

en using a panel of 28 experts from specialities involved in all phases of biological incident planning and emergency medical responses. Areas that do not reach consensus in the Delphi study will be presented for discussion in syndicate groups at a conference funded by the United Kingdom Department of Health.

Results: A total of 132 out of 324 statements had reached consensus at >70% upon completion of Round 2. This represents 40.7% of the total number of statements. The results of the completed process is presented as a series of synopses consensus statements that cover all phases of biological incident planning and emergency medical responses.

Conclusions: The use of the Delphi methodology can achieve consensus in aspects of all phases of biological incident planning and emergency medical response. This can be translated into practical guidance for use at the regional pre-hospital and hospital levels. Additionally, areas of non-consensus can be identified and used to structure face-to-face debate.

Keywords: consensus; Delphi; event, biological; consensus; emergency medical response; planning

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The 2000 Olympic Games: The Sydney Experiences in Large-Scale Preparation for Major Incidents and Counter-Terrorism.

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The Ambulance Service of New South Wales was contracted by the Sydney Olympic Games Organizing Committee to provide pre-hospital care and transport for athletes, spectators, and others from 02 September until 01 November 2002. Planning for this event was an ongoing process since the bid document was submitted in 1993. Officers from throughout the state of New South Wales were trained in chemical, biological and radiological hazards. Specialist groups of paramedics were trained in security issues relating to overseas dignitaries and their protocols. Senior officers were trained in event management and mass gatherings. Officers were segregated into areas of Olympic and urban domain precincts. The Ambulance Service of New South Wales also was committed to ensure that all routine ambulance requirements were fulfilled whilst roads were blocked for triathlon, cycle, and marathon events.

The Olympic Games experience ensured that the Ambulance Service of New South Wales, with experience in managing major events involving up to one million people, was more prepared for the changing focus of pre-hospital care in the new Millennium and the increased risk of terrorist attacks. Unusual occurrences now are referred to the State Health Department for further investigation. Call-takers in the ambulance operations center are alert to potential terrorist threats.

Major event organizers are aware that a "whole of government approach" to event planning is essential to ensure that the public of New South Wales receives the standard of care expected. All officers throughout the state are aware of the potential for major incident occurrences in their local area.

Keywords: mass gatherings; major event organization; Sydney Olympic Games
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Forum: International Health Social Sciences

Co-Chair: Professor Fatima Alvarez-Castillo
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HIV/AIDS: A Disaster Waiting to Happen and How It Can Be Prevented from a Health-Social Science Perspective

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Introduction: Events that result in disasters not always are of the forceful and violent types: they can be insidious and smoldering, and thus, surprise countries and their constituents when they do erupt. This is the reason that prevention, alertness, and vigilance are musts.

This is the view taken of the current HIV/AIDS situations in this country. From the outside and the superficial perspective, it seems like the disease's progression is slow and low, with no need for much concern: Everything seems under control. There is a national policy on prevention, monitoring, and treatment. The responsibility for these activities has been devolved to local government units. But, we must be more wary and concerned for an impending disaster.

Reasons for Concerns: People do not take the threat of HIV/AIDS seriously. They think it is the lesser concern considering more basic problems like food, shelter, clothing, and the like—for at least 40 to 50 % of the people who are poor and marginalized. Despite the national policy, many local governments have yet to disseminate information and actively work for the law's full implementation. Some 10 sentinel sites exist, but actual implementation and best practices have yet to be documented fully.

Proposed Solution: From a health-social science perspective, authorities must work more determinedly to implement the law, to reach out to a critical number of the population, to form a team of health and social scientists, or arm researchers and project directors with a health-social science perspective so that they understand the kind of holistic efforts that must be made. There is need for experts on the biomedical component, communication experts to find the right formula for dissemination of information, and experts on behavior modification to assist in translating knowledge into practice. Since the work will be done at the local governmental level, there is a need for people well-versed in politics and politicking, decision-making, and policy planning and implementation, and local governance to become involved. There also is a need for advocates, community organizers and mobilizers (those who can network between and among all existing organizations, including civil society) to participate in these processes. How to co-opt people to participate and make HIV/AIDS prevention their stakehold is an important challenge. The way of presenting the problem is critical considering a general lack of interest and concern for the disease exists. But, if viewed against other perspectives like sexuality, health rights, and

empowerment, this might prove to be effective. Lastly, there is a need for process documentation to demonstrate how the team's unity of efforts, respect and trust for each other, and collegiality, as well as transparency in the team's efforts, are working and being developed, and how inter- and trans-disciplinary concepts are emerging.

