

(1) no need for assistance; (2) need assistance but will not register; and (3) need assistance and wish to register or already registered. Their concerns about privacy protection as well as socio-demographic and health status were also asked.

**Results:** Of 1,477, 664 (45%) responded validly, and 596 (40%) answered on their attitudes toward the PRAD list. Of these, 365 (61%) reported they need assistance, though 30% of them (108) did not wish to register. A majority of the subjects concerned about privacy protection among those did not wish to register (65%) as well as among those wished to register (55%). Patients who lived alone, and those with low income were more likely to wish to register.

**Conclusions:** There are substantial needs for public assistance during a disaster among RA patients although the privacy protection issue would be a barrier to be overcome for successful utilization of the list.

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### (A198) Bringing H1N1 Vaccinations to Vulnerable Populations

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**Background:** Populations that participated in this project represented > 46% of the total H1N1 patients hospitalized and 34% of deaths in the state of Oregon.

**Methods:** A committee was convened by the Oregon Health Authority to increase access to vulnerable populations. The committee determined the project must be supported by: (1) a local advocacy group; (2) a local Health Department; and (3) an emergency medical services (EMS) provider agency to provide immunization. This project involved outreach to a vulnerable population that may not be able to utilize mass vaccination clinics and may have limited access to medical services. Outreach was accomplished using three models: (1) volunteers delivering meals; (2) mailings to those receiving in-home meals; and (3) a community organization that conducted a flu clinic frequented by people with disabilities. Three models were developed for receiving calls and scheduling appointments. All projects followed the same procedure for vaccine administration.

**Results:** Seventy home-bound individuals met the criteria for vaccination. Post-survey results indicated: 55.2% lived alone and were homebound. Over 70% had previously received their vaccinations from their healthcare provider and 38.9% were not previously vaccinated due to vaccine availability. Fifty-eight individuals were vaccinated. Partner organizations were surveyed after their efforts were completed. Findings indicated that relationships between the EMS agencies and providers were greatly enhanced.

**Conclusions:** Outreach using nontraditional partners was an effective method to reach a vulnerable population. The project demonstrated that qualified vaccinators can be mobilized quickly. However, because this resource-intensive effort is more costly than providing mass vaccination, similar projects should only be utilized when less costly means are not effective, or when the risk level of the vulnerable population being served warrants it.

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### (A204) Importance of Emergency Response Program Organizations in Coping with the Increasing Risk of CBRN Events

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**Introduction:** One of the most prevalent issues identified by Emergency Response Program Organizations (ERPOs), is the inability to care for an overwhelming number of contaminated patients within a civilian community. Even when emergency responders successfully decontaminate and triage large numbers of patients at the scene, it is unlikely that neighboring hospitals are prepared and equipped to receive such a large amount of patients and treat them within the boundaries of the existing healthcare system. Thus, planners must avoid any collapse of the healthcare system and may need to redistribute existing resources to enhance and facilitate patient outcome. As a response to this issue, ERPOs should develop an alternative healthcare facility: the Off-Site Triage, Treatment and Transportation Center (Off-Site Center). This Center is a temporary patient clearinghouse to be disassembled once the flow of new patients has diminished to the point that they can be handled by the existing healthcare systems.

**Methods:** The Off-Site Center is intended to care for patients who have been triaged as “Minimal” at the scene, those patients who are worried that they might have been exposed to contamination, and those who self-refer to the Center.

**Results:** Planners, administrators, first responders, medical professionals, and public health and emergency management personnel must evaluate the Concept of Operation for the Off-Site Center in order to increase their level of preparedness and provide effective mass-casualty care.

**Conclusions:** In this report, some general guidelines will be provided for the efficient planning and management of an Off-Site Center. A practical example will be also illustrated: a case study in Bergamo during a May 2010 National Meeting of the Italian Association of Alps Infantry Troops.

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### (A205) Management of Mass Casualties and Associated Health Effects Following Chemical or Radiological Agent Release: Results of the European Union Mash Study, 2008–2010

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Although emergencies involving mass casualties following the release of chemical or radiological agents are rare, the risks are well-recognized and many countries have prepared national response plans. The MASH (Mass Casualties and Health) study, partially funded by the European Commission, examined preparations for mass-casualty management and associated health risks within the Member States of the European Union (EU). The objective of the study was to improve the overall capacity to manage mass-casualty incidents that may equally