

coordinated response capabilities by community leaders. Immediately following Hurricanes Katrina and Rita, this study examined the hospital emergency preparedness coordinators' leadership style and applied leadership theory to Louisiana planners as an integral part of a complex National Response Framework. This regionally coordinated system remains in place today and has been tested a minimum of 15 times in hurricane activations and state-wide exercises and drills.

Methods: Three hospital groups participated: (1) regional coordinators representing nine geographic areas; (2) coordinators at acute care facilities; and (3) coordinators at non-acute care facilities. A total of 744 study participants represented over 150 hospitals. The Multifactor Leadership Questionnaire (Bass, 1995) assessed three dimensions of leadership style and the Emergency Preparedness Indicator assessed planning priorities, performance ratings, demographic variables of gender, education, and Healthcare Performance Partners (HPP) planning experience and disaster declarations.

Results: Transformational leadership was highest among all three groups and included characteristic of: idealized influence, idealized behaviors, inspirational motivation, intellectual stimulation, and individual consideration. Transactional leadership was highest (but still lower than transformational) among the non-acute care group and included characteristics of: contingent reward and management by exception (both active and passive). Gender and education were not significant predictors of leadership style but positive associations of time spent on emergency preparedness activities were found.

Conclusions: Previous studies reported the relationship of transformational leadership style to cohesion scores of 2.1. This study expands those results by further detailing leadership styles to the hospital emergency preparedness coordinator. It builds on a standardized approach to assess coordinator leadership style and effectiveness measures.

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(A291) Medico-Physiological Support to Rescuers of Emercom of Russia at Accomplishing their Professional Activity

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Extreme professional working conditions of EMERCOM rescuers have a harmful effect to their health leading to high rate of digestive, respiratory, musculoskeletal and cardiovascular diseases. The morbidity frequency of these diseases at rescuers is higher, beyond all doubts, than at male population of the corresponding age, and it is connected with total years of occupational work and its intensity. This fact shows the necessity of establishing the system of medico-physiological support to rescuers of EMERCOM of Russia which must be seen as a significant part of their social protection and rehabilitation and must include six main components, i.e. consideration of conditions and character of activity in everyday and emergency situations; complex evaluation and monitoring of their health state; medical support during rescue work in emergency situations; psychological support; information and

analytical maintenance of longstanding monitoring; development of hospital base and specialized medical assistance. An important component of the system of medico-physiological support to rescuers of EMERCOM of Russia is information and analytical maintenance of longstanding monitoring of professional load, health state and medico-social protection of the rescuers of EMERCOM of Russia. It was implemented by creating a Medical register of EMERCOM of Russia. We developed concepts, principals and organization methodical ground of multilevel system of medico-physiological support to rescuers of EMERCOM of Russia regarding their work in conditions of emergency situations. On the basis of professional work load studies, hygienic evaluation of work hardness and intensity, analysis of rescue work of State fire fighting services divisions of EMERCOM of Russia there were detected main stress factors, physiological and hygienic distinctive features of work.

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(A292) Disaster Assessment and Gathering Medical Intelligence Following a Major Public Health or Complex Humanitarian Emergency

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Introduction: Immediately following a major public health emergency or complex humanitarian emergency such as the South East Asian Tsunami in 2004, the Haitian Earthquake in 2010 or Hurricane Katrina in 2005, there is a critical need to rapidly and as accurately as possible gather information not limited to morbidity and mortality, but necessary to assess the stability and existence of a public health or medical infrastructure, logistic supply chain, condition of food, water and shelter for victims and rescue workers, and particularly the security and stability of the region following the incident. With this information, only then can an effective humanitarian response be planned and executed that meets the actual versus perceived needs of an affected population.

Methods: Specific disaster risk assessment and medical intelligence techniques will be presented that are currently used by a variety of relief organizations. Specific topics of discussion include: Disaster epidemiology; Indicators of health in populations; Systems of surveillance; Impact of weather and climate; Displaced populations and refugee health; Tactical and combat medical intelligence; Zoonotic diseases; Agricultural trends and food security; Public health and health system infrastructure assessment; and Personal and physical security concerns.

Conclusions: Utilizing case reports, best-practices and lessons learned from numerous international humanitarian responses, this session will guide participants through the performance of a rapid disaster assessment and the gathering of critical medical intelligence to determine the kinds and types of resources needed in an affected area. And the process of utilizing limited information to plan humanitarian relief efforts.

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