influenza and compared the relationship between the training to performance assessment of admitting a suspected avian influenza patient.
Methods: The quality of different components of the training programs of all general hospitals to manage pandemic influenza outbreak was evaluated, utilizing a standardized evaluation tool. The results of the evaluations were compared to performance assessments of admitting and treating a suspected avian influenza patient.
Results: Significant correlations were found between all components of the training programs to the performance assessment. High correlations were found between the comprehensiveness of the training with the achievements in the performance assessment. Medium correlations were found between the contents of the training and designating personnel for the training with the achievements in the performance assessment. A low correlation was found between the training materials to the performance assessment.
Conclusions: Training medical personnel is an important component in maintaining preparedness for pandemic influenza. The comprehensiveness of training programs appears the most important element. Benchmarks of training programs were identified and can be utilized to promote preparedness for pandemic influenza.
Keywords: avian influenza; health professionals; pandemic influenza; pandemics; training
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Do Standard Operating Procedures for Pandemic Influenza Relate to Performance Assessment?

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Introduction: The first step toward achieving hospital preparedness for pandemic influenza is the development of standard operating procedures (SOPs), as they enable the planning of the response, prepare the infrastructure, and train the medical teams.
Methods: The SOPs developed by hospitals for pandemic flu were evaluated using a standardized evaluation tool. The quality of the SOPs was compared to the performance assessment of admitting a suspected avian influenza patient.
Results: Moderate correlations were found between the evaluation scores of the SOPs and the scores achieved in the performance assessment. The components of the SOPs that significantly correlated with the performance assessment were protection of staff and patients, staff coordination and control, and expansion of surge capacity. Various hospital characteristics that were evaluated did not correlate to the hospitals' SOPs scores or to the performance assessment.
Conclusions: The correlations found between hospitals' SOPs to manage pandemic flu and the performance assessments of dealing with an avian influenza patient show the importance of effective SOPs as part of the emergency preparedness process. Standard operationg procedures are required especially for supplying guidelines that instruct hospital staff on how to function in unfamiliar situations or in areas that are perceived by the staff as risking their well-being. The study strengthens the need to develop SOPs that are comprehensive and cover relatively new risks.
Keywords: pandemic influenza; pandemics; preparedness; standard operating procedures; training
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Pandemic Influenza Triage System

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Introduction: During a pandemic influenza outbreak, the current healthcare infrastructure would be overwhelmed with patients. A standardized method of appropriately triaging patients to hospitals, clinics, alternate care facilities, and other sites of care is needed. Current scoring systems for triaging patients are complicated and require laboratory data. A new triage system is proposed.
Methods: An expert panel developed an algorithm for triaging patients from the ambulance, clinic, and emergency department settings to different levels of care during a pandemic. Potential community facilities for patient care were categorized into four levels based on the complexity of care that could be provided. The new algorithm assigns patients to these different locations.
Results: The patient is assessed and one point assigned for each abnormality: respiratory rate <30/minute; shock index <1 (heart rate/systolic blood pressure); O_2 saturation <90%; altered mental status; age ≥65 years.

A detailed disposition scheme based on the point score was developed and will be described. To summarize a patient with a score of 1 is triaged home or to a low-level care facility, patients with scores of 2 are triaged to a broad range of facilities depending on the abnormalities, and those with scores of 3 are triaged to a hospital.
Conclusions: This novel triage algorithm can be used to rapidly estimate the severity of illness during a pandemic. This will facilitate more appropriate and standardized allocation of patients to different levels of care during an influenza pandemic. This will help to avoid overwhelming hospitals with non-critical patients.
Keywords: algorithm; influenza; pandemic; severity; triage
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Attitudes of Japanese Healthcare Professionals toward an Avian Influenza Pandemic

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Introduction: According to an estimate, the absence rate of Japanese businessmen may increase 40% during an avian influenza pandemic. Medical needs will increase, and simultaneously, the risk of infection of the medical staff and the absence rate of the medical staff also will increase. This situation will impact on psychosocial aspect of status of the