ducted of informational and electronic resources to identify the functional requirements and precise definitions of essential variables. Subsequently, the variables were classified and the specification of each of variable was defined.
Results: Important indexes considered in this study included disasters that had occurred previously; public, geographical, population, economical, social and regional characteristics, infrastructure specifications, and information from related agencies in disaster management; information from assistant provinces; information from related organization and workgroups in mitigation, preparedness and disaster management, training, warning and information, relief and rescue, health, transportation, sheltering, telecommunication, energy, agriculture, water, industry, and recovery.
Conclusions: Iran is a jeopardized country and has sustained substantial loss of life and economic loss related to disasters. In 2003, disaster management program was compiled for disaster responses although there was no accessible, classified and comprehensive information available. The creation of this data bank of disaster-related information is an attempt to solve one of the important defects in disaster management in Iran.
Keywords: databank; disaster management; information; Iran; response
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Urban Search-and-Rescue in Western Australia

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The city of Perth, located in Western Australia (WA), is one of the most isolated cities in the world and requires strong partnerships with emergency service organizations. In order to provide effective emergency response in this isolated region, WA is prepared to be self-sufficient for up to 72 hours before expecting to receive assistance from other states and overseas.

The Department of Health's Disaster Preparedness and Management Unit (DPMU) has been working closely with key areas within the Department and external agencies including the WA Country Health Service (WACHS), Fire and Emergency Service Authority (FESA), WA General Practice Network, and St. John Ambulance (SJA) to enhance the capabilities of disaster response.

The DPMU, in partnership with the FESA, recently has trained four doctors in urban search and rescue (USAR) activities. In order to put this training into practice, these newly recruited USAR-trained doctors participated in a National Counter Terrorism Exercise (Western Explorer) held in June 2006. The initial exercise, Exercise Western Explorer, was the first of its kind to showcase WA's urban search and rescue capabilities.

Recommendations from this exercise are currently being implemented, including the identified need for immediate access to medical equipment during activation and the need for the USAR-trained doctors to be familiar with the tools and equipment used by the USAR Taskforce.
Keywords: Australia; geographic isolation; search and rescue; training; urban
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Developing Disaster Medical Assistance Teams in Australia

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Western Australia (WA) was one of the first Australian states to deploy medical teams to work in the Tsunami-stricken regions of the Maldives and Banda Aceh. Historically, Australia has relied upon the Australian Defence Force to provide overseas medical assistance. However, in this instance, the volunteers were civilians, predominantly from tertiary hospitals. The deployment of civilian-based medical teams has been questioned, mainly due to the lack of pre-deployment arrangements. In this instance, Australia's civilian medical response to the Tsunami was appropriate and effective. Subsequently, at the post-Tsunami debriefings, it was proposed that pre-selected, state-based Disaster Medical Assistance Teams (DMAT) should be established.

Western Australia is researching and developing a model for a state-based DMAT. This presentation will examine the progress made in the development of such teams. These teams will have the ability to be developed intra-state, interstate, and internationally, if required. For a state like WA, where much of the industrial areas are located near hospitals with few resources, a designated DMAT would be a great benefit. The capability to provide assistance, coupled with the ever-present natural threats, particularly cyclones in the North West and bushfires in the South, will be enhanced. These processes were evaluated during a recent 12-person deployment to Yogyakarta. Further development will be available following the Australian Symposium focusing on Workforce Modelling for DMAT, which was held in Perth, Western Australia 27–28th November 2006.
Keywords: disaster; disaster medical assistance team; government; medical aid; Western Australia
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Comparing Risk and Disaster Preparedness of Two University Hospitals Using the Utstein Guidelines

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Introduction: The Utstein Guidelines provide common terminology to disaster management and thus it is preferred for its structured approach to disaster preparedness and evaluation. The concepts and guidelines provide a baseline for different healthcare systems to be assessed and compared.
Methods: National University Hospital in Singapore and Yongdong Severance Hospital in Seoul function under two different systems. The Utstein template was used to illustrate the risk and needs assessment of these two hospitals during a disaster. Using Utstein disaster terminology and concepts, both of the hospitals identified the hazards each faced that may escalate into events and possibly lead to damages and function change.

