

La 2ème étude regroupant 9 547 cas a confirmé ces données: taux de F.V. de 17,66% avec 30,54% de victimes hospitalisés avec activité cardiaque spontanée. La fréquence des fibrillations ventriculaires des moins de 20 ans a été confirmée: 13,41%.

Une dernière étude sur 22 373 dossiers d'arrêts cardiaques extra hospitaliers a confirmé ces chiffres: taux de F.V.: 19,2%, taux de ressuscitation 29,1% en cas de F.V. choquée. 513 arrêts cardiaques ont moins de 20 ans, un taux de F.V. de 14,85% (13,65% pour ceux de moins de 15 ans).

Ces premiers résultats plaident pour la poursuite du recueil des données, en incluant notamment le devenir post-hospitalier des victimes ainsi secourues.

Summary in English: The French Civil Protection made a national study over the using of AED by the fire fighters; the results of this study including 22,373 cases in two and one half years.

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Oral Presentations—Exercises and Drills

Innovative Approaches to Emergency Management Drills in South Asia

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Introduction: South Asian nations regularly experience natural and humanmade disasters that disproportionately affect vulnerable populations in large cities. Humanitarian agencies and educational institutions are shifting their focus from emergency response to emergency preparedness. A modular course approach culminating in a full-scale disaster drill is an innovative and timely strategy for building capacity in emergency management in these settings.

Objective: The objective of this study was to create a training program that builds resilience in communities by facilitating collaborations between local stakeholders and experts. This will improve coordination and the timely and efficient utilization of resources during disasters and identify system and resource gaps to help prioritize emergency management activities.

Methods: Disaster drills were conducted in four cities in South Asia over a two-year period. Each drill was preceded by three days of modular didactics and a tabletop drill. Modules included tracks for trauma care, hospital emergency management, prehospital care, and public health. Tabletop drills also involved police and fire departments, municipal disaster management, non-governmental organizations, and the military. Full-scale disaster drills with mock victims engaged all parties in a coordinated response, and were followed by a comprehensive hot wash and after-action report. A standardized evaluation tool and video were used to assess capacity and response during the drills.

Results: Qualitative feedback from the modular courses and disaster drills, as well as real post-training events (terrorist attacks in Ahmedabad and Mumbai), indicated that participants felt the exercises were beneficial and provided

the opportunity for collaboration and systems improvement in the areas of communication, command and control, patient care, resources, and security.

Conclusions: A modular course and disaster drill approach is an innovative and an effective strategy for building capacity in emergency preparedness in South Asia.

Keywords: disaster management; drill; emergency management; South Asia; tabletop

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Experience with the Agency for Healthcare Research and Quality Evaluation Tool in a Developing Nation

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Introduction: Low- and middle-income nations are disproportionately affected by a growing number of disasters caused by natural and human-made hazards. Similarly, the human and economic costs associated with these events are exaggerated when compared with developing nations. Augmentation of disaster preparedness and response in these nations remains a focus of humanitarian agencies. A standardized evaluation tool to assess response capacity and track system improvements in such settings is lacking. We relate our experience using the Agency for Healthcare Research and Quality (AHRQ) disaster drill assessment tool to evaluate a simulated blast event in Colombo, Sri Lanka.

Methods: A prospective observational study was completed during a full-scale disaster drill. Simulated victims were triaged, transported by ambulance, evaluated by hospital staff, and given operative, intensive care unit, floor, or discharge dispositions. Forty drill evaluators sent from regional disaster management offices completed a two-day course in disaster management, drill design, and the AHRQ tool. **Results:** A post-drill debrief was conducted. The evaluation emphasis of the AHRQ tool adequately addressed training concerns of the participating agencies. The applicability of the tool, however, was limited. Individuals available to serve as evaluators were few in number and diverse in their education and experience. The small sample size and difference in observer skill sets limited the consistency and broader applicability of findings. The approach of the external evaluator also limited participatory feedback, which might have enabled more comprehensive and timely reporting of data. Lastly, the tool proved complex in its language and design, impeding accurate and reliable execution in this setting.

Conclusions: The AHRQ tool proved challenging to deploy in a resource-constrained setting. Evaluation tools intended for use in such settings should use simple and consistent language, be brief, easily translated, and participatory in their design and feedback mechanisms. Such a