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Study/Objective: To examine the role of Primary Health Care (PHC) doctors in disasters.

Background: Research shows that primary health care strengthens population health outcomes across developing/developed nations and disparate health groups. Life expectancy is increased, infant mortality decreased, and access to health care more equitable; a strong element of this is continuity-of-care. However, in disasters, this care can be disrupted as PHC doctors are not linked into disaster response, with potential adverse effects on population and individual health in the months to years following the aftermath. Existing disaster management systems currently focus on local capabilities. PHC doctors are locals; part of the local community and health care with a unique contribution to offer to patient care during any adversity.

Methods: The epidemiology of health consequences of disasters was reviewed. A temporal pattern of the prevalence and incidence of health effects and health deterioration over time emerges. Interviews were conducted with PHC doctors and disaster management experts involved in the November 2010 E.Australian floods, the 2010–2011 Christchurch earthquakes, 2013 NSW bushfires, and the 2014 Sydney Siege, exploring the diversity of roles played by PHC doctors across the PPRR of disasters.

Results: Roles that the PHC doctors undertake in disasters varies considerably. Many are spontaneous and unsupported, with few involving planning or preparedness. Key messages from the PHC doctors involved in disasters are consistent across the different disasters.

Conclusion: In order to improve the health of people affected by disaster, there is an urgent need to define the role of primary care in existing disaster management systems, using evidence from the literature and experience from the field. Pre-disaster involvement on local disaster planning committees, as well as patient and practice preparedness; during-disaster continuity-of-care for the local population; and post-disaster involvement in health surveillance for emerging disease and deterioration of existing health conditions are crucial to strengthen and optimize community health outcomes following disasters.

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Analysis of Disaster Related International Frameworks

2015–2016: Implications for WADEM

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Study/Objective: To analyze disaster related International Frameworks 2015 - 2016, and identify implications for WADEM

Background: In the period 2015 - 2016, a number of influential international disaster-related Frameworks evolved, including the: Sendai Framework for Disaster Risk Reduction

2015 - 2030; Sustainable Development Goals–2030 Agenda; Paris Climate Change Conference; World Humanitarian Summit; Rockefeller Foundation’s 100 Resilient Cities Project; WADEM’s Disaster Research and Evaluation Frameworks; and, ALNAP’s Evaluation of Humanitarian Action Guide. Our research question asked if there were commonalities and potential interactions between these Frameworks and if there were possible implications for WADEM?

Methods: A desktop review and thematic analysis of the definitive documents from these Frameworks was undertaken.

Results: These international Frameworks all had substantial theoretical and / or evidence based underpinnings, and evolved from structured processes over a period of time. The Sendai Framework, Sustainable Development Goals (SDG), Paris Climate Change Conference and World Humanitarian Summit all had major political and government influences, while the Rockefeller, WADEM and ALNAP Frameworks were led by applied, professional influences. A number of the SDGs include targets specifically related to natural disasters. Common themes included: the desire to improve the quantum and quality of the science, evidence-base and accountability in this domain; the use of ‘Resilience’ as a concept and as a framework to consider interventions; commonalities and interactions between the new generation ‘humanitarian and development’ concepts and traditional ‘disaster’ concepts, particularly in the global trend towards greater urbanization; and, new paradigms, eg the international influence of Rockefeller’s ‘Acute Shocks’; and ‘Chronic Stressors’ concept, which shares commonalities with the SDG’s.

Conclusion: The Rockefeller, WADEM and ALNAP Frameworks provide useful guidelines on how the objectives of Sendai Framework, Sustainable Development Goals, Paris Climate Change Conference and World Humanitarian Summit may be achieved and measured. All Frameworks have implications for the direction of WADEM and for WADEM to globally influence.

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Facilitating Decision-Making and Provision of Medical Care during Disasters through Utilization of a Comprehensive Computerized Information System

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Study/Objective: To present contributions of a comprehensive computerized information system to decision-making and provision of medical care during disasters.

Background: During disasters the healthcare systems are required to ensure provision of medical services to vulnerable populations. In order to monitor vulnerable patients and ensure efficient management of resources, information systems are needed.

Methods: “Meuhedet”, an HMO which insures 1,200,000 patients, developed a comprehensive information system which