

red. There is evidence that these policy and operational decisions have been made without fully examining the practical implications, particularly for aged care facilities. While many of the facilities on which these decisions impact see the rational for such decisions, they argue that these decisions have serious implications for their services and patients. Many residential aged care facilities, which are privately operated, historically have not been involved in any state or local government emergency management planning. Therefore, the whole concept of risk assessment, preparation, and planning to increase the absorbing, buffering, and response capacity of their facilities against extreme weather events has become quite overwhelming for some. This paper presents a case study that demonstrates the tension between emergency management policy decisions on an aged care facility, and outlines their issues and response.

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(A228) Evaluation of the “Health Legal Preparedness” Model in the Context of Emergency Response in Israel

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Background: The “Health Legal Preparedness Model” developed in the US aims to provide better health-related responses in times of emergency. It includes four components: (1) law; (2) competencies; (3) information; and (4) coordination.

Objective: The aim of this study is to examine the usefulness of the “Health Legal Preparedness Model” in the present state of affairs in the field of emergency preparedness in Israel.

Methods: A qualitative study was conducted. In-depth interviews were performed with leading experts in the past or at present in the Israeli emergency health system.

Results: The Israeli healthcare system already has elements of the model in place at various levels. The relative perceived importance of each of the four aspects of the model varied between the experts. Of the four components, law and coordination were perceived as a major system concern. Training of specialists in emergency legislation was controversial. In addition, differences were found in the experts’ perceptions as of the optimal way to operate the health system during an emergency. Variability also was found in the perception of the private sector growth and in the importance of its incorporation into emergency response plans. The study found that the emergency preparedness system resembles military practices in its conduct. Nevertheless, there is willingness toward mutual emergency systems drills, including aspects of legal preparedness.

Conclusions: The model already is applied partially in the Israeli emergency healthcare system. Results indicate that the Health Legal Preparedness Model might be useful in identifying gaps in emergency response plans. It also crystallized gaps related to optimal operation during emergencies in the country. Therefore, it is important to reach agreement upon solutions that will incorporate a regulatory guideline in order to improve the function of the emergency healthcare system.

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(A229) Financing Emergency and Disaster Treatment: A Proactive Funding Approach

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Financing the care and treatment of victims of emergencies and disasters is a critically important area for policy. It needs deliberations to evolve policies that will be relevant, robust and enduring. This is more so as the ideological and political leanings of a people determine what will be allowed and what policies endure. The sustainability of the funding model makes a large impact on the success of the treatment, in this case the specialized treatment needed in the traumatic event of emergency and disaster. The paper defined emergencies and disasters and observed that though the timing of funding is critical in the events, the volume and complexity of funding is higher in the latter. The paper reviewed the several current models in use today, particularly with locus on costs which should be incorporated in a payment model, including flag fall or set-up costs (for instance managing new patient records), consumables, investigations (such as pathology and diagnostic imaging) and pharmacological services (prescriptions, logistics of procurement under crisis, etc.) staffing costs which in public hospital emergency departments often do not vary within a shift i.e. emergency departments rarely draw staff from ward areas to the emergency departments to assist with unpredicted demand peaks- but which may become significant in event of disasters. These models are essentially public funded. The paper also highlighted the political underpinnings which make each of the current models popular in each of the ideological settings. The pros and cons associated with the models are reviewed in depth. The paper concludes, after the ideological/funding analysis, by recommending a private/public mix of funding. Details of this proactive funding approach are given and ways to modify and adapt them to different ideological (political) backgrounds suggested.

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(A230) Emergency Medical Preparedness for Disaster Risk Reduction: The Role of Health Sector Personnel - An Overview

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Efficient management of disasters has received increased attention globally. It has been realized by all countries in the world that no development is sustainable if human life is vulnerable to major Disaster risks. Disaster Preparedness and Response are the most important components of an effective Disaster Management strategy. The objective of Disaster Preparedness is to ensure that appropriate systems are in place and personnel are trained to provide immediate response to victims in the event of any Disaster. Medical response is one of the most critical, most important and of immediate requirement in any Disaster situation. The success or failure of any Disaster Management operations will depend to a great extent on the success achieved by the Medical and Health sector since most of the Deaths