

Results: From the overall number of 24,600 patients, 127 patients had a diagnosis of cerebrovascular diseases. The frequency of cerebrovascular diseases is linearly increasing with age; after the age of 50, frequency is doubled. The frequency of cerebrovascular diseases is higher in women than in men, the role of heredity is significant, and risk factors influenced development of cerebrovascular diseases as follows: 50.40% of patients had hypertension, 16.54% diabetes mellitus, 48.82% smoking cigarettes, 40.94% obesity, 20.47% alcohol abuse, 11.02% migraine-like headaches, 30.71% cardiovascular diseases and 22.05% hyperlipidemias.

Conclusion: Cerebrovascular diseases are increasing in developing countries. The main reason is poor control of risk factors. In the majority of cases it is possible to produce decrease of frequency of cerebrovascular diseases by elimination and reduction of risk factors through the change of life style. Pre-hospital urgent concept of therapy and improving of organization of emergency service will contribute to decreasing mortality and morbidity of cerebrovascular diseases.

Prehosp Disaster Med 2011;26(Suppl. 1):s99–s100
doi:10.1017/S1049023X11003359

(P1-4) Building Resilient Extended-Care Facilities during Natural Disasters – Lessons Learned From the 2007 Tulsa, Oklahoma Ice Storm

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Building Resilient Extended-Care Facilities During Natural Disasters – Lessons Learned from the 2007 Tulsa, Oklahoma Ice Storm. In the last decade, increasing importance has been placed on building resiliency into critical healthcare systems. This has meant shifting the paradigm from focusing on response to one of preparedness. In 2007, an ice storm as part of a series of winter storms occurred in the south central United States causing extensive power outages, in Tulsa, Oklahoma, for a period of up to 3 weeks. Five of the six tertiary care hospitals in Tulsa suffered power outages, phone system failures or oxygen and/or suctioning system failures. Local water treatment plants were without power for 48 hours. During this time, multiple extended-care (nursing home) patients were discharged to homes or transferred to hospitals because the nursing homes were not prepared to cope with an extended power outage. This paper is a retrospective analysis and discussion of lessons learned with respect to the vulnerability of these extended-care healthcare systems and the public health response during natural disasters.

Prehosp Disaster Med 2011;26(Suppl. 1):s100
doi:10.1017/S1049023X11003360

(P1-5) How Does Land use Pattern could Effect to Mitigate the Risk Flash Floods” a Success Story on a Model Project Implementing at the Upper Catchments Area of Badullu River in Sri Lanka

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The watersheds are the home for our key natural resources and have been one of the basic elements in land use management systems throughout the hydraulic civilization of our country.

“Badulla River” is one of the main watersheds in Sri Lanka extend about 1400sq.km consisting five sub catchments high steep lands. It mainly represents tea estates and agricultural lands with a weak land use pattern due to poor maintenance and unsuitable human involvements. This has contributed to reduce the rain water infiltration in to the soil increasing a huge amount of runoff water drainage. Situation has resulted frequent floods even in a small precipitation causing widespread damages to community. Hence, an initial project was started on surface water management, soil conservation and livelihoods development to control the frequent floods highlighting the urgent actions for an optimal land use management with support of field experts. Improved surface water drainage and soil conservation are the main options that might lead to mitigate the flash floods. Efforts were sharpened by integrating GIS Mapping for such initiation to enhance the effectiveness of the design. Results achieved could address many issues in relation to flood protection, habitat management, water protection and water quality management. Food risk generally related to the specific characters in a particular catchments and this model project proved that such issues can effectively be addressed through a joint program properly designed.

Prehosp Disaster Med 2011;26(Suppl. 1):s100
doi:10.1017/S1049023X11003372

(P1-6) Community-Based Disaster Management: An Effective Approach in Bangladesh

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Natural disaster like cyclone, tidal bore, flood, tornado etc. is a common phenomenon in Bangladesh. Tropical cyclones associated with tidal surges occur at the rate of 1.3 a year in the coastal districts, cyclone in 1970 and 1991 claimed over 500,000 and 138,000 lives respectively in the coastal districts and offshore islands. The vulnerability is so miserable that they have to go and settle in the newly accreted land in Bay of Bengal and its surrounding areas which is occasionally hit by tidal bore or devastating cyclone. The main susceptibility comes from weak social and economic structures of the country. Housing quality, preexisting poor health and nutritional status, social welfare infrastructure, and economic resilience determine the magnitude of a disaster's effect and its long term consequences. In recent years, improved early warning systems and preparedness measures have helped reduce mortality, but no significant change in morbidity. However the effective disaster preparedness systems and capabilities for post-disaster emergency phase usually provides through volunteer contributions and local authority at the neighborhood level. The government's relief team, NGOs and foreign teams took couple of days to few weeks to start operation properly after devastating disasters like Sidr in 2007. However the basic survival and emergency assistance like clothes, shelter, food and medicine which saved thousand of lives were managed by community people themselves. Active participation of local communities, those have rich experience of coping with natural disaster both in preparedness and emergencies are essential for successful disaster reduction policy and practice, also putting value on our traditional social and cultural bondage. So strategies for disaster preparedness should be focused at family