

10. Chemical accident
11. Disasters resulting from municipal facilities

Main characteristics of disasters in Shanghai include:

1. Variety
2. Complexity
3. Human factor
4. Enlargement

Rescue troops of Shanghai include:

1. Special rescue teams of the municipal civil defense command
2. Special rescue units of districts
3. Diving rescue units at the levels of city and district
4. Building and rescue unit of Shanghai Construction Group
5. Municipal rescue work station for nuclear and chemical accidents
6. Municipal centre for disease prevention and control
7. Municipal monitoring office of environmental protection
8. Municipal hospital for occupational diseases
9. Municipal station for chemical hazards protection
10. Municipal center for gas emergency
11. Special rescue teams of the armed force
12. Municipal emergency telecommunication unit
13. Emergency telecommunication unit of the municipal civil defense command
14. Municipal first aid medical center

Keywords: disaster; disaster response; urban disaster
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Emergency Operations Planning in Tanzania

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The bombing of the U.S. Embassy in Dar es Salaam on 07 August 1998, revealed a need for greater disaster preparedness, mitigation, and response capacity. The U.S. government allocated funding to the United States Agency for International Development (USAID)/Tanzania, to direct humanitarian assistance to bomb victims, to rehabilitate damaged infrastructure and to improve the capacity of disaster preparedness and response stakeholders.

The USAID's "Strengthening Tanzania Disaster Response Program" is supporting the Ministry of Health (MOH) to develop a National Emergency Operations Plan (EOP) that will be integrated into a comprehensive National Disaster Management Plan upon completion. The EOP is being developed using the following steps:

1. Needs and Resource Assessment
 - a. Planning research methods;
 - b. Reviewing Tanzania's planning framework and laws;
 - c. Identifying hazards, prioritizing risks and creating emergency scenarios.
2. Emergency Operations Planning
 - a. Defining key components of an EOP;
 - b. Defining emergency operations planning methods;
 - c. Establishing an Emergency Operations Planning Committee.
3. Plan Drafting and Development
 - a. Developing a rough draft of a comprehensive EOP;
 - b. Organizing working sessions for the EOP Committee to develop the basic plan, functional annexes and hazard specific appendices;
 - c. Convening meetings for all key disaster preparedness and response stakeholders to review and refine the draft EOP.

4. Tabletop Exercise Development

- a. Establishing tabletop exercise procedures and methods;
- b. Designing MOH scenario and action plans for the tabletop exercise.

The first step of emergency operations planning is important as it helps to define the local environment and the context for the MOH's emergency operations planning. Undertaking the second step enables the EOP Planning Committee to understand the magnitude and scope of the task. Recruitment of key emergency preparedness and response stakeholders in the planning committee should ensure good coordination of emergency operations during crisis. The third step ensures the development of the EOP is both horizontally and vertically consultative while the final step is critical for testing the relevance and application of the EOP.

The Tanzania MOH found the second step to be the most difficult for the development of the Emergency Operations Plan — everything that followed thereafter depended on how well the first step was undertaken. By the third step, the process had gathered enough momentum and interest among stakeholders of emergency preparedness and response to push it on to the fourth step.

This paper describes each step in the process, considers major methodological issues and problems, and discusses alternative ways that may be used to develop an emergency operations plan in Africa more efficiently.

Keywords: assessment; committee; consultation; emergency operations; hazards; methods; needs; resources; Tanzania; USAID

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Task Force Session: Psychosocial Aspects of Disasters

Chair: Professor Gloria Leon

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Comparative Efficacy of Psychological Treatment Procedures for Disaster Responders and Victims

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Critical Incident Stress Debriefing (CISD) commonly is used to provide psychological support to rescue workers and others in the immediate aftermath of a disaster. However, there have been few scientific studies on the efficacy of this methodology, and an increasing number of reports about possible detrimental effects. Short-term, cognitive behavior therapy (CBT) is a well-researched psychological intervention procedure that has been adapted for the treatment of disaster responders and trauma victims,

with established effectiveness in preventing or alleviating post-traumatic stress disorder (PTSD). The basic principles of CBT applied to disaster/terrorism situations will be described and compared with other treatment strategies for those experiencing traumatic events. Treatment outcome research on different types of short-term psychological treatment will be presented, using efforts following the 1988 earthquake in Armenia as an example. The mental health needs/problems of disaster responders, and the local population at different stages following a disaster will also be examined.

Keywords: cognitive behavior therapy (CBT); disaster; critical incident stress debriefing (CISD); efficacy; mental health; needs; psychosocial; support; terrorism

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Theory and Practice in Acute Care of Psychological Trauma

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There is debate about whether debriefing or trauma counseling is advisable in the immediate aftermath of a traumatic experience, or whether victims should be left to their own support systems. Experience in various traumatic events in Victoria over the last 20 years has provided a number of lessons about early care of victims. This presentation reviews a number of incidents to delineate basic principles underlying the neurological and psychosocial impact of trauma. A method of early support will be outlined, using principles of psychological first aid, education, and preventive treatment. This method is analogous to physical first aid, which includes stopping further deterioration, stabilising the situation, and initiating recovery processes. The most effective techniques often are simple interventions supported by clear understanding of the potential psychosocial damage likely to result from trauma. There are good theoretical reasons why more complex interventions may be counterproductive in the immediate aftermath without a preparatory intervention. However, experience shows that victims often do not get appropriate assistance, resulting in complication of their difficulties. Some examples of its application in recent events will be described.

Keywords: counseling; debriefing; impact; interventions; neurological; psychosocial; recovery; support; trauma

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Symposium: Prehospital and Emergency Medicine — Trauma Systems

Chair: Professor Peter Cameron

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Trials and Tribulations of Establishing a Trauma Registry

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Background: The establishment of a statewide trauma registry (VSTORM), was recommended as part of a review of trauma and emergency services in Victoria in 1999.

Aim: To describe barriers to implementation and issues arising from the first year of VSTORM data collection.

Methods: VSTORM data entry commenced 01/07/01,1999, with the aim of collecting all major/potentially major trauma cases. The definition of major trauma included intensive care unit stay, urgent operation, death, and ISS >15. Ethical approval and hospital board approval was sought from each hospital before data collection commenced. An Access database was established.

Results: Approximately 1,700 major trauma cases occur each year in Victoria. The VSTORM database currently is collecting data for more than 70% of these cases. Initial problems with implementation included:

- Multiple Ethics Committee approvals and lack of understanding of privacy legislation by Ethics Boards;
- Payment, coordination, and training of hospital-based data collectors;
- Database construction and data field definition;
- Coordinating multiple stakeholders from multidisciplinary backgrounds;
- Developing valid outcome measures other than death;
- Confidentiality — access to the database and publication of interim results.

Discussion: The full implementation of this well-funded, broadly supported initiative has been delayed because of problems that were predictable, in hindsight. Centralisation of ethics approval processes would help systems-based research. Validated, efficiently collected outcome variables should be developed. Relating funding and accountability for accurate data provision also will help. The lessons learnt from this project should assist others setting up trauma/disease registries.

Keywords: barriers; data; outcome; registry; research, systems-based; trauma

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Prehospital Predictors of Major Injury

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Introduction: As part of the system of trauma care, it is essential that accurate predictive models are developed to triage patients from the scene of injury to the appropriate hospital. Various models have been proposed, usually based on physiologic, anatomic or mechanistic data. Given time and resource constraints in the prehospital arena, a compromise must occur between accuracy and simplicity in developing these models.

Methods: Data from the Royal Melbourne Hospital (major trauma service) database were used to develop predictive models for the outcomes of ICU admission and