylaxis”, “Evacuation” and “Sheltering in Place”, and “Patient Management” based on available radiological information of the incident. The NPIC provides protocols on decontamination and radionuclide-specific treatments. In May 2005, the EPAN was tested in a national nuclear accident exercise. More than 1,100 administrators, officials, and relief workers from municipalities, provinces, ministries, and emergency services were involved in managing a simulated accident at the Dutch nuclear power plant. The exercise provided an estimate of the feasibility of the various measures and time needed for implementation. Alertness training continues through smaller exercises. In 2007, the NPIC will start an educational program for healthcare personnel with the goal of increasing radiological incident preparedness in triage, decontamination, and management of patients.

Keywords: decontamination; network; radiological incident; radionuclide-specific treatments; simulated accident
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(172) The “Hospital Preparedness for Contaminated Patients” Score (HPCPS) as a Proposed Tool for a More Objective Assessment of Hospital NBC Readiness

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A survey of all 118 acute-care hospitals in Austria was conducted in order to determine the ability of the hospitals to admit and treat contaminated patients safely. No such