

Special Forum: Emergency Preparedness

Chair: Dr. Eric Noji, MD, MPH

Special Principal Deputy for Disaster Medicine to the U.S. Surgeon General

System of Academic Centers for Public Health Preparedness in USA

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During the fall of 2000, the United States Centers for Disease Control and Prevention funded the initiation of Academic Centers for Public Health Preparedness (the Centers) through a cooperative agreement with the Association of Schools of Public Health. The purpose of the Centers is to link public health practice with academe in order to develop the public health workforce and support the development of a public health emergency / disaster preparedness and response infrastructure in the United States for biological, chemical, mass casualty, nuclear and radiological events. The Centers accomplish this through activities that focus on assisting local and state health departments with developing and implementing emergency preparedness plans, competency-based training curricula, and conducting relevant preparedness research. In addition, narrowing the gaps between the hospital and pre-hospital sectors and public health are a concern that the Centers are helping to address.

This presentation will describe this national network of Centers in detail, and illustrate how the partnering of the academic and practice sectors of public health can serve to build and strengthen the emergency response infrastructure of a nation. Activities by the Columbia University Center at the Mailman School of Public Health in response to the events of 11 September and the anthrax events of autumn 2001 will be discussed. Lessons learned and challenges to achieving efficient, productive partnering also will be discussed.

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Keywords: academe; centers; health departments; infrastructure; network; preparedness; public health; research; response; training, competency-based; U.S. Center for Disease Control and Prevention (CDC)

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Identification of Emergency Preparedness Competencies for the Healthcare Workforce

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The nature and numbers of terrorist events is escalating throughout the world. Events such as bioterrorism, nuclear and chemical threats, as well as large, mass casualty incidents have increased in possibility and probability, while our more complex communities make response a greater challenge. The occurrence of any of these events poses a serious challenge to a nation's healthcare and public health systems. A health workforce that is competent in

all phases of emergency/disaster preparedness and response is essential for the defense of any nation. The first step in this challenge is to identify the emergency preparedness competencies that are required of the healthcare workforce.

This paper discusses competency-based workforce development using the Core Emergency Preparedness Competencies that have been identified for the public health and hospital workforces as well as the newly released Bioterrorism and Emergency Readiness Competencies. These sets of competencies developed at the Center for Health Policy define what healthcare staff must be able to perform in order to participate actively in a hospital or public health agency's response to an emergency or disaster. Competency sets include those that every employee needs, as well as specific competencies for defined groups, such as clinicians and leaders/administrators. Each attendee will receive a copy of Bioterrorism and Emergency Readiness: Competencies for all Public Health Workers approved by the U.S. Centers for Disease Control and Prevention as the standard for public health training in the United States.

Keywords: competencies; emergency; disaster; hospitals; planning; preparedness; public health

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Development of a Quantitative Assessment Score for Analyzing Emergency Department Disaster Preparedness

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The levels of disaster preparedness vary between different emergency departments (ED). How do we compare these, and identify areas for improvement?

This is an attempt to develop a simple, quantitative tool for assessing the disaster preparedness of emergency departments. As well as an overall index of readiness, this tool also should be able to be used to identify areas of weakness, and ultimately, allow for improvement. While a number of other assessment tools already exist, most are not designed specifically for emergency departments. In addition, these existing tools also are very detailed and time consuming to complete.

The Disaster Readiness Emergency Department (DRED) Score was developed using de Boer's '3 M' model of Methods, Manpower, and Materials as the basis. Frequent problem issues were identified by literature review, confirmed by interviews with emergency physicians, and then, were grouped accordingly.

A score was allocated from one to five for each of the three areas. These are combined to give an overall score out of five - the DRED Score. As a trial, the scoring system was used to assess disaster preparedness of all of the Australian Emergency Departments accredited by the Australasian College for Emergency Medicine. Scores were compared across Australia, within various demographic groupings and to the departments' self-assessment of their ability to manage a disaster.

Details of the DRED Score are presented as the results of its application to Australian Emergency Departments.