Keywords: autoimmune deficiency syndrome (AIDS); documentation; education; governance; health rights; human immune virus (HIV); interest; network; presentation; teams; transparency

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Caring for the Carers – Increasing Resiliency in the Field

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Purpose: To make salient the importance of the role of structured-team, peer support in improving the resiliency of medical volunteers.

Based on qualitative research currently being conducted in the Psychology Department at the University of Melbourne, this presentation reports on the team factors identified by medical, humanitarian-aid volunteers as significant in contributing to levels of welfare and psychological resiliency in the field. Overwhelmingly, medical volunteers have identified team support in the field as an essential element to improving their efficiency and in defusing cumulative stress whilst on a mission.

Leading on from a presentation of the findings of the research, the principles of a practical working model of peer support are presented as a means by which an expatriate team working together in the field, can implement a more structured team support process in a relatively informal way, but one aimed to optimize a greater level of support for the individual members of that team.

Keywords: field; methods, qualitative; peers; psychology; resiliency; stress; support; teams; volunteers; welfare

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The Human Factors Team and Accumulative Impact of "Microtrauma" of Daily Practice in Emergency Personnel

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SAME, Buenos Aires EMS, has some 400 ambulance drivers, 70 radio operators and 1,500 doctors. The Human Factors team (psychiatrists and psychologists) treats these emergency personnel who constantly are exposed to chronic and acute stress, and also the general public in the case of major accidents or natural disasters. Experiences in treating the people involved (direct victims, relatives, and the emergency personnel) on the occasion of the October 1997 Austral Airlines DC-9 crash with 70 passengers on board and no survivors, and the August 1999 Lapa Airlines Boeing 737 crash at the Buenos Aires City airport in which 67 people lost their lives and 33 survived, will be discussed. Hypothesis of the Entrapment in the Emergency Work — The SAME personnel constantly are faced with traumatic situations, usually not unique, but daily and accumulative. This constant exposure gives rise to high cortisol levels, catecholamine hyper-secretion, and an increased release of

opioids. In time, high cortisol levels produce depressive upsets, in the same way as the catecholamine depletion which follows long-term hypersecretion.

But, the emergency has another outstanding characteristic: it is a therapy for the very situation it creates or helps to create. At the moment of attending an emergency, a typical fight or flight response situation, cortisol is released, which in its acute form, contrary to the normal chronic depressogenic effects, has antidepressive effects. Furthermore, the release of catecholamines and opioids also has antidepressive results.

Finally, a hypothesis with regard to emergency personnel in which they are caught-up in a vicious circle in their job will be posited. This hypothesis can be upheld from three viewpoints.

Keywords: accidents; catecholamines; cortisol; disaster; effects; emergency personnel; opioids; public; stress; trauma

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Special Forum: New Technologies in Disaster Medicine

Chair: Dr. David Noble

Chair: Queensland Chapter for the Medical Device Network

Rapid Vascular Access Device

Dr. David Noble, MBBS
Intuitive Medical Technology

The Rapid Vascular Access Device (R-VAD) is an intraosseous infusion device. Intraosseous infusion is a rapidly growing surgical procedure in an emergency situation for adult or paediatric patients, often replacing traditional infusion for faster and more reliable administration of both fluids and drugs. Typical market-leading brands for intraosseous infusion can be inserted in roughly 70–114 seconds. The R-VAD has an average insertion time of <30 seconds.

Use of the R-VAD devices means fewer specialized devices applicable to a wide range of patients, and easier, faster insertion. The time to insertion potentially may lower total treatment costs by decreasing patient recovery time. Further advantages of R-VAD include: (1) It is designed as a single use disposable with a single or double step insertion process; (2) It is significantly faster to insert than the competition; (3) It is better able to lock and seal than are competitor products; (4) It can be used on children or adults, and inserted into a number of bones; and (5) It can be supplied in a number of different configurations with multiple devices to a pack, at a cost similar to the competitor's unit.

Advantages over currently available products include: (1) Reduced time for insertion; (2) Secure and stable placement (device is not dislodged); (3) More ergonomic, and easier to insert than current products; and (4) Significant reduction in manufacturing and assembly costs.

Keywords: costs; emergency; time, insertion; intraosseous infusion device; R-VAD; recovery time

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