

understanding of disasters and their impact of health has been developed. This project aims to examine the effectiveness of the disaster knowledge training to improve technical knowledge and perceptions of health impact of disasters in health care professionals and responders.

Methods: “Understanding Disasters” training was provided to 300 health care professionals during May to October. Each of the participated attendees filled a pre- and immediate post-training survey that contains socio-demographic information and 20 items measuring various knowledge of disasters.

Results: 287 individuals completed the questionnaires (95% response rate). Findings demonstrated that training may effectively enhance one’s knowledge about disasters, especially by clarifying the myths and misunderstandings towards disasters. Respondents demonstrated an enhancement of knowledge in 70% of the questions (14/20). Of note, while the whole sample exhibited an enhancement in knowledge, non-clinical staff appeared to have more statistical significant gained in knowledge than clinical based trainee.

Implication: Although disasters cannot be controlled, human impacts of disaster can be mitigated if appropriate training might be offer. This study demonstrates that training program might be useful to enhance better understanding of health impact of disasters.

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(P1-54) Healthcare Worker’s Perception towards Individual and Institution Disaster Preparedness

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Background and Aim: Disaster and MCI events are occurrences that healthcare institutions must be prepared to respond to at all times. The events of September 11 2001 have rekindled our attention to this aspect of preparedness amongst our healthcare institutions. In Singapore, the SARS experience in 2003 and the recent H1N1 outbreak have thrust emergency preparedness further into the limelight. While priorities had been re-calibrated, we feel that we still lack far behind in our level of preparedness. This study is conducted to understand the perception of our healthcare workers towards their individual and the institution preparedness towards a disaster incident.

Method: A questionnaire survey was done for this study for the doctors, nurses and allied health workers in our hospital. Questions measuring perception of disaster preparedness for themselves, their colleagues and that of the institution were asked. This was done using a 5-point likert scale.

Results: The study was conducted over a 2-month period from 1st August 2010 till 30th September 2010. 1534 healthcare workers participated in the study. 75.3% felt that the institution is ready to respond to a disaster incident; but only 36.4% felt that they were ready. 12.6% had previous experience in disaster response. They were more likely to be ready to respond to future incidents ($p = 0.00$). Factors that influenced perception of readiness included leadership ($p = 0.00$), disaster drills ($p = 0.02$), access to disaster plans ($p = 0.04$), family support. 80.7% were willing to participate in future disaster incident response training. 74.5% felt that being able to respond to a disaster incident

constitute part of their professional competency. However, only 31% of the respondents agreed that disaster response training was readily available and only 27.8% knew where to go to look for these training opportunities.

Conclusion: There is an urgent need to train the healthcare workers to enhance their capability to respond to a disaster incident. While they have confidence in the institutions capability they were not sure of their own capability. Training opportunities should be made more accessible. We should also do more to harvest the family support that these worker value in order for them to be able to perform their roles in a disaster incident.

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(P1-55) Ten Commandments for Emergency Preparedness Deployment – A Basis for Quality Model

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Hospitals are obliged to maintain emergency preparedness plan to support the army’s rear. Hospital preparedness plans contain several scenarios that are aimed to provide an answer to different crisis situations. The basis of these scenarios is common to all situations. Haifa region three hospitals cooperation in emergency preparedness plans extracted Ten Commandments for utmost emergency deployment: a. Creating a clear management policy b. Assigning high proficiency qualified key persons. c. Creating a multidisciplinary management team: Physician, nurse and administrator, with the notion that there is only one manager. d. Emergency activities are similar as possible to routine level. e. Using an assignment method for f. Clear and elaborated checklists are the basis for emergency activities. g. Trainings and drills are a solid basis for knowledge. h. High materials and infrastructure availability and stocks. i. Accessible communication channels. j. Debriefing is the basis for organizational learning and quality improvement. These Ten Commandments are the milestones for a quality model, developed for emergency preparedness. The quality model outlines our constant quest to achieve a state of the art emergency preparedness system in a region that has been involved and is prone e to a variety of emergency scenarios. Ten Commandments for Emergency Preparedness Deployment – a Basis for Quality Model.

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(P1-56) Recent Scientific Writing about Consequences of Disasters on the Health of Worker

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Recent Scientific Writings about Consequences of disasters on Workers Danielle Maltais, Ph.D. and Simon Gauthier, M.Sc. University of Quebec in Chicoutimi (UQAC) When an application of emergency measures is issued following a natural or technological disaster, or a disaster caused by human negligence, in many countries social workers and nurses play a central role in the support to the victims not only during the period of social disturbance but also at the time of the return to a normal life. These workers sometimes find themselves plunged within