infrastructure that is able to remain operative during all phases of a disaster and its response, thus addressing an important vulnerability of the existing infrastructure-oriented approach to telecommunications. We see applications that include supporting communities in maintaining communication in order that medical and public health effects of emergencies can be responded to more effectively and potentially providing ready access to communications for distributed teams of emergency health and humanitarian workers in disasters. Our goal in creating this technology and removing all barriers to adoption is to facilitate its ubiquitous inclusion in new mobile telephones, so that we can leverage the mass production of consumer electronics to develop a resilient telecommunications capacity that can be deployed anywhere without supporting infrastructure. This would enable the creation of, for example, networks consisting solely of used telephones.

(A338) Time for Order In Chaos! A New Model to Capture the Role of Foreign Field Hospitals after Disasters
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There is a paucity of reliable data on the healthcare needs over time after sudden onset disasters (SOD). There also are no widely acknowledged definitions and data on deployment, use, staffing, and management of foreign field hospitals (FFH) after such disasters. Further, the efficiency, relevance, timing and cost-effectiveness of FFHs in the aftermath of SODs have been questioned. This was again highlighted after the 2010 Haiti earthquake, when the situation, to a large extent, was chaotic, uncoordinated, and care was not adapted to needs. These shortcomings create severe difficulties with respect to studying the real impact of medical aid after a SOD and optimizing the international medical relief efforts to be applied afterward. This article aims to present a health system approach to the deployment of FFHs after a SOD, here applied to an earthquake. By reviewing the literature and drawing on field experiences from SODs, a conceptual framework was developed that capture the essential dimensions in such a model, including: (1) classification standardization of levels of care in FFH (1–4); (2) time-phases after the event (1–5); and (3) the need for health care based on the assumed burden of disease and, hence, need for medical care in relation to the socioeconomic context. The model currently is being tested on a number of international experts in the field. By using this framework, the authors hope to create: (1) a common platform for research within this area; and (2) a tool for international actors that will facilitate a development toward an international coordination body in the future. As such, the framework hopefully will offer an opening to a structural approach to the above mentioned difficulties, support international actors in their SOD preparations and deployments, and put them in a better position to optimize the resources available to the targeted population.

(A340) The Role of Field Hospitals in Severe Environments — Guidelines to Prepare and Build a Field Hospital during a Disaster
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Introduction: Facing the threats of disasters due to natural hazards and terrorist attacks, communities and nations are strategically preparing to respond rapidly to such incidents with the appropriate medical services. Both natural and complex disasters may produce a massive number of casualties that outstrip...