

medical staff. The purpose of this study was to define how to keep staff members at a hospital during the avian influenza pandemic phase.

Methods: Employees at six hospitals in Kyoto, Osaka, Hyogo Prefecture were surveyed using a self-administered questionnaire regarding ethical issues, working conditions, and their attitude for avian influenza.

Results: Of the 1,626 respondents of all staff in hospitals (response rate: 63.4%) including doctors, nurses, pharmacists, radiological technicians, medical technologists, nutritionists, occupational therapists, physiotherapists, clerical workers, and others, 25.0% of them answered that they would carry out their duties without any conditions, 40.4% with some conditions. They thought the personal protective equipments (PPE) had to be prepared, and workers' compensation was essential. The others answered that they will not perform their duties.

Conclusions: In order to cope with an avian influenza pandemic, it is not enough to prepare pre-pandemic vaccine and antivirals of the neuraminidase inhibitors (Tamiflu). It is essential to provide medical staff with PPE, workers' compensation, and the safety of the working environment. Additionally, it is essential to protect not only medical staff, but also their family members.

Keywords: healthcare; medical staff; pandemic; professionals; safety; working environment

Prehosp Disast Med 2009;24(2):s62–s63

Designing Alternate Care Sites for Pandemics and Public Health Emergencies

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Introduction: Developing alternative systems to deliver emergency health services during a pandemic or public health emergency is essential to preserving the operation of acute care hospitals and the overall healthcare infrastructure. Alternate care sites that can serve as areas for primary screening and triage or short-term medical treatment can assist in diverting non-acute patients from hospital emergency departments and manage non-life threatening illnesses in a systematic and efficient manner.

Methods: In New York State, we developed a model concept of an operational plan for alternate care sites to be used during pandemics and large-scale public health emergencies. Subject matter experts were convened and best-practice methods used to design operational plans, clinical protocols, altered standards of care, and progressive medical care designed to allow the mild to moderately ill patient to be managed, and then, return to their homes for convalescence.

Results: More than one year of interagency, comprehensive planning, training, and review was conducted to create a model alternate care site plan. Accomplishments and milestones included: (1) creating stakeholders; (2) engaging community partners; (3) site selection; (4) staffing issues; (5) designing medical protocols and clinical pathways; (6) functional role development; (7) equipment and supplies; (8) site security; (9) communication with the public; (10)

drafting the plan; (11) designing training programs; and (12) exercising the ACS plan.

Conclusions: Learning how to create stakeholders at local and regional levels and starting a process of collaborative planning and interagency cooperation is essential in preparing for and operating an alternate care site. Lessons learned and best practices developed in our program will be presented to assist attendees in beginning or continuing the process of planning to operate alternate care sites in their home areas.

Keywords: alternate care site; model; New York; pandemic; public health emergencies

Prehosp Disast Med 2008;24(2):s63

Planning for Uptake of Vaccine among Healthcare Workers during the Next Influenza Pandemic

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Introduction: Healthcare workers in Canada will be the first priority to receive vaccinations during the next influenza pandemic. This can only be an effective infection control strategy if workers actually receive the vaccine. Little is known about how healthcare workers will respond during an influenza pandemic. Despite considerable evidence of efficacy and organizational and legal pressure to adhere to this recommendation, seasonal influenza vaccinations among healthcare workers are drastically below target. This study considers whether current planning for an influenza pandemic affecting Toronto's healthcare workers adequately considers the potential for low numbers of vaccinations.

Methods: Pandemic plans of public and non-profit organizations relevant to Toronto's healthcare workers were reviewed for content regarding the need for active promotion of vaccines or strategies to increase vaccinations.

Results: The majority of pandemic plans relevant to Toronto contain no references to the promotion of vaccinations among healthcare workers. Some plans are explicit in their assumptions that more healthcare workers will accept vaccines during a pandemic situation than in outbreaks of seasonal influenza. Evidence supporting this assumption is lacking.

Conclusions: Pandemic planners should consider and document a range of strategies to increase vaccinations.

Keywords: influenza; healthcare workers; pandemic; public health; vaccinations

Prehosp Disast Med 2009;2(2):s63

Vaccine Purchasing for an Influenza Pandemic: A Comparative Cost-Benefit Model

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Introduction: The next influenza pandemic is expected to spread rapidly, causing worldwide morbidity, mortality, and economic disruption. Effective vaccines are pivotal to thwart the spread of a pandemic virus and to prevent illness and death. However, the global potential vaccine supply is