

cations of the structure of the questionnaire on their second attempt, indicating that most students had not read the related articles provided as handouts during the first session.

Conclusions: Australian health professionals have a similar lack of understanding of disaster myths as do their European contemporaries, and do not show evidence of learning during a five-day short course. This study has implications for the future education of health professionals in disaster health.

Keywords: Australia; disaster health; disaster myths; education; emergency preparedness; student

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Nursing and Midwifery Disaster Needs and Core Curricular Domains in the Western Pacific Region

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Introduction: The Asia-Pacific region is prone to serious disasters where nurses and midwives can play important roles in preparedness and response. Understanding important issues for disaster nursing and midwifery in this region is essential.

Methods: A survey of representatives from the Asia-Pacific was conducted at a meeting of nurses and midwives representing the Western Pacific and Southeast Asian regions of the World Health Organization. The aim was to identify key disaster-related issues; participation in and availability of training programs; quality assurance mechanisms; clinical-practice guidelines; and core education domains for pre-service, specialized, and continuing education levels for nurses and midwives.

Results: Responses were received from 16 representatives of the countries in attendance. The most significant challenge cited was the need for resources (funding and equipment) and training. The priority disaster curriculum domains varied by intended audience, however, the topic that was very important for all groups was emerging infectious diseases. Only eight (50%) reported active nurse and midwife leadership in disaster planning and response; 10 (63%) reported some form of disaster training program. However, three (19%) reported the existence of quality assurance, and three (19%) reported clinical practice guidelines.

Conclusions: Nurses and midwives are two key groups whose potential as a resource for disaster preparedness and response has not been recognized fully. Understanding the disaster preparedness capacity needs and current state of affairs for nurses and midwives can assist with future planning by nations in this vulnerable region.

Keywords: Asia-Pacific; curriculum; disaster health; midwifery; nursing; preparedness

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Dentists—The Forgotten Provider during Mass-Casualty Incidents

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Introduction: Dentists have been identified as potential providers of emergency care during mass-casualty incidents since the mid-1940s. However, the incorporation of dental

professionals into response planning still has not been widespread. The barriers that prevent the utilization of this potentially critical member of the healthcare team during these incidents are explored.

Methods: A Web-based search of PubMed was performed using the following keywords: dentists-disasters; dentists-emergency; dentists-mass casualty incidents. Subsequently, a convenience sample of articles was assembled and reviewed.

Results: Upon review of the articles, the utilization of dentists in the key roles of triage, initial trauma management, and surgical assistance often were identified. Barriers that prevented their full use fell into four categories: (1) visibility; (2) skill/education/training issues; (3) legal issues; and (4) attitudes of planners and dentists.

Conclusions: During a mass-casualty incident, there is a need to utilize all available assets. Dentists can be important assets if the barriers to their participation are addressed and corrected before the incident. Barriers that inhibit their use are being addressed by dental schools, organized dentistry, and some governmental organizations, but a concentrated effort must be made to correct this deficiency.

Keywords: barriers to utilization; dentistry; disaster planning; emergency; mass-casualty incident

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Physical Health and Psychosocial Issues for Older Persons in Disasters and Emergencies

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Introduction: Few healthcare workers have adequate training with respect to the elderly and emergency situations. The objectives of this presentation are: (1) to describe how the aging process makes older persons more vulnerable than younger persons; (2) discuss the implications of their vulnerabilities for the four phases of the disaster cycle; (3) draw attention to the fact that post-traumatic stress disorder (PTSD) can result from any disaster and affect any and all members of the exposed population; and (4) describe strategies and resources for capacity-building among health professionals.

Methods: An interdisciplinary working group with expertise in geriatrics and emergency response has been meeting for two years under the aegis of the Public Health Agency of Canada's Division of Aging and Seniors and the Centre for Emergency Preparedness and Response. Activities have included identifying and reviewing education and training programs and materials targeted at health professionals.

Results: While many gaps were identified with respect to meeting the physical and mental health needs of older persons during disasters, some evidence-based training materials and best practices were identified.

Conclusions: Healthcare professionals and other emergency responders need all-hazards training in geriatrics. This training must include attention to pre-existing physical health conditions (i.e., chronic disease management)