

POSTER PRESENTATIONS

In alphabetical order by first author

Contamination Control Area (CCA): A New Concept for CCA Design and Nuclear, Biological and Chemical (NBC) Procedures for Ground Personnel and Air Crews

Andersen R

Norwegian Defense Construction Service (NDCS), Advisory Service Division, Protection and Security Branch, Oslo, Norway

Introduction: In October 1998, the Chief of Defense Norway (CHOD) established a Contamination Control Area (CCA) working group (WG) to determine a new design standard for CCA installations and to adjust user procedures. The existing design and procedures needed to be upgraded. The Norwegian Defense Construction Service (NDCS) was appointed to chair the CCA-WG. The members of the WG are nuclear, biological, and chemical (NBC) specialists, researchers, and medical doctors from various military establishments and from the Ullevaal University Hospital in Oslo.

After a N-, B- or C-attack on military installations, these weapons of mass destruction (WMD) can contaminate the personnel in an open area. To be able to decontaminate personnel or materials after an N-, B- or C-attack, a stationary or mobile CCA is required.

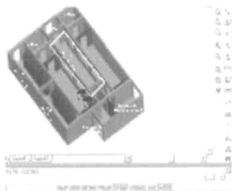
Problem Areas: The existing design criteria for CCA ventilation, construction, and NBC procedures must be improved. The removal of contaminated clothing in the CCA gives rise to secondary poisons and infectious aerosols. Today's ventilation of the CCA is based on depressurization through valves and defined physical boundaries. The ventilated air is not directed, and turbulence occurs. As a result, there is little or no control over how the ventilated air affects the secondary aerosols. During the removal of contaminated clothing, personnel risk being poisoned or infected by exposure to the skin, the mucous membrane and/or the respiratory system.

Preliminary Results and Conclusion: The CCA WG and cooperative partners have designed a new concept for CCAs and developed and tested the CCA procedures for aircrew and ground personnel. The design and procedures were tested in a container-based mock-up. The findings from this work have provided an excellent platform for the final design and construction of container-based mobile and fixed CCAs and for upgrading existing CCAs.

E-mail: roar.andersen@forsvarsbygg.no

Keywords: biological agents; chemical agents; contamination; contamination control; military; nuclear agents; procedures; weapons of mass destruction

Prehosp Disast Med 2002;17:s6.



Veterans from Peacekeeping: Evaluation of a Follow-Up Programme

Andreassen AL, Thoresen S, Mehlum L

The Norwegian Armed Forces Joint Medical Service,

Psychiatry Branch, Oslo, Norway

Introduction: Over the five-year period 1995–2000, personnel exposed to traumatic stress and prematurely repatriated personnel were targeted by a new support programme for peacekeeping veterans. These two groups previously had been identified as high-risk groups for the development of the Post-Traumatic Stress Disorder (PTSD). This study was conducted to evaluate the veteran's satisfaction with the follow-up programme, and to investigate the mental health of the veterans.

Methods: An anonymous questionnaire was mailed to all veterans included in the follow-up programme during 1995–2000. The questionnaire consisted of two parts: 1) A specially designed questionnaire aimed at measuring the veteran's satisfaction with different aspects of the follow-up programme, and 2) Health-related questionnaires including the: a) Service Stress Index (SSI); b) Post-Traumatic Stress Scale (PTSS-10); c) General Health Questionnaire (GHQ-28), d) Gotland Scale for Male Depression; and e) Alcohol Consumption Survey.

Results: The level of satisfaction with the follow-up programme generally was high among the traumatized veterans, but was significantly lower for the repatriated group. The repatriated group reported significantly more health problems (12.0% PTSD, 30.0% GHQ) than did the traumatized group (3.5% PTSD, 14.0% GHQ).

Conclusion: A relatively low frequency of PTSD was found in personnel who were exposed to traumatic stress. In addition, the high degree of satisfaction indicates that the follow-up programme may be an acceptable intervention for peacekeeping personnel exposed to traumatic stress. On the other hand, a relatively high frequency of health problems and a low degree of satisfaction was found in the repatriated group. This result may imply that the follow-up programme was not a sufficient intervention for repatriated personnel. Suggestions for changes of the follow-up programme will be discussed.

Keywords: follow-up; general health questionnaire; peacekeeping; post-traumatic stress disorder (PTSD); satisfaction; traumatic stress

Prehosp Disast Med 2002;17:s7.

Education in International Health Support — National and International Initiatives

Darre E, Biehl A

Danish Armed Forces Health Services and COMEDS Working Group on Medical Training

Since the Gulf War in 1991, the Danish Armed Forces Health Services increasingly has focused its tasks on international missions. The Danish government wants the Defence to be able to operate in both peace-supporting and humanitarian missions. An international Reaction Brigade equipped with a modern field hospital has been developed. The health personnel manning the medical service on the international missions consists of medical personnel from the military system and of doctors and nurses from civilian life who have a special contract with the Danish Defence. The new tasks for the Health Services demand additional training in order to prepare both the civilians and military personnel for the missions. Thus, a Diploma Course in International Health Support has been constructed.

The Diploma Course has been approved by The Danish National Health Board, has a duration of eight and one-half weeks, and consists of the following six modules:

1. Basic training for civilian health personnel
2. Basic traumatology