

porarily displaced from the Chechen Republic was highly efficient and may be recommended for humanitarian operations in disasters in other countries.

Keywords: Caucasus; Chechen Republic; All-Russian Centre for Disaster Medicine; ARCDM; refugee settlements
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Training for Work in Emergency Settings

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Large-scale movements of refugees and other forced migrants have become a defining characteristic of the contemporary world confronting us with a range of practical and ethical dilemmas. The provision of basic health care requires innovative approaches to the implementation of accurate public-health interventions.

Until the early 1980s, there were no models for response, and agencies responded with their own staff, supplies, egos, and philosophies. From the early 1980s, an analysis of the response to the health needs of large, displaced populations was undertaken. A general framework for the implementation of priority health interventions was developed, and there were attempts to raise awareness and shared understanding for a common approach.

The need for training of personnel was articulated. Increasingly, emergency aid agencies insist that their staff attend training for optimal responses in the field. The first available course was the Health Emergencies and Large Populations (HELP) course conducted by a consortium of international organizations in Geneva and other settings. The first Emergency Health Course in Australia was introduced in 1998, and includes:

1. Analysis of the context of complex human emergencies, including refugee crises;
2. Identification and management of the major public health and nutritional consequences of emergencies;
3. Development of relevant public health assessment and response skills; and
4. Recognition of the need for a multi-sectoral approach to reducing the health impact of emergencies.

The presentation will describe the framework for priority health interventions in emergency settings and the scope of training needed to enhance the response of emergency health personnel.

Keywords: assessment; complex human emergencies; courses; emergency health; interventions; management; models; non-governmental organizations (NGOs); nutrition; public health; response

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Forum: International Prehospital Research

Rallye Rejviz—An EMS Quality Improvement Tool

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The Rallye Rejviz (RR) is an international professional exercise and competition for emergency medical services (EMS) teams that began in 1997. It brings international emergency teams together in the Jeseniky Mountains of the Czech Republic, to compare performance and to exchange information about techniques and approaches, while building friendships and opportunities for cross-border cooperation.

Experts from more than 10 countries prepared the program for Rallye Rejviz 2003. It will serve not only as a competition, but also as a workshop and conference. Participants will include the “working class” of EMS—people who would not ordinarily get to meet each other. Data gained in RR will serve as a foundation for further research in emergency medicine, for companies designing ambulances and medical technology, and also for those who prepare standards and algorithms for EM. This information then, can be used for developing or improving standards for organization, equipment, training, and interventions in EMS.

The RR Project could develop into a joint exercise among teams from different countries. They could test equipment and communications compatibility as well as their ability to work together. Every RR includes a disaster scenario, which easily could be modified so that teams from different countries would have to work together. Information from this exercise would be invaluable to the planning of international disaster responses.

Keywords: competition; Czech Republic; disaster; EMS; international; Rallye Rejviz

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Ambulance and Anthrax — The Challenge of Infection Control and Infectious Disease in Paramedic Emergency Care

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Background/Purpose: The threat of bioterrorism dominates much the work of emergency services personnel globally. Infection control in the emergency care setting that relates specifically to paramedics, remains largely unexamined. Paramedic care must include sound infection control practices to achieve broad clinical care outcomes, while complying with public health legislation. Rigorous infection control practice is critical to the health and safety of