lances, helicopters), the special paramedic/doctor team is dispatched. Seven doctors and eight paramedics are on call for this duty at all times.

Results: A major road incident occurred on 09 April 2008. It involved 55 vehicles, caused one death, and left 24 wounded. On their first mission, the team performed well. All patients were evacuated in less than two hours. Patients were transferred correctly to five different hospitals. No secondary transfers were necessary.

Conclusions: This "team of competences" to manage such circumstances is a great benefit as paramedics and doctors are complementary. The ability to send a medical dispatcher on-site was the second key to success. The dispatched managed all communications with external partners, which allowed the team to concentrate on the on-site communication.

Keywords: disaster; dispatch; leadership; major incident; medical team; paramedic
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(N35) Do Bystanders Provide Cardiopulmonary Resuscitation?

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Introduction: Telephone cardiopulmonary resuscitation (T-CPR) improves survival after an out-of-hospital cardiac arrest (CA). But, do bystanders agree to perform T-CPR, and if not, why?

Methods: All cases where T-CPR was provided were collected and the reason why bystanders did not agree to perform CPR were recorded. Situations in which a professional (doctor, nurse, paramedic) was on-site were excluded.

Results: Eighty-five cases were reviewed. Of those, bystanders agreed to provide T-CPR in 57 cases (66%). Bystanders refused to perform T-CPR because they were: (1) too old to physically perform the procedure (12 cases); (2) too stressed to perform it (10 cases); (3) physically unable because of a disability (2 cases); and (4) believed the patient was still alive.

Conclusions: No bystanders refused to provide CPR because of the fear of catching diseases, probably because new guidelines suggest skipping ventilation for adults with non-traumatic CA. Also, no one had a fear of hurting the patients. Those two reasons, often cited as an explanation the low rate of CPR performed by witnesses, seem to be myths. In all the pediatric cases included in this study (five cases), all bystanders agreed to provide T-CPR with ventilation. They all were parents of the child victims.

Keywords: bystanders; cardiac arrest; cardiopulmonary resuscitation; emergency health; telephone cardiopulmonary resuscitation
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(N36) Hospital Emergency Readiness Overview Study

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Introduction: A 2001 survey showed a deficiency in preparedness of Canadian emergency departments for a contaminated mass-casualty incident. Since then, the Canadian Federal and Provincial governments have made efforts to remedy these deficiencies.

Methods: This paper repeated the original survey modified with input from Federal, Provincial, and academic authorities.

Results: The new survey has, to date, collated results from 38 hospitals across Canada. Less than a quarter of hospitals had performed a risk analysis, and of those, more than half had not revisited the analysis within five years. About half the responders also coordinated with other organizations. There was improvement in the recent review of tabletop (65% vs. 40% in 2001) or full deployment exercises (30% vs. 4%). Of the facilities, 88% had a reporting protocol for bio-events, such as a sentinel case of smallpox (37% in 2001). Only 38% of hospitals stocked personal protective equipment (6% in 2001) in the emergency department. Of those, 40% who stocked the equipment have not trained within the past year, and 62% have a chemical decontamination plan or team (18% in 2001). The prompt availability of chemical improved from 13–34% in 2001 to 100% today. All of the respondents made N95 masks available, and about half of the staff had been fit tested within the past year, 88% had access to supplies in the event of an emergency, and 74% had high efficiency particle air (HEPA) filtered rooms installed in their emergency department.

	2001	2008
Plan review within three years	81%	80%
Simulation within three years	40% (paper trial)	65% (tabletop)
Exercise within three years	4%	30%
Protocol for bio-events	37%	88%
PPD in the ED	6%	38%
Decontamination plan	18%	62%
Antidotes on site	13%–34%	100%
Availability of N-95 masks	NA	100%
HEPA filter rooms	NA	74%

Table 1

Conclusions: The preliminary results of the Hospital Emergency Readiness Overview (HERO) study showed that despite improvements, significant gaps remain in Canadian healthcare facilities in the event of a disaster.

Keywords: Canada; disasters; emergency departments; emergency health; preparedness
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