

Adequacy of Training Programs for Pandemic Influenza

Bruria Adini MA, MMedSc,^{1,2}

Avishay Goldberg MA, MPH, PhD,²

Daniel Laor MD, MHA,^{1,2} Robert Cohen PhD,³

Yaron Bar-Dayyan MD, MHA^{2,4}

1. Emergency and Disaster Management Division, Ministry of Health, Israel
2. PReparED research center, Ben-Gurion University of the Negev, Israel
3. Center for Medical Education, Hebrew University, Jerusalem, Israel
4. Meir Medical Center, Israel

Introduction: A basic component of emergency preparedness is training. The aim of this study was to investigate the adequacy of training programs for pandemic influenza and the levels of knowledge for dealing with pandemic influenza through the performance on an avian flu drill.

Methods: Training programs and level of knowledge for managing pandemic influenza were evaluated and compared to performance on H5N1 flu drill. Reliability of the scales used to evaluate the training programs was determined using Chronbach's Alpha and item total correlations were used to determine the validity of the scale items.

Results: The overall ratings of training programs for pandemic flu were very high or high in the majority of the 24 hospitals evaluated (mean = 85, SD = 22). The following elements correlated significantly with performance on the drill: (1) scope of program (0.91; $p = 0.000$); (2) content of the training (0.61; $p = 0.001$); (3) designating personnel for training (0.87; $p = 0.000$); and (4) training materials (0.36; $p = 0.05$). The overall reliability of the scale for the evaluation of the training programs was 0.82. Reliability of subscales of the training programs were: (1) scope (0.777), and (2) designating personnel for training (0.372). No correlation was found between level of knowledge and performance on the drill.

Conclusions: The development and implementation of a training program is very important in assuring preparedness for pandemic influenza. The key component of the training appears to be the scope of the program. Use of knowledge tests should be further investigated, as they do not appear to correlate with the level of emergency preparedness for pandemic flu, as displayed in a drill.

Keywords: drills; influenza; knowledge; pandemic; preparedness; training

Prehosp Disaster Med

Spreading the Word: Search-and-Rescue Training for Medical Teams in the Israeli Home Front Command

Dan Nemet, MD; Brig Gen (Res) Shalom Ben-Arie

Israeli National Search and Rescue Unit, Home Front Command, Israeli Defense Forces, Israel

The Israeli National Search-and-Rescue Unit (INSRU) is the spearhead in the rescue and recovery of the Home Front Command and has, over the last 25 years, served as the focus for national and international knowledge within the framework of its responsibility. The Unit's accumulated medical experience during its existence brought about the

development and writing of guidelines for the treatment of trapped victims at a site of destruction. These guidelines suggest treating injured victims on-site instead of moving them to the evacuation points. Following the completion of the guidelines, one of our challenges was to develop a teaching program that will disseminate the Unit's medical knowledge into other Home Front Command Units. Recently, a two-day training program was developed, aimed both for reserve unit physicians and paramedics that actively are working in the medical field, as well as for other army medical team members that are not trained regularly in medicine in their daily lives. This presentation will describe the two-day training program that includes both theoretical and hands-on sessions in basic trauma, disaster medicine, and search-and-rescue medicine.

Keywords: guidelines; trapped victims; search-and-rescue; teaching; training

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Poster Presentations

Comparative Analysis of Madrid's Emergency Medical Services during M-11 (2004) and Israel's Magen David Adom Protocols for the Management of Conventional Terrorist Attacks

Adi Agiv; Isaac Ashkenazi; Limor Aharonson-Daniel

PReparED Research Center, Ben Gurion University of the Negev, Israel

Introduction: On 11 March 2005, 10 explosive devices detonated on-board four commuter trains headed to Atocha Central Station in Madrid. Explosions occurred at four sites, resulting in 191 dead and >2000 injured. The magnitude of the event posed a huge challenge to emergency medical services (EMS) teams. A review of the management of the event was conducted to attempt to suggest solutions using a comparative analysis between the Madrid EMS and Magen David Adom protocols and experiences. **Methods:** Literature on the Madrid EMS response on M-11 was reviewed, and EMS managers were interviewed. Magen David Adom protocols were analyzed for relevance to the various situations in Madrid. Four aspects of crisis management were identified and used to conduct a structured analysis of the event: (1) management; (2) administration; (3) communication; and (4) team safety.

Results: Israel's emergency services frequently perform local and national drills, update protocols, conduct inspections, refresh knowledge and supplies. This results in preparedness and good communications within and between organizations. In Madrid, local drills had been conducted within organizations but no community-wide coordination drills or simulated interfaces involving all authorities were performed. On 11 March 2004, little information was shared between EMS dispatch centers and hospitals. The two nearest hospitals received >50% of the casualties. Some EMS employees were unaware of emergency protocols, causing unregulated evacuation. In all aspects examined, the MDA protocols offer possible solutions to the noted weaknesses.

Conclusions: Emergency medical services in Madrid failed to communicate with their peers, both horizontally (with