

Federation of Red Cross and Red Crescent Societies (IFRC) to provide standardized and rapid international disaster response. Health ERUs, essentially tented field hospitals and clinics, are deployed with specialized teams and basic medical/infrastructural material from various capitals and represent a Red Cross model to provide surge medical capacity. Other types of ERUs also were developed and work in complimentary fashion (water, sanitation, logistics, etc.) Experience demonstrates that the arrival of ERUs, typically after seven days after the disaster, implies that the medical teams are required to cope with primarily non-disaster related trauma. Emergency Response Units are designed to stay beyond the acute phase and offer a general medical service. They are configured with basic levels of medical devices offering a locally appropriate level of care.

Successful deployments will need to increasingly utilize specially trained multi-national teams and personnel from developing nations. Moreover, health ERU components are being downsized, made more mobile, and can be more rapidly deployed. The Canadian, Australian, and Norwegian Red Crosses are currently developing a module to focus on disease prevention and health promotion measures. More than 90 Canadian and 200 Norwegian medical personnel are trained and on standby for ERU missions.

Keywords: disaster management; education; non-government organizations; public health; roles

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Hospital Emergency Manager's Assessment for the Development of a Computerized Disaster Information Management System

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Introduction: Hospitals must respond to many emergent incidents. They are required to maintain extensive plans and train for disasters. The current paper systems in use can be improved markedly by the use of computerized decision aids. In preparation for designing a computerized disaster information system, emergency planners were surveyed about their preparedness status and needs.

Methods: Colorado hospital emergency management planners were contacted and asked to complete a commercial computerized survey tool.

Results: Surveys were obtained from >50% of hospitals. Most hospitals use a slightly modified national Incident Command System (ICS) template. Networked computers were widely available throughout hospitals. Likely disaster responders were comfortable with using computers. Emergency preparedness planners rated the ability to have user-config-

ured organizational structures (ICS charts) and definable task lists (job action sheets) in a computerized system highly. The ability of a computerized management system to communicate between positions, the capability of logging events to generate reports, and outside communications were desirable. The ability to operate a disaster computer system in different functional modes of disaster response including alternate care sites and evacuation was important.

Conclusions: Adequate hospital infrastructure to support a computerized disaster information management system exists. There is strong interest in a computerized disaster information management system among intended users.

Keywords: assessment; computer information management system; disaster management; emergency manager; hospital; information management

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Preparedness and Capacity Building in the Community

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Emergency preparedness and response goes down to the individual members and families at the local level. In one of the electoral constituencies in Singapore with about 40,000 households, emergency preparedness, training, and initial response is being implemented and executed.

Having a Constituency Emergency Preparedness and Response Programme is important. The development must involve the consultation of stakeholders to ensure all inputs are considered and to make the response as comprehensive as possible. A coordinating body is essential to oversee the plans and conduct meetings with all potential partners and authorities. House and estate visits also are important to reach out to every resident to explain and promote the idea and concept. The purpose of the Constituency Emergency Preparedness and Response Programme is as follows:

1. Specify the missions, roles, and tasks of the Emergency Preparedness Group and residents, during emergencies describing in a conceptual manner how these missions will be achieved; and
2. Provide the documentation to facilitate exercises and training activities to prepare emergency units in responding to emergencies.

With this program, a high percentage of the residents in the various areas of the constituency have been mobilized to participate in training and exercises. In fact, in a real crisis situation such as a dengue outbreak, the plan works extremely well when working with residents as well as all partners and stakeholders.

The Incident Commander/Emergency Preparedness Group Chairman or Senior Constituency Manager will have the authority to activate the plan.

This presentation will share how the program can be executed at the constituency-level amongst the public.

Keywords: capacity building; community; education; preparedness; response

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