The Basic Societal Function (BSF) was defined for both Singapore and Seoul, and it was determined how each

component of the BSF contributes to the preparedness and vulnerability of each region.

Results: The results of this evaluation demonstrate that the risks faced by both Singapore and Seoul are similar, however, the risk modification of the potential events arising from the identified hazards was more emphasized in Singapore. This is due to the high involvement of governmental groups, the Ministry of Health, and other self-help group.

Conclusions: The Utstein Guidelines provide a way for multiple hospitals with different healthcare systems to compare risks and examine the level of preparedness to manage mass-casualty incidents.

Keywords: comparison; healthcare system; risks; terminology; Utstein Guidelines
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Evaluation of Disaster Preparedness System in Japan

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More than 5,000 lives were lost due to damages caused by the Hansin-Awaji Earthquake. From a medical standpoint, the biggest problem was the delay in setting up local emergency medical facilities. In the year following the earthquake, the Japanese Ministry of Health and Welfare (MHW) listed nine priority areas and instructed the heads of the local municipalities to focus on these nine areas.

1. Citizens should participate in disaster planning. Medical personnel should be included in the development of such plans;
2. Mutual support plans should be established among municipalities;
3. A mobile, local response medical team should be introduced;
4. Disaster base hospitals intended to treat the most severely affected individuals should be established;
5. The functions of the local Health Center to serve as coordinators should be enhanced;
6. Disaster medical training should occur;
7. Operational manuals should be written;
8. Rescue teams should be introduced quickly; and
9. Autopsy facilities for major catastrophes should be established.

The purpose of this study is to evaluate these aspects. Japan established a system of base hospitals for disasters, Disaster Medical Assistance Teams (DMATs), and the Emergency Medical Information System for extended disasters (EMIS). The response to recent events, such as the Chuetsu earthquake, the train accident in Amagasaki, and the Miyagi earthquake, as well as disaster drills provide evidence of the progress of medical responses for disasters in Japan. On the other hand, problems such as the utility of EMIS or DMAT dispatch system are made clear through these disasters and drills.

Following implementation of the results of these evaluations, the disaster response system should improved further.

Keywords: disaster; planning; preparedness; prioritization
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Session 5: Systems 2

Chairs: Mauricio Lynn; C. Breederveld

Past, Present, and Future of National Medical Rescue Teams—The Turkish Experience

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Following the Marmara Earthquake in 1999, major accomplishments have been acheived in Turkish disaster response missions. One of these accomplishments was the establishment of National Medical Rescue Teams (NMRTs). In 2003, the Turkish Ministry of Health initiated the "Health Organization in Disasters Project", in order to respond effectively to all types of disasters that may occur worldwide, and provide medical care to people in need. Currently, there are approximately 2,000 providers that have been trained. Training has been provided by a group of qualified trainers who were chosen from 11 different districts and have completed an instructor training program. The NMRT members have participated in nationwide exercises as well as real-time missions in places such as Pakistan, Indonesia, and Sudan. The organization, structure, personnel selection and training of NMRTs formed within the Turkish Ministry of Health was studied and will be presented as "The Past, Present and the Future of National Medical Rescue Teams in the Light of Turkish Experience".

Keywords: disaster; disaster response; preparedness; rescue teams; training; Turkey
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Swedish National Support Team in the Event of a Serious Overseas Emergency or Disaster

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Disaster preparedness for international disasters involving Swedish citizens was heavily criticised after the Tsunami, December 2004. In response to this, the Swedish Rescue Services Agency (SRSA), the Swedish National Board of Health and Welfare (NBHW), the Swedish National Police Board (NPB) and the Swedish Ministry for Foreign Affairs together have created a National Support Team to handle similar situations in the future. The National Support Team will support the Swedish embassy and consulate and people in distress in the event of a serious overseas emergency or disaster.

The National Support Team consists of a unit for "Rapid Needs Assessment" and a "Joint Task Force" staffed by specifically recruited and trained personnel from the SRSA, health personnel from the Swedish County Councils and police personnel from the NPB.

The National Support Team will provide command and coordination staff, health care, logistics, IT and telecommunications, information, and, if needed, perform medical evacuation. In addition, psychosocial support will be provided by representatives from the Swedish Red Cross, Save the Children Sweden and the Church of Sweden.