

brain showed bilateral hypodensity in the putamini and globus pallidi, consistent with hemorrhagic necrosis. On Day 60, brain MRI revealed bilateral hyperintensity in the same areas, which subsequently decreased six months and two years later.

Conclusion: Cyanide poisoning may predominate over carbon monoxide poisoning in smoke inhalation. Cyanide was the most likely cause of the patient's early neurological manifestations (including apnea and hydroxycobalamin-corrected shock), and late neurological manifestations. This case also questions the dose of hydroxycobalamin that should be administered in such cases.

Keywords: cyanide; cyanide poisoning; smoke inhalation

Prehosp Disast Med 2005;20(5):s157–s158.

Building Hospital-Ready Medical Surge Capacity for Disasters

Marilyn Biviano,¹ Mary Duley,² Atila Omer,³ James G. Hodge⁴

1. Health Resources and Services Administration, Department of Health and Human Services, Washington, DC USA
2. Office of Public Health Preparedness, Connecticut Department of Public Health, Hartford, Connecticut USA
3. Collaborative Fusion, Inc., Bethesda, Maryland USA
4. Center for Law and the Public's Health, Johns Hopkins Bloomberg School of Public Health, Baltimore, Maryland USA

Introduction: Building health personnel emergency surge capacity is an essential component of hospital preparedness. The Emergency System for Advance Registration for Volunteer Health Professionals (ESAR-VHP) Technical and Policy Guidelines, Standards, and Definitions were developed with the assistance of ten National Working Groups that provided expertise and perspective on how to address key topics confronting the National Bioterrorism Hospital Preparedness Community. Twenty-four States and several professional associations and volunteer organizations supported and contributed to the Guidelines development.

Objective: This panel presentation will describe the following: (1) the challenges in developing a national system of state-based medical personnel registries; (2) the ESAR-VHP Guidelines, Standards, and Definitions development and implementation issues; (3) emergency credential standards that have been developed for 20 hospital-based professions; (4) the legal and policy issues facing volunteers, and how states and hospitals are addressing these issues; and (5) Connecticut's hospital-based ESAR-VHP, operated by the Connecticut Department of Public Health in conjunction with Yale New Haven Health System, and why it is a model for other states and the United States.

Keywords: Connecticut; development; disaster; emergency; health personnel; hospital; surge capacity, United States

Prehosp Disast Med 2005;20(5):s158.

Active Learning, Bioterrorism Clinics, and Continuing Professional Education: An Ideal Combination

Jeffrey Bratberg,¹ Brett Feret,¹ Stephen Kogut,¹ Gregory Low,¹ Alysia Mihalakos,² Michael Simeone²

1. University of Rhode Island College of Pharmacy, Kingston, Rhode Island USA
2. Rhode Island Department of Health, Providence, Rhode Island USA

Objective: This presentation will describe the integration of active learning and emergency preparedness techniques into an annual, continuing, professional education program to enhance learning of advanced concepts in bioterrorism dispensing clinic design, operation, and evaluation.

Methods: After didactic lectures on bioterrorism agents, government roles in bioterrorism response, and pharmacist surveillance, a mock bioterrorism clinic "play" was performed on-stage using audience volunteers as actors in predetermined clinic volunteer and patient roles. To create a more realistic emergency clinic, a randomly selected portion of the audience was assigned clinical volunteer roles, and asked to set up a dispensing clinic quickly. The remaining audience members were patients, some of which were assigned roles to challenge the clinic volunteers. Program facilitators, all experts in bioterrorism clinic design and operation, provided assistance and evaluation. An open critical discussion ("hot wash") was conducted immediately following the program.

Results: During the "hot wash", some participants reported that the play, with its attendant chaos of establishing the dispensing clinic under time constraints, represented a paradigm shift from typical continuing education programs. Many participants reported that the play increased their understanding of the concepts of emerging leadership and the flexibility required in the fog of a bioterrorism emergency.

Conclusion: Continuing, professional education programs that integrate active learning techniques may facilitate practical learning of the development and operation of bioterrorism dispensing clinics. Whole audience participation may enable more voices to contribute to continuing education programs.

Keywords: bioterrorism; clinics; continuing education; leadership; learning; active; simulation

Prehosp Disast Med 2005;20(5):s158.

Development and Application of a Bioterrorism Emergency Management Plan

Jeffrey Bratberg,¹ Kimberly Deady²

1. University of Rhode Island College of Pharmacy, Kingston, Rhode Island USA
2. University of Kentucky College of Pharmacy, Lexington, Kentucky USA

Objective: This presentation describes the development and application of a bioterrorism emergency management plan (EMP) during a university pharmacy course.

Methods: Descriptive information was obtained from personal observations and anonymous teaching evaluations by